

Program Operations Guidelines for STD Prevention



Training and
Professional
Development



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Foreword

The development of the Comprehensive STD Prevention Systems (CSPS) program announcement marked a major milestone in the efforts of CDC to implement the recommendations of the Institute of Medicine report, *The Hidden Epidemic, Confronting Sexually Transmitted Diseases, 1997*. With the publication of these STD Program Operations Guidelines, CDC is providing STD programs with the guidance to further develop the essential functions of the CSPS. Each chapter of the guidelines corresponds to an essential function of the CSPS announcement. This chapter on training and professional development is one of nine.

With many STDs, such as syphilis, on a downward trend, now is the time to employ new strategies and new ways of looking at STD control. Included in these guidelines are chapters that cover areas new to many STD programs, such as community and individual behavior change, and new initiatives, such as syphilis elimination. Each STD program should use these Program Operations Guidelines when deciding where to place priorities and resources. It is our hope that these guidelines will be widely distributed and used by STD programs across the country in the future planning and management of their prevention efforts.

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Introduction

These guidelines for STD prevention program operations are based on the essential functions contained in the Comprehensive STD Prevention Systems (CSPS) program announcement. The guidelines are divided into chapters that follow the eight major CSPS sections: Leadership and Program Management, Evaluation, Training and Professional Development, Surveillance and Data Management, Partner Services, Medical and Laboratory Services, Community and Individual Behavior Change, Outbreak Response, and Areas of Special Emphasis. Areas of special emphasis include corrections, adolescents, managed care, STD/HIV interaction, syphilis elimination, and other high-risk populations.

The target audience for these guidelines is public health personnel and other persons involved in managing STD prevention programs. The purpose of these guidelines is to further STD prevention by providing a resource to assist in the design, implementation, and evaluation of STD prevention and control programs.

The guidelines were developed by a workgroup of 18 members from program operations, research, surveillance and data management, training, and evaluation. Members included CDC headquarters and field staff, as well as non-CDC employees in State STD Programs and university settings.

For each chapter, subgroups were formed and assigned the task of developing a chapter, using evidence-based information, when available. Each subgroup was comprised of members of the workgroup plus subject matter experts in a particular field. All subgroups used causal pathways to help determine key questions for literature searches. Literature searches were conducted on key questions for each chapter. Many of the searches found little evidence-based information on particular

topics. The chapter containing the most evidence-based guidance is on partner services. In future versions of this guidance, evidence-based information will be expanded. Recommendations are included in each chapter. Because programs are unique, diverse, and locally driven, recommendations are guidelines for operation rather than standards or options.

In developing these guidelines the workgroup followed the CDC publication “CDC Guidelines—Improving the Quality”, published in September, 1996. The intent in writing the guidelines was to address appropriate issues such as the relevance of the health problem, the magnitude of the problem, the nature of the intervention, the guideline development methods, the strength of the evidence, the cost effectiveness, implementation issues, evaluation issues, and recommendations.

STD prevention programs exist in highly diverse, complex, and dynamic social and health service settings. There are significant differences in availability of resources and range and extent of services among different project areas. These differences include the level of various STDs and health conditions in communities, the level of preventive health services available, and the amount of financial resources available to provide STD services. Therefore, these guidelines should be adapted to local area needs. We have given broad, general recommendations that can be used by all program areas. However, each must be used in conjunction with local area needs and expectations. All STD programs should establish priorities, examine options, calculate resources, evaluate the demographic distribution of the diseases to be prevented and controlled, and adopt appropriate strategies. The success of the program will depend directly upon how well

program personnel carry out specific day to day responsibilities in implementing these strategies to interrupt disease transmission and minimize long term adverse health effects of STDs.

In this document we use a variety of terms familiar to STD readers. For purposes of simplification, we will use the word patient when referring to either patients or clients. Because some STD programs are combined with HIV programs and others are separate, we will use the term STD prevention program when referring to either STD programs or combined STD/HIV programs.

These guidelines, based on the CSPA program announcement, cover many topics new to program operations. Please note, however, that these guidelines replace all or parts of the following documents:

- Guidelines for STD Control Program Operations, 1985.
- Quality Assurance Guidelines for Managing the Performance of DIS in STD Control, 1985.
- Guidelines for STD Education, 1985.
- STD Clinical Practice Guidelines, Part 1, 1991.

The following websites may be useful:

- CDC www.cdc.gov
- NCHSTP www.cdc.gov/nchstp/od/nchstp.html
- DSTDP www.cdc.gov/nchstp/dstd/dstdp.html
- OSHA www.osha.gov
- Surveillance in a Suitcase www.cdc.gov/epo/surveillancein/
- Test Complexity Database www.phppo.cdc.gov/dls/clia/testcat.asp
- Sample Purchasing Specifications www.gwu.edu/~chsrp/
- STD Memoranda of Understanding www.gwumc.edu/chpr/mcph/moustd.pdf
- National Plan to Eliminate Syphilis www.cdc.gov/Stopsyphilis/
- Network Mapping www.heinz.cmu.edu/project/INSNA/soft_inf.html
- Domestic Violence www.ojp.usdoj.gov/vawo/
- Prevention Training Centers www.stdhivpreventiontraining.org
- Regional Title X Training Centers www.famplan.org
www.cicatelli.org
www.jba-cht.com
- HEDIS www.cdc.gov/nchstp/dstd/hedis.htm
- Put Prevention Into Practice www.ahrq.gov/clinic/ppipix.htm

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Training and Professional Development

INTRODUCTION

Training is an essential element in developing the technical expertise and the skills required for management, leadership, political effectiveness, and community diagnosis and organization that are needed in a complex, multifaceted clinical and social services program. The continuing evolution of public health raises new challenges to public health personnel, requiring constant update and enhancement of their knowledge and skills (IOM Future of Public Health, 1988).

Training, professional development, and career development are considered important ways to enhance levels of expertise within the organization. All three processes—training, professional development, and career development—play an important role in improving worker performance of STD prevention activities.

Programs to train medical students, physicians, physician assistants, nurse practitioners, nurses, and others in STD prevention are critical in increasing the capacity of the primary care system to address public health problems, and to ensure delivery of quality services (IOM Hidden Epidemic, 1997).

Establishing and maintaining the expertise necessary for health care professionals to perform the required functions of STD prevention requires developing certain knowledge, skills, and abilities. Information seminars, in-service information workshops, health education, formal academic education, formal orientation, formal training, education and training self-study, and developmental work-related experiences are structured methods to support the development of needed knowledge. Those activities, however, have different emphases from training. Information seminars, formal orientation, health education and formal aca-

demical education tend to focus on the development of knowledge and understanding. Training emphasizes development of skill and proficiency in a specific task or functional area. Developmental work experiences, also known as experiential learning, is the practical application of knowledge and skill in an actual on-the-job work setting demonstrating the ability and capacity to perform overall job responsibilities.

Health Care Professional in this document is considered synonymous with the term health care worker. It should be used in the broadest sense to include all professions or occupations involved in STD services for people with or at risk for STDs.

Training is defined as a set of activities designed to develop specific skill levels of workers who are required to perform public health prevention functions or tasks. The training process includes four basic steps: 1) assessment of staff proficiency and identification of training needs; 2) development, implementation, and delivery of needed training to address skill and knowledge deficiencies; 3) evaluation of the effectiveness of the training or skills practice activity on improving skills development; and 4) evaluation of the effect on worker performance.

Professional development is a strategy to develop the necessary professional expertise within the targeted workforce. It is considered a higher level of commitment to worker development since it includes information seminars and in-service workshops, formal academic education, training, and structured experiential activities which aid in the growth of workers' professional expertise. Professional development is also a four step process but it is broader in scope than the

training process. Step one emphasizes overall professional expertise which includes staff skill proficiency. Step two includes educational and experiential activities in addition to training. Steps three and four are similar to the training process.

Career Development is a planned process that includes professional development but also provides opportunities for worker advancement in a progressive series of jobs within a given field. It is considered the highest level of commitment to worker development since it provides a structure offering job progression opportunity for which staff members' increased levels of expertise can be applied. Inherent in career development is management's responsibility for creating a structure that will support the development of employees' expertise and offer job progression opportunity.

Staff is defined as federal, state, and local personnel directly supported through program resources, i.e., program employees. This may include persons responsible for partner services; supervision and management; clinical and laboratory services; surveillance and data management; and administrative management and clerical functions.

External Partners are defined as health care providers and other professionals responsible for STD prevention services and activities who are not direct employees of the program. These may include private medical practitioners; hospital physicians; members of community-based organizations; corrections health care personnel; persons working in substance abuse treatment programs; laboratory personnel; professionals working in and associated with managed care; other primary care providers, medical or other health professions students or residents in training, youth counselors, STD/HIV trainers, and outreach workers (IOM Hidden Epidemic, 1997). In addition, partners should include people and agencies working in special emphasis areas such as adolescent health centers, managed care organizations, family and primary care physicians, and reproductive health.

Goals/Objectives of Training, Professional, and Career Development

The overall staff development goal is to improve performance through structured training, professional development, and career development efforts. STD prevention program objectives should reflect these goals and be consistent with available resources and overall worker development needs. A training program, including structured professional development, should be established to improve and maintain skills proficiency, and overall expertise, in all staff members and offered as a benefit to external health care professionals performing STD prevention related activities. A career development structure should also be established to develop and maintain an effective staff.

Target Audience

The target audience may include a wide spectrum of health care workers such as 1) clinicians (physicians, nurse practitioners, nurses, physician assistants), 2) disease intervention specialists, 3) clerical support staff, 4) epidemiologists, 5) health educators, 6) health service managers or administrators, and administrative assistants, 7) social workers, and counselors, 8) scientists, 9) laboratory technicians and technologists, 10) health information system or computer specialists, 11) public relations, public information, health communications, and media specialists, and 12) biostatisticians. (See attachment T-A for a list of titles). It is the responsibility of the STD prevention program to apply its training and other staff development efforts and resources continually to improve performance of all staff and to educate external partners.

Responsibilities

Several key personnel should have direct program responsibilities for ensuring that an effective training and staff development program is part of overall STD prevention program functions. Managers should establish program-level plans, policies, procedures, and quality assurance methods to ensure that training, professional development, and career development activities and processes are effectively and efficiently incorporated into project management functions. This

program structure should support development of the staff and external partners as well as reinforce supervisory responsibility for staff development.

Direct supervisors should be knowledgeable about the particular STD prevention tasks and functions they supervise and knowledgeable about tasks and skills required to perform these activities. The supervisor should:

- be knowledgeable of the purpose, objectives, and overall content of training available for members of their staff
- prepare staff for attending training events
- ensure that staff are fully aware of the purpose of and the need for training
- ensure that staff understand the requirements and expectations for their participation in training
- ensure or reinforce on-the-job application of skills developed through training
- support using these skills through staff development efforts
- be actively involved in such on-the-job development activities as demonstrating skills, observing performance, offering constructive feedback
- act as a mentor
- assess the skill levels of staff through performance observation, feedback, and performance outcome review and evaluation
- identify and address barriers to the effective performance of any staff member not related to training, such as motivation, communications, or attitude.

STD prevention programs should assign one or more management staff to be accountable for assuring training and staff development. In smaller programs, a lead person other than management may be designated to take responsibility. Specific responsibilities include:

- assessing knowledge, skills, and abilities necessary for proficiency and expertise;
- developing, implementing, and delivering training and on-the-job developmental experiences to address skill building needs;
- identifying institutions and other resources which provide accredited continuing education activities;
- evaluating the effect of training and professional or career development activities on performance; and

- identifying possibilities for developing career ladder structures and providing career enhancing opportunities.

The Division of STD Prevention is responsible for providing technical assistance and evaluation services in support of STD prevention program staff development efforts. That includes responsibility for identifying training sources and coordinating provision of training activities required to address skills development needs; providing support in training needs assessment and evaluation efforts; and providing technical assistance in support of performance management follow-up and quality assurance efforts.

Recommendations

- Programs should have in place or should establish a system that incorporates the four basic steps of the training process identified under the definition for training.
- Programs should develop goals and objectives for appropriate training for both staff and external partners.
- Programs should utilize information collected from evaluation to update and improve the entire training process.
- Programs should establish a policy ensuring that training, professional development, and career development are part of their program.
- Program managers should designate individuals with management responsibility for training and staff development functions.

TRAINING PROCESS

Assessment of Training Needs

The training needs assessment is part of a systematic process to assess the skill proficiency levels of persons performing given functions and to determine what skills deficiencies need to be addressed by training and other staff development methods. Conducting such needs assessments should be a continuing responsibility of all STD prevention programs.

Programs should systematically review the need for improving performance within the STD workforce, utilizing such sources as performance outcome data; performance management review; individual employee issues and concerns regarding development; and changes in mission, functions, or processes. The training needs assessment process should be used to determine what specific skills are needed and what skills development responses may be required to address performance concerns identified by those sources.

The purpose of the training needs assessment process is to 1) identify the skills and levels of proficiency that a targeted group of workers may need to perform specific disease prevention activities; 2) determine the current level at which the targeted group is in command of these skills; and 3) assess the gap (i.e., the skills deficiency) between these two levels and thus determine the training need (USAID Handbook on Control of STDs). A training needs assessment is not a survey of employee training wants. It must address the skills development required of specific workers to perform an essential program related function.

Skills deficiencies are likely to occur when 1) a worker is new to a given function and the related skill requirements; 2) the skill requirements of a given function have changed owing to advances in methods, techniques, or processes; 3) the worker skills have decayed owing to improper use or lack of use; 4) a worker's basic skill levels need enhancement to make it possible for an individual to perform more advanced tasks and responsibilities.

The training needs assessment will help program management determine development and training needs and establish the basis for developing training responses most appropriate to develop workers' missing skills or to strengthen their existing skills (Quality Assurance Guidelines, 1985).

The training needs assessment process should apply to both staff and external partners. Although program management can control the training needs assessment process internally, it does not have the same authority with external partners. The project area should, however, coordinate with appropriate external partners to offer assistance in assessing skill levels of those personnel performing essential STD prevention functions and offer training to address specific

skills deficiencies. The results of staff training evaluation may provide an indication of the training needs of external partners.

Program management should apply a three-phase plan for assessing the training needs of STD prevention workers. The first phase is to perform a **pre-assessment** or planning stage to determine what is already known about the skills and training needs and to establish the plan for gathering and evaluating data on the needs assessment. The second phase is the **main assessment** or data gathering, which includes collecting, analyzing, and synthesizing the information and opinions regarding skills development needs, and providing criteria and recommendations for the resultant training responses. The third phase of the process involves the **post-assessment** which includes developing and explaining the plan to implement the recommendations of the main assessment.

Programs should define the purpose for the needs assessment. As part of this process, the program should 1) identify the *specific disease prevention* activity and the related functions or tasks to be assessed; 2) identify the target group responsible for performing these functions or tasks, and 3) identify the levels of proficiency needed to perform these functions or tasks. Any known performance concerns related to these functions or tasks should also be identified.

Existing reference documentation that may be helpful in collecting training need data should be selected. These reference documents include qualification standards, position descriptions, and performance standards related to the targeted activity. It should also include existing standards of competence established for specific public health functions (Appendix T-B). Existing relevant course training materials, program policies, guidelines, and regulations may be a source of data.

The three basic types of data to be collected to determine training needs are listed below.

1. **Target participant characteristics.** The training needs assessment should address the following :
 - educational levels of the targeted audience;
 - length of time in the current job;
 - length of time working in public health;
 - trainees' ideas about what is needed to perform requisite tasks or functions (e.g., enhanced per-

sonal knowledge, skill, ability; better communications; supervisory involvement); and

- trainees' preferences for certain training methods.

2) **Activity information.** The training needs assessment should answer such questions as:

- Are the functions or tasks expected to change?
- How well are the target participants currently performing the functions or tasks?
- What barriers might affect successful performance?
- Which functions or tasks are most critical?

3. **Knowledge, Skill, and Ability information.** The training needs assessment should be conducted in a supportive environment. Training needs assessment can be viewed by a worker as an intimidating experience instead of creating opportunity for performance enhancement. The training needs assessment should answer such questions as: What knowledge, skills, or abilities do the targeted participants need to perform at the level of proficiency expected? What knowledge, skills, or abilities do expert performers possess?

The sources from which to collect such data include incumbents who are performing the targeted activity; supervisors and managers who are involved in setting the expectations for the targeted participants; technical or content experts on the targeted activity; and internal or external "customers" served by the targeted participants. The methods for collecting the data may include direct interviews, surveys, expert panels or focus groups, direct management observation, and performance review analysis (OPM Training and Development Services, 1994).

The ultimate goal of training is to improve job performance. Most skill-based performance problems are correctable with appropriate training, improved on-the-job communications, and more supervisory assistance. However, not all performance needs can be addressed through training. When a training needs assessment or individual supervisor recognizes a performance barrier or a problem related to attitude, motivation, or communications, training may not be the solution. The supervisor must determine if training can appropriately address the problem.

The training needs assessment process should identify barriers to job-related skills development. Such barriers may include poor communication of job objectives, responsibilities, priorities, organizational policy, and operational or administrative guidelines; lack of technical direction and support; poor physical work environment; or an employee's personal problems. These types of barriers are indicators of operational, administrative, or performance management problems which impede the identification of skills deficiencies and training needs, because of their impact on overall job performance. Often a worker has the job-related skills needed but is unable to apply them until such barriers are removed (Quality Assurance Guidelines, 1985).

Determination of the causes of unacceptable performance should be based on observation, documentation, and consultation, as well as any personnel development plans. It is the responsibility of the supervisor to observe, document, and consult with the employee to determine the causes of unacceptable performance. If unacceptable performance is determined to be caused by attitude, motivation, or communication problems, it is not a training issue and appropriate personnel actions should be pursued. If the unacceptable performance is related to skills deficiencies, then appropriate training and development should be offered.

Recommendation

- STD prevention programs should have a systematic and regular method of assessing training needs and skills development of staff.
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Training Approach

Once it is determined which skills must be addressed through training efforts, then the program, with the aid of training experts, should determine the appropriate training approach. The emphasis of a training activity should be on demonstrable skills and should focus on measurable competencies. Competency-based or skills-based training for public health professionals should use adult learning methods. Such training efforts should also use techniques that en-

gage students in solving problems or in discussing their experiences. The student then should have a chance to demonstrate the skills and behaviors. Specific participatory techniques can include small group discussions, demonstrations, role plays, case studies, and simulations. Focusing on competence and skill provides accountability and is helpful in considering issues of improving performance at the organizational and individual employee levels (Public Health Workforce) (USAID Handbook on Control of STDs).

Clearly identifying the purpose is a key element in an effective training program. All training activities or courses should have clear objectives that describe skills that participants will be able to perform and knowledge they will be able to use as a result of course participation. This is a critical step in selecting appropriate participants and in evaluating the effectiveness of the training (USAID Handbook on Control of STDs).

Areas of Training Need

There is increasing interest among public health agencies, including CDC, to assure that public health workers are knowledgeable about the core public health functions (assessment, policy development, and assurance) and competent to perform the ten essential public health services associated with those core functions (see Appendix T-B for a list of essential public health services). Competencies of public health workers to perform essential services should be assessed and training provided to correct any deficiencies. Staff in STD prevention programs may need training to assure that they are competent to provide the essential STD prevention functions of behavior change interventions at the community and individual level, medical and laboratory services, partner services, leadership, public health program management (i.e., planning, resource management, and evaluation), and surveillance and data management.

In many areas of skills development the need for specific training is universal. This is particularly true for new, inexperienced employees (e.g., new supervisors, new DIS, new clinicians). In such cases, a training needs assessment may not be required. Standard training activities already address these continuing

skills development needs. Specific areas of skills development and existing training are identified in Appendix T-C.

In addition to basic training, all new employees should be immediately oriented to the organization, learning the program's mission and function, the employee's place in the organization, the employee's role in STD prevention, the performance expectations of the job, and coworkers' organizational roles and responsibilities.

All Disease Intervention Specialists new to STD prevention should receive an orientation on STD transmission and control that includes information on local epidemiology of STDs, factors affecting transmission of STDs, the relationship between other STDs and HIV, complications of STDs, factors affecting STD risk and prevention, and beliefs and practices about STDs. The CDC STD Employee Development Guide (EDG) is a recommended source for the orientation material on STD transmission and control. The EDG is in module format and is designed to give new staff members a comprehensive background in STD intervention. These orientation activities should be completed within four to six weeks of an employee's arrival on the job.

Clinicians and administrative staff who perform direct disease intervention functions should be provided an orientation within the first four to six weeks. These staff members should have the opportunity to observe and to participate in the intervention activities performed by experienced colleagues and other STD prevention staff members. Regional prevention training centers (PTCs) are also an excellent resource for providing training to new staff performing disease intervention services.

Delivery of training

In addition to the responsibility for determining the training or staff development needs and topics, (i.e., the knowledge and skills deficiency to be addressed) and for identifying the target audience, project area managers must determine the best method to get the instruction to the target audience. Consideration must also be given to available funds and level of expertise of individuals providing the training.

Depending on the cost, content, and the instructional expertise required, managers should utilize a variety of means such as on-the-job training, classroom work, CDC-supported training, PTCs, and distance learning activities to address development needs. Traditional approaches to delivering instruction (e.g., classroom settings, lectures, conferences, written materials, etc.) are no longer the sole method for adequately preparing training participants to enter practice or for providing continuing education to a widely dispersed public health workforce. Field-based learning technologies, such as those involved in distance learning, should be implemented. These may include video conferences, computer-based training, Internet, video/audio tape, etc. (Public Health Workforce).

Training Providers and Resources

Training Centers. The STD/HIV Prevention Training Centers (PTCs), Regional Training Centers (RTCs), and AIDS Education and Training Centers (AETCs) are three CDC-recognized providers or resources for STD prevention related training. One role of the PTCs, RTCs, and AETCs is to respond to the need for specific training identified by the project area managers. The PTCs and RTCs provide training based on a list of core topics but can also develop specific training or in-service seminars based on program needs. Program managers should consider the location and the course work offered by the different centers and decide which one of the training centers best meets their program needs. Each type of center operates differently and has slightly different target audiences and each center may offer a slightly different curriculum.

The PTCs provide STD clinical, behavioral, and partner counseling training. The clinical training is provided regionally, and the health behavioral and partner counseling/partner services training is provided nationally. The PTCs also work directly with STD project areas to assist in identifying training needs and developing specific training responses. PTCs provide training for clinicians (physicians, physician assistants, nurse practitioners, RNs); laboratorians; health educators; public health social workers; mental health, alcohol, and substance abuse workers; disease inter-

vention specialists, and family planning and other partners.

The RTCs provide reproductive, clinical, contraceptive management, supervisory, health education, HIV risk/harm reduction, and other training. The RTCs target health care audience is mainly health care providers who work in family planning, maternal and child health, gynecology, and other reproductive health programs.

The Health Resources & Services Administration (HRSA) AETCs provide targeted, multi-disciplinary HIV training programs for primary health care, allied health, minority health, and mental health care providers. The majority of AETC resources have been focused on areas of high HIV prevalence and incidence, with remaining resources allocated on suburban and rural needs. AETC activities are based on assessed local needs.

A list of training centers is provided in attachment T-D. Programs should look to these training centers as resources to help them provide STD and HIV prevention training and needs assessments for their staff and external partners.

CDC, NCHSTP Division of STD Prevention. In addition to managing the grants for the Prevention Training Centers, the Division provides training and development support in such areas as first-line supervisory development; medical professional development; and STD surveillance, data management, and epidemiology.

Public Health Practice Program Office offers the Public Health Training Network (PHTN), which is a distance learning system designed to meet the training needs of the public health workforce nationwide. Some of the subject areas addressed by this program are general public health practice, core public health skills training, prevention program training, tuberculosis prevention, and HIV/AIDS and other sexually transmitted disease prevention.

NCHSTP, Division of HIV/AIDS Prevention, Training and Technical Support Services Branch provides training in HIV prevention counseling for state and local trainers (training of trainers). The Division also

has field staff assigned to project areas who are available to conduct client-centered counseling training to direct service personnel. Training is offered in the areas of prevention counseling, quality assurance for prevention counseling, substance abuse, issues affecting patients who test positive for HIV/STD, men who have sex with men, and women's health care needs.

Schools of Public Health and Schools of Medicine. These schools offer medical professional training and education opportunities, as well as graduate-level development in the essential elements of public health and public health practice.

Partnerships. Partnerships may be created with academic institutions, managed care organizations (MCOs), speciality societies, and local or state medical societies to provide training, education, in-service seminars, and other methods of staff development. Partnerships that provide training assistance to external partners are often a highly effective way to leverage health department resources to strengthen collaboration and influence STD prevention efforts broadly in the community.

Topic Experts in local and state health departments, community-based organizations, family planning organizations, etc., may be good resources to provide in-service seminars or specific process training.

STD Project Areas. When training needs assessments identify needs that cannot be addressed by existing sources, local project area training management should develop the required training. This may include in-service information workshops, training workshops, or on-the-job training experiences. Training contractors can be used to meet specific project area training needs. The PTCs and CDC can also be used in developing and implementing specific training programs.

Recommendation

- STD prevention programs should consult with PTCs for conducting external partners training needs.

Frequency of Training

The intensity and content of training activities for health professionals may vary considerably. Training may take place as part of the formal professional or career development curricula, as part of continuing education activities, or as a specific event (IOM Hidden Epidemic, 1997). In all cases, training should be a part of a planned management effort consistent with program objectives, performance requirements, and required knowledge and skills proficiency. These should be the determining factors regarding frequency and content of training.

Evaluation of Training Activity

To get the best results from training, the content and the process of training should be evaluated. In most skills-based or competency-based training, there is an associated need for enhancement of knowledge related to the skills being developed. One way to evaluate knowledge gains is through the administration of pre- and post-tests. These may include True/False or multiple choice questions, case based scenarios, written essays, oral review (tell what you know), self-assessment of knowledge, or direct observations. It may be useful to do a before and after self-rating by participants to address their perceived competency in performing the skills described in the behavioral objectives of the course. Skills evaluation may take place through direct observation by an expert observer or by written self-assessment.

Participant evaluations at the end of a workshop can be detailed and comprehensive, covering individual sessions and daily activities, and indicating satisfaction with the training. Participants' feedback on each session should be simple and should vary in format to address the main points covered in the course. Sample questions may include: What will you do differently as a result of this training? What was the most or least useful aspect of the session? Were trainee's opinions valued? and how? What went well or did not go well in the session? Such questions should be standardized through the use of a form. Opportunities for specific suggestions on ways to improve the course should also be made.

Participants, as well as the individual trainer or facilitator, should evaluate the following course components: venue, organization, quality of presentation, and quality of participants' participation. Elements such as meeting stated objectives, clarity of presentation, interest in the presentation, and responsiveness to participant's questions and concerns should be used in evaluating the trainer presentation (USAID Handbook on Control of STDs).

In many cases, these types of evaluation methods are performed by training personnel. Whenever possible, evaluation of training data should be provided by personnel not under the direction of project area management, but should be made available to the project area's program management staff. Additionally, similar evaluation methods should be used by the project area's program management staff for comparison over time.

Post Training and Education Application

The purpose of training, education, and other staff development efforts is to enhance existing skills and knowledge, develop new skills, and gain understanding of new ideas and technology that will be applied in job performance. However, the most significant phase of this development occurs on the job through effective practice of the newly learned skills and knowledge in a real work environment. Yet all too often, there is little effort by management to assure the application of new skills and knowledge. As stated in the section describing responsibilities, management and supervisory personnel should be knowledgeable about the training and staff development activities being provided to their employees, should clearly understand the associated knowledge and skills being developed by these activities, and should prepare workers to attend training or education events. After training, participants should be given the opportunity to review the developmental experience and determine how it should be put into practice on the job. Supervisors should reinforce application of new skills and knowledge through activities such as demonstration, performance observation and feedback, mentoring, and other on-the-job development activities. Supervisors should also encourage team interaction and support to reinforce the value of new skills and knowledge.

Assessing Effects of Skills Development on Performance

The assessment of training needs and the evaluation of training activity effectiveness, conducted in collaboration with the employee, are critical steps in improving individual and overall staff performance. Results from these efforts help management to identify and address skills deficiencies, improve resource utilization and cost-effectiveness of training efforts, and provide necessary feedback to training sources to improve the quality of the content and the process of training activities. These efforts also aid in identifying other program management needs that affect staff performance, such as improved employee and supervisory communications, administrative and operational policy and guidelines, and work environment. The evaluation of training activity effectiveness is a critical step in developing staff performance. Results of such efforts provide important information that addresses the effectiveness of skills development efforts and supports implementation of needed operational and administrative policy related to training and staff development.

Programs should have or should develop specific plans to establish a system of quality assurance for training and human resource development. A quality assurance system includes documentation, procedures, and processes to assure that staff members are performing functions according to established standards of performance directly related to the accomplishment of an organization's mission and objectives. This relates to the performance management and review process, and to the associated job descriptions and performance standards or requirements.

The quality assurance system should recognize the importance of human resource development in meeting staff performance objectives. Program managers should work with the agency's Department of Human Resources or Department of Personnel to define, document, and establish responsibility for human resource development in support of staff performance. The quality assurance system should include documented procedures for identifying training and human resource development needs and for providing required training and development of personnel performing STD prevention activities. The system should also include an internal audit or assessment process to review ef-

fectiveness of training and staff development program efforts in developing the needed skills, knowledge, and expertise, and in improving the quality of job performance.

Direct observation of on-the-job performance is the best method to evaluate the skills of health care professionals. To ensure systematic, objective feedback, an observation checklist should be used, an assessment of skills and abilities should be provided, and results of the observed activities should be discussed with the individual. Direct observation should be conducted before and immediately after training and periodically thereafter.

Assessment of health care professionals at their work sites also provides information that can be used in future training sessions, such as additional topics or specific areas that need more emphasis (USAID Handbook on Control of STDs).

Training that is a one-time effort or that is not put into practice can waste precious human and financial resources. Supervisory and program support are critical to the effect of the training on actual on-the-job performance and to the improvement of performance in a given STD prevention activity. Supportive supervision also contributes significantly to an employee's application of new skills and principles. When participants are not able to apply new skills and information, they can become demoralized, and training can lose its credibility (Quality Assurance Guidelines, 1985).

Recommendations

- Programs should perform a needs assessment within their STD prevention workforce (both staff and external partners).
- Programs should be aware of areas of training and orientation needed for all staff members.
- Programs should evaluate training activities and effects on performance.
- Programs should conduct post-training monitoring and reinforcement.

PROFESSIONAL/CAREER DEVELOPMENT PROCESS

Though it is not anticipated that all programs have the need or capacity to develop a comprehensive career development structure, management should incorporate career management and staff development concepts to the extent possible.

Management is accountable for the effective and efficient use of human resources, which includes responsibility for developing and retaining a well-trained, competent work force. This should be accomplished through a career management system aimed at improving employees' performance. Career management may be described as the planned development and use of progressively higher levels of staff expertise within the organization to meet the goals and objectives of the program.

To support career development, the program should work collaboratively with the Department of Human Resources or the Department of Personnel to assure a system that provides the mechanisms used by management to recruit, hire, develop, manage performance, promote, discipline, and reward (pay, benefits, awards) employees. The system should provide for the description of required qualifications, duties, and performance requirements for each job level within given career fields in the organization and should include the processes needed to attain and move personnel through the career steps to meet an organizations staffing needs. A career management system should be developed to formulate clear guidelines, processes, and competency requirements for the acquisition, training, development, maintenance, and advancement of employees in all professions or occupations within the organization.

Career Structure

Before a program can develop the expertise needed to perform the essential functions of STD prevention, it must describe the composition of the workforce providing the essential STD related public health services to community members. All health care professionals, including staff and external partners, should be included in this description. The workforce should be categorized within specific career or professional fields

of expertise or within occupations needed in the overall field of public health service. Examples of public health professions appear in Appendix T-A.

Wherever possible, programs should have a structure in place to encourage career development which involves a series of progressively higher-level jobs. These positions will require application of knowledge, skills, and abilities appropriate to the increased responsibilities. This structure should offer adequate promotion potential and incentives within the career tracks of the organization.

The program should also describe the functions, duties, and responsibilities required of personnel within each professional field for each job level, as well as the qualifications and performance requirements for each job level within the given career fields.

Programs should establish job competency requirements for different job levels within career fields. These are demonstrated skills in addition to knowledge needed to make an employee capable of effectively performing a given function. They are derived from job functions, qualifications, and performance requirements and are key to the development of expertise. Examples of competencies related to different public health functions appear in Appendix T-B.

A career or professional development structure for staff members should include clear career pathways that are essential to ensure a skilled, stable, sensitive, productive, and responsive workforce that contributes effectively to STD prevention policy and practice. A career pathway structure provides the program a clear outline and plan to address the needed expertise, the staff development requirements, and the potential sources for recruitment within the organization to meet program operation objectives. It also provides employees a clear picture of career opportunities within the organization.

Career paths, however, are not restricted to a given professional field. The knowledge base, skills, and tasks required of different professions may overlap at different points in a career progression, offering expanded opportunities for career advancement. This is particularly true at higher job levels when technical competency becomes secondary to managerial or administrative competency. As a result, it is important for program management to establish a comprehensive ca-

reer management system considering pathways relating all possible career fields within the organization, recognizing opportunities for career mobility or advancement into different areas of expertise or professions, and supporting the development of additional qualifications or broader skills and knowledge in different functions required to bridge into new career fields.

The program should work with employees to design and maintain individual staff development plans that provide a variety of information, education, training, and developmental work experiences needed in a contemporary STD control program environment.

As staff members become proficient in the basic skills needed to perform STD prevention activities, their individual development should be further guided by a plan with development goals and objectives, including designated phases of development within the projected career, to stimulate professional growth. Depending on the occupation or profession, these phases of development may be defined by levels such as entry, intermediate, journeyman, senior or managerial, and executive. The plans should describe occupation or profession-specific competencies and identify specific training activities, academic education, information workshops, on-the-job development activities (e.g., rotational assignments and special projects) and self-development initiatives which support development of the skills and knowledge related to the competency requirements.

Individual Development Plans should provide employees with a comprehensive list of competencies needed for performing major tasks; should provide employees and their supervisors with a single-source reference to assist in determining appropriate training and prepare employees for more responsible positions; should assist supervisors in making effective use of scarce training resources by determining critical competencies and training courses; should enable employees to plan appropriate career training and development; and should develop and strengthen employees' professional qualifications and leadership abilities.

Other Developmental Experience Opportunities

Orientation and basic and advanced skills training are essential to staff development, but they do not encom-

pass the total development efforts needed to develop a well-rounded public health workforce. The workforce should also be provided other developmental experiences such as information seminars, in-service information workshops, formal education, and experiential opportunities structured to support the development of the competency-related KSAs and overall job expertise needed to perform and advance through a career structure.

Developmental opportunities to perform advanced or cross-functional tasks should be provided to enhance staff members' overall expertise in STD prevention. Such career enhancement opportunities may include rotating assignments, temporary duty reassignments, and special projects.

Continuing academic career development opportunities at the undergraduate and post-graduate levels should be made available to staff members. The public health professional workforce lacks formal public health training and educational opportunities, particularly in the field of public health practice (Public Health Workforce). Schools of Public Health offer a source for formal academic education, with a focus on practical application in the following essential areas of public health practice: 1) development and implementation of information systems; 2) collection and use of epidemiologic and surveillance data; 3) design and implementation of community-based behavioral interventions; 4) community empowerment; 5) program planning; 6) program evaluation; 7) program management and administration; 8) design and evaluation of clinical health services; 9) public health policy development; and 10) public health marketing.

Programs should utilize medical and non-medical experts from internal staff, external partners, CDC, universities, PTCs, etc. These are good sources for technical information, in-service sessions, and training workshops to enhance workers' knowledge and understanding of and skills proficiency in specific aspects of STD Prevention.

Mentoring

One of the best ways to help a person fulfill his or her potential within an organization is through the mentoring process. Studies have shown mentorship to

be related to career satisfaction and progress. The planned and structured guidance and sharing of knowledge and experience by effective supervisory or senior staff members can be a very important aspect in the program's development of junior staff members. A mentor, through repeated modeling and feedback, can shape a mentee's expectations, perceptions, and interpretations of certain behaviors of the organization. The result increases the mentee's self-efficacy and self-assurance with regard to role-specific behaviors, motivations, and job satisfaction. In contrast, there are few things as frustrating, particularly for creative and highly technical employees, as a supervisor who withholds information. Supervisors and senior staff members need to look past the belief that information is power and the fear of creating new competition. Management should reinforce the need to realize the positive aspects of mentoring that relate to greater productivity and efficiency. One of the greatest compliments that can be paid a manager is for their staff to succeed.

Effective, proactive managers who understand career development recognize that, for their employees to make progress up the career ladder, managers must continually nurture the personal development of those staff members who report to them. A work group with an approachable leader who encourages team effort and the sharing of responsibilities and problems openly can enhance mentoring relationships. Mentoring relationships, in turn, can contribute to positive intragroup associations (Correlates and Consequences of Protégé Mentoring, 1994). Managers should seek out such high quality supervisory personnel and staff members to serve in mentoring roles.

Selecting individuals to mentor is often a difficult task. Creating special relationships with individual team members can cause resentment and discord within the team. Sharing information and providing close guidance should not create the appearance of personal favoritism.

All team members should be given the opportunity to enter into mentoring relationships, provided given merit criteria are met. For example, employees could be required to meet the following criteria:

- (1) *Time investment.* It can often take a year or more for an employee to become comfortable with the

culture of the organization. Choosing a mentee who hasn't had this exposure could result in early disappointment for both parties.

- (2) *Performance.* Identify an employee with a track record of consistently high performance combined with demonstrated technical or managerial competence.
- (3) *Motivation.* Search for those who demonstrate a willingness to learn, who are willing to take on extra or new tasks, and who can take direction from others.
- (4) *Team building.* Finally, a person who fosters a team atmosphere may be a wiser choice than the obvious self-promoter.

Not all situations lend themselves to the establishment of a true mentoring environment. Limited numbers of quality mentors or extreme worker hostility arising from the perception of inequitable treatment may not allow the process to be effective. Still, management should take steps to create an environment that recognizes the importance of sharing information, experience, and knowledge, and that establishes a structure to require such exchange to the extent possible (Jensen, 1995).

By communicating the consequences of behavior and the appropriate responses to work situations and by providing knowledge of an organization's expectations, structure, roles, culture, values, rules, and norms, mentoring can enhance a mentee's sense of competence and effectiveness and offset organizational factors that contribute to alienation (Correlates and Consequences of Protégé Mentoring, 1994).

Individual, Management, and Program Responsibilities

Responsibility for an effective career or professional program rests with employees, management, and the organization. Employees must determine what they want their career to be; assess their aptitudes, strengths, and development needs with their supervisor; work with their supervisor to develop an Individual Development Plan (IDP); and work with their supervisors to schedule appropriate on-the-job training, required formal training, and development activities.

Managers must support the development and training of their subordinates; determine the job-related knowledge, skills, abilities, and experiences needed by employees to effectively accomplish the work of the organization; counsel, coach, and guide employees in their professional development planning; and help the employee define short- and long-term development and training needs.

Programs must assure an organizational structure exists that supports the required knowledge, skills, abilities, and experience development of its employees and must provide resources, including dollars and time, for development to occur.

Recommendation
<ul style="list-style-type: none">• Programs should consider the mentoring process as an effective method for career development.

Appendix T–A

JOB TITLES IN PUBLIC HEALTH

(From: *The Public Health Workforce: An Agenda For The 21st Century*)

Definitions are provided for each new occupational category recommended for the field of Public Health.

Epidemiologist

Investigates and describes the determinants and distribution of disease, disability, and other health outcomes and develops the means for their prevention and control.

Health Educator (e.g., Public Health Educator, Community Health Educator, School Health Educator)

Designs, organizes, implements, communicates, provides advice on and evaluates the effect of educational programs and strategies designed to support the modification of risky health-related behaviors of individuals, families, organizations, and communities.

Public Health Policy Analyst

Analyzes needs and plans for the development of health programs, facilities, and resources; analyzes and evaluates the implications of alternative policies relating to health care.

Health Service Manager/Health Service Administrator

Plans, organizes, directs, controls, and coordinates health services, education, or policy in establishments such as hospitals, clinics, public health agencies, managed care organizations, industrial and other types of businesses, or related entities.

Public Health and Community Social Worker (e.g., Community Organizer, Outreach and Education Social Worker, Public Health Social Worker)

Identifies, plans, develops, implements, and evaluates programs designed to address the social and interpersonal needs of populations to improve the health of a community and promote the health of individuals and families.

Mental Health and Substance Abuse Social Worker (e.g., Alcoholism Worker, Clinical Social Worker, Community Health Worker, Crisis Team Worker, Drug Abuse Worker, Marriage and Family Social Worker, Psychiatric Social Worker, Psychotherapist Social Worker)

Provides services for persons having mental, emotional, or substance abuse problems. May provide such services as individual and group therapy, crisis intervention, and social rehabilitation. Also may arrange for supportive services to ease patients' return to the community.

Psychologist, Mental Health Provider (e.g., Clinical Psychologist, Counseling Psychologist, Marriage Counselor, Psychologist, Psychotherapist)

Diagnose and treat mental disorders by using individual, child, family, and group therapies. May design and implement behavior modification programs. (Requires doctoral degree)

Alcohol and Substance Abuse Counselor, including Addiction Counselor (e.g., Substance Abuse Counselor, Certified Substance Abuse Counselor, Certified Alcohol Counselor, Certified Alcohol and Drug Counselor, Certified Abuse and Drug Addiction Counselor, Drug Abuse Counselor (Associates degree or higher), Drug Counselor (Associates degree or higher), Alcohol Abuse Counselor (Associates degree or higher))

Assesses and treats persons with alcohol or drug dependency problems. May counsel individuals, families, or groups. May engage in alcohol and drug prevention programs.

Mental Health Counselor (e.g., Clinical Mental Health Counselor, Mental Health Counselor)

Emphasizes prevention and works with individuals and groups to promote optimum mental health. May help individuals deal with addictions and substance abuse; family, parenting, and marital problems; suicidal tendencies; stress management; problems with self-esteem; and issues associated with aging or with mental and emotional health. Excludes psychiatrists, psychologists, social workers, marriage and family therapists, and substance abuse counselors.

Disease Intervention Specialist

Interviews patients, at risk individuals, and those infected with STDs including HIV. Ensures appropriate examination, treatment, and follow-up to persons exposed to or infected with an STD.

Appendix T-B

GENERAL EXAMPLES OF COMPETENCIES RELATED TO IDENTIFIED ESSENTIAL PUBLIC HEALTH SERVICES

(From: *The Public Health Workforce: An Agenda For The 21st Century*)

Essential Public Health Services :

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to define and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent public health and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

Associated competency areas and related knowledge and skills:

Analytic

Skills proficiency to

- Define a problem
- Determine appropriate use of data and statistical methods for identifying problems and planning, resolving, and implementing resolutions
- Select and define variables relevant to defined public health problems
- Evaluate the integrity and comparability of data and identify gaps in data sources
- Make relevant inferences from data
- Use data to illuminate ethical, political, scientific, economic, and overall public health issues
- Conduct cost-effectiveness, cost-benefit, and cost-utility analysis

Communication

Skills proficiency to

- Communicate effectively both in writing and in speaking (unless a handicap precludes one of these forms of communication)
- Accurately and effectively present demographic, statistical, programmatic, and scientific information for professional and lay audiences
- Solicit input from individuals and organizations
- Advocate for public health programs and resources
- Lead and participate in groups to address specific issues
- Use the media to communicate public health information
- Facilitate interview (including cultural competence) and qualitative survey methods
- Utilize public relations methods and techniques
- Engage in social marketing activities, including activities that attempt to persuade specific target audiences to adopt an idea, practice, or product through a variety of approaches and channels of communication in an integrated, planned fashion.
- Coordinate with existing network of consultants and technical assistance and community-based assets to collect and analyze community health data
- Establish ties with community partners such as community based organizations, businesses, managed care organizations and other health care providers, school health clinics, other government agencies, occupational safety offices in industry, volunteer and nonprofit organizations, advocacy groups, community groups, hospitals, physicians, health insurers, faith and church groups, and local pharmacies

Policy and Developmental/Program Planning

Knowledge of

- Relevant legal and regulatory information

Skills proficiency to

- Collect and summarize data relevant to an issue
- State policy options

GENERAL EXAMPLES OF COMPETENCIES RELATED TO IDENTIFIED ESSENTIAL PUBLIC HEALTH SERVICES, continued

- Articulate the health, fiscal, administrative, legal, social, and political implications of each policy option
- State the feasibility and expected outcomes of each policy option
- Utilize current techniques in decision analysis
- Write a clear and concise policy statement
- Develop a plan to implement the policy, including goals, outcome and process objectives, and implementation steps
- Translate policy into organizational plans, structures, and programs
- Identify public health laws, regulations, and policies related to specific programs
- Develop mechanisms to monitor and evaluate programs for their effectiveness and quality
- Utilize and integrate strategic planning processes, including assessment methods and modeling when developing policies or community health plans

Public Health Program Administration

Knowledge of

- Program operations and administration of public and private agencies within a community
- Legal and political factors affecting program change

Financial Planning and Management

Skills proficiency to

- Develop and present a budget
- Manage programs within budgetary constraints
- Develop strategies for determining budget priorities
- Monitor program performance
- Prepare proposals for funding from external sources
- Apply basic human relations skills to the management of organizations and the resolution of conflicts
- Manage personnel

Surveillance and Data Management

Skills proficiency to

- Apply risk assessment and risk communication methods and techniques
- Use public health software packages such as Epi-Info to track, analyze, and present findings of community health problems
- Design and operate a surveillance system
- Develop and administer survey instruments
- Apply vital statistics
- Use computer and information technology applications
- Describe problems in terms of time (persistence), magnitude or severity (scope), dispersion or location (place), and co-occurrence or co-morbidity
- Identify and apply existing sources of data
- Make relevant inferences from data
- Prepare and interpret data from vital statistics, census, surveys, service utilization, and other relevant special reports

Basic Public Health Sciences

Knowledge of

- Research methods in all basic public health sciences
- Environmental health issues and environmental morbidity factors
- Study design, including outbreak or cluster investigation
- Risk assessment and health risk assessment methodologies
- Basic research designs used in public health

Skills proficiency to

- Define, assess, and understand the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services
- Apply the basic public health sciences, including behavioral and social sciences, biostatistics, epidemiology, environmental public health, injury prevention, and chronic and infectious diseases

GENERAL EXAMPLES OF COMPETENCIES RELATED TO IDENTIFIED ESSENTIAL PUBLIC HEALTH SERVICES, continued

- Utilize risk assessments (i.e., identifying hazardous exposure and health effects)
- Apply laboratory science skills
- Identify the scientific underpinnings and ascertain strength of evidence from literature, including effectiveness of interventions
- Define, assess, and understand the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services

Public Health Information and Communications

Knowledge of

- Different theories of education and learning
- Psychosocial and behavioral theories (e.g., health belief model)

Skills proficiency to

- Translate information and communicate to different target audiences

Cultural

Knowledge of

- Dynamic forces contributing to cultural diversity

Skills proficiency to

- Interact sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, and professional backgrounds and with persons of all ages and lifestyle preferences
- Identify the role of cultural, social, and behavioral factors in determining disease, disease prevention, health promoting behavior, and medical service organization and delivery
- Develop and adapt approaches to problems that take cultural differences into account

Appendix T–C

AREAS OF TRAINING IN STD PREVENTION

Some of the major areas of development related to STD prevention and associated knowledge and skills development are detailed here. Training and staff development efforts in these areas should be continuing and based on need. Also identified are areas of standard or basic training requirements for employees new to a given function (See appendix T-D for location and website address for PTCs).

1) Clinical Services

Personnel new to the performance of STD clinical care functions should be provided basic training in STD clinical services within one to three months after assignment of new duties. The training should emphasize skills development in diagnosis; management; counseling and treatment of STDs; medical records and protocols; clinic flow; performance standards for clinician-patient interactions; sexual history taking, and physical examinations; standard precautions; specimen collection; Clinical Laboratories Improvement Act of 1988 (CLIA) approved stat laboratory testing; clinical interpretation of laboratory results; clinical quality assurance; and disease intervention overview.

Experienced clinicians should continue to receive advanced training in clinical management as needs dictate. Non-clinicians, such as disease intervention specialists, who are involved in patient services but not required to perform clinical functions, should be provided in-service workshops or information seminars to gain general knowledge or an understanding of the basic clinical functions and tasks listed above.

STD prevention workers required to draw blood, within the limits permitted by state and local statutes, should be trained and certified in venipuncture. Such training should take place before workers independently perform venipuncture.

Programs should consider continuing training and development efforts to foster expertise in clinical design and evaluation of health services. This includes specific expertise to 1) assess health services needs in a community; 2) determine the organization, distribution, and cost structure of pre-

ventive health services within a community; 3) assess factors that determine the quality and accessibility of preventive services; and 4) identify opportunities for public or private collaboration in health services research and demonstration.

2) Laboratory Methods

Persons hired primarily to conduct basic laboratory services in support of STD clinical services should be provided the skills development training required by CLIA regulations, basic skills development training, as needed, in bright-field and dark-field microscopy procedures, endocervical and urethral specimen slide preparations, presumptive culture identification, rapid tests, maintaining laboratory records and protocols, and laboratory quality assurance.

Other STD prevention staff members, such as disease intervention specialists, who may serve in back-up roles to laboratory personnel must be provided the same basic skills training as stated above to meet CLIA requirements. STD prevention workers involved in patient services who may be required to answer specific laboratory-related questions should be provided in-service workshops or information seminars to provide an understanding or general knowledge of the basic laboratory methods listed above.

It is expected that while persons hired primarily to conduct laboratory procedures will be trained within the first two months of employment, persons serving in secondary or back-up roles should be trained to conduct most of the basic procedures within the first 6 months of employment, or as permitted by state or local statutes.

All persons conducting basic laboratory procedures should be aware of and adhere to the guidelines governing the conduct of laboratory procedures as described in the Clinical and Laboratory Improvement Amendments of 1988 (CLIA). Experienced laboratorians should continue to receive advanced training in laboratory methods as skills needs dictate.

3) Community and Behavioral Change Interventions

STD prevention programs should provide basic training in individual, group, and community-level interventions to all persons who directly interact with STD clients. Skills should be developed so that staff members can provide effective prevention counseling to clients one-on-one, in groups, or to an entire community. This includes skills in interpersonal communications, in maintaining confidentiality and privacy, and in developing integrated prevention messages for STD, HIV, and unintended pregnancy. Training activities in these areas should also provide a basic understanding of the technical aspects of STDs including HIV and an orientation to human sexuality and a level of cultural competence or skills proficiency sufficient to allow staff members to recognize and effectively address cultural diversity issues and concerns.

a) Behavioral Counseling

Basic training in behavioral and prevention counseling for all workers interacting with STD/HIV clients should be provided within three months after assignment of intervention-related duties. The training should be designed to develop skills in providing counseling and health education interventions to persons who are at risk for STDs, including HIV. A major emphasis of this kind of training should be promoting and reinforcing safe behaviors, with sensitivity to the special needs of high-risk populations. The prevention counseling pro-

vided by the worker should be interactive, and should serve to assist the client in building the skills and abilities to implement behavior change. Information on adolescent cognitive and social development affecting behavior should be included.

The new STD worker should be introduced to HIV intervention during orientation, and formal training in HIV testing and counseling should take place before the worker is allowed to conduct HIV counseling and testing activities independently. Experienced counselors should continue to receive advanced training in this area as needs dictate.

b) Community Behavioral Intervention

Basic training in community behavioral intervention should be provided to STD workers involved with community-related intervention within six months after assignment of duties. In addition to the topics listed under community and behavioral change interventions, the training should address the dynamics of community and agency collaboration, street and community outreach, application of community-level intervention strategies, and application of STD prevention program planning and evaluation techniques.

Training and skills development for experienced workers should continue to address such areas as: 1) establishing effective liaison with community leaders and agencies; 2) identifying individuals and coordinating their cumulative strengths to achieve public health objectives; 3) organizing and developing alternative, innovative delivery systems for public health programs; and 4) developing effective community collaborations such as public-private partnerships and linkages with community-based organizations and other health and human services providers. Expertise in these areas requires application of ethical and legal principles

and practices with respect to cultural, social, age based, and ethnic differences between public health workers and their clients.

Programs should also provide training and staff development support, as needed, to develop expertise in designing, implementing, and evaluating community-based or community-level behavioral interventions. This includes expertise in conducting targeted, science-based behavior change interventions at the community level.

4) Disease Intervention

a) Interviewing

STD prevention workers who are involved with interviewing or counseling clients should receive basic training in this activity within four to six weeks of their employment, before having independent responsibility for the function. Effective interviewing is critical to successful disease intervention. Skills development in interactive and client-centered communications, information elicitation, and behavioral risk reduction is necessary to ensure that patients diagnosed with an STD are treated and remain free of disease and that all sex partners of the patients receive prompt and appropriate medical attention.

b) Outreach and Field Investigation

Outreach activities such as field investigation and partner notification are important components of STD disease intervention. All STD prevention workers involved in these activities should be trained in these areas and should receive training within the first four to six weeks of assignment. Staff members performing intervention efforts should continue to receive advanced training in this area as skills needs dictate.

5) Supervision

All new supervisors should receive basic training in the principles of supervision, which includes two major areas of skills development. The first area is skill in interpersonal communications with subordinates as it relates to performance management and technical guidance. This includes skill in feedback and observation techniques. The second area is skill in applying basic human resource management methods related to employee relations, recruitment, performance management, position classification and pay compensation, and staff development. Basic supervisory training should be provided within six months after one is assigned supervisory responsibility.

Continuing training should be provided to experienced supervisors to address such supervisory skills as guiding and directing subordinates and others to accomplish performance objectives; planning, organizing, assigning, delegating, implementing, and evaluating day-to-day work activities; counseling and advising less experienced personnel (mentoring); managing and resolving conflicts, confrontations, and disagreements within the workforce; and managing and facilitating meetings

6) Leadership

Continuing training and staff development should be provided to members of the management staff to address leadership skills in such areas as applying interpersonal coaching and motivation techniques; managing a diverse workforce and effectively utilizing cultural diversity; motivating, mobilizing, and coordinating activities of individuals and groups to accomplish program goals; creating work teams and organizing their activities; managing group processes and facilitating team building; developing clear, agreed-upon goals; negotiation; and innovative thinking.

7) Surveillance and Data Management

STD managers should provide continuing training and development to STD prevention workers involved in the collection and use of epidemiological and surveillance data. Training should develop skills and expertise in applying statistical and epidemiological methods and techniques to efficiently collect, compile, organize, analyze, interpret, and disseminate data related to public health outcomes, risk factors, and health services. Expertise should also be developed in this area to aid in planning, implementing, guiding, or evaluating prevention program efforts.

Continuing training and development efforts should be provided to support development of specific expertise in developing, implementing, and evaluating information systems. This should include skills development in 1) determining organizational public health information needs; 2) developing public health information policy; 3) selecting appropriate technology for implementing an integrated system of data collection, storage, and access; 4) and ensuring integrity and validity of data for implementing trends analysis in morbidity prevalence and incidence, health behaviors, and access to care.

8) Public Health Management

STD prevention programs should provide continuing training and staff development efforts to support the development of expertise of management staff and appropriate external partners in such areas as these:

- **Health Care Systems**—Management staff should develop expertise and knowledge related to the practices, concepts, and integrated structures of various health care systems. These are needed in conjunction with skills in planning, implementing, guiding, or evaluating prevention program efforts.

- **Public health program planning**—Management personnel should develop expertise in determining priority health risks and problems by using and analyzing available disease and behavioral surveillance data; targeting and prioritizing primary versus secondary prevention strategies based on program performance information; and planning disease prevention and control programs.
- **Public health program evaluation**—Management personnel should develop skills and expertise including developing and implementing program evaluation strategies, identifying public health prevention program strengths, weaknesses, opportunities, and threats, and providing appropriate recommendations to enhance and improve prevention activities, and to improve resource management efficiency.
- **Public health program management and administration**—Management personnel should develop expertise such as managing organizational conflict and change; financing public health programs, with particular emphasis on responding to the effects and implications of competition, regulation, and rationing in health services delivery; managing grants and performing strategic planning; managing and developing human resources within the requirements of performance management, employee relations, position management, staff recruitment and training.
- **Public health policy development**—Management personnel should develop expertise such as developing, implementing, and evaluating effective local public health policy, legislation, and regulation that is consistent with local needs, Federal standards, and national public health goals, and objectives.

9) Health Communications

CDC defines health communications as the study and use of communications strategies to inform and influence individual and community decisions that enhance health status. It is a process that has become an accepted tool for promoting public health. Health communications principles are often used for various disease prevention and control strategies, including advocacy for health issues, marketing health plans and products, informing patients about medical care or treatment choices, and informing consumers about health care quality issues. Together with other program efforts, health communications can cause sustained behavior change and can overcome barriers to and systemic problems with public health services. These efforts can lead to increased patient satisfaction, increased compliance with medical regimens, and other positive health outcomes, including longer life, earlier detection and treatment of disease, and increased quality of life.

Programs should develop specific expertise in the area of health communications that incorporates aspects of health education, health promotion, and marketing. Expertise in health communications should include skills in communication planning, media relations, media advocacy, writing in journalistic style, crisis and risk communication, formative research and evaluation, message design, audience segmentation, and social marketing.

10) Computer Training

All STD prevention personnel who use automated systems should get basic training in the general use of the computer and standard system software such as data base, spreadsheet, and word processing software; and administrative management software such as E-Mail, which are needed in performance of day-to-day work activities. In addition, training on confidentiality of records and information should be routine. This training must be ongoing to address the changing computer environment and enhance skills for needed specific job responsibilities.

11) Training

STD prevention personnel should develop the necessary skills required to teach the various aspects of public health practice.

12) General

In coordination with specific skills development in the functional areas listed above, project areas should also provide continued training and development opportunities to support development of related skills in such areas as written and oral communications, problem analysis and solving, negotiation, and diverse cultural interaction.

Appendix T–D

NATIONAL STD/HIV PREVENTION TRAINING CENTERS: PART I —CLINICAL SERVICES

Website Address (for all PTCs) <http://www.stdhivpreventiontraining.org>

Baltimore STD/HIV Prevention Training Center

Preventive Medicine and Epidemiology
210 Guilford Avenue, 3rd Floor
Baltimore, Maryland 21202
ph. (410) 396-4448
fax (410) 625-0688

Boston STD/HIV Prevention Training Center

Massachusetts Department of Public Health
Division of STD Prevention
305 South Street
Jamaica Plain, Massachusetts 02130
ph. (617) 983-6953
fax (617) 983-6962

Cincinnati STD/HIV Prevention Training Center

Cincinnati Health Department
3101 Burnet Avenue
Cincinnati, Ohio 45229
ph. (513) 357-7308
fax (513) 357-7306

Dallas STD/HIV Prevention Training Center

Dallas County Health & Human Services Department
2377 North Stemmons Freeway
Dallas, Texas 75207
ph. (214) 819-1947
fax (214) 819-1946

Denver STD/HIV Prevention Training Center

DCEED-STD-A3
4300 Cherry Creek Drive, South
Denver, Colorado 80222-1530
ph. (303) 692-2723
fax (303) 782-0904

New York City Department of Health

Bureau of STD Control
125 Worth Street, Box 73
New York, New York 10013
ph. (212) 788-4423
fax (212) 788-4431

California STD/HIV Prevention Training Center

1947 Center Street, Suite 201
Berkeley, California 94704
ph. (510) 883-6657
fax (510) 849-5057

Seattle STD/HIV Prevention Training Center

901 Boren Avenue, Suite 1100
Box 359932
Seattle, Washington 98104
ph. (206) 685-9846
fax (206) 221-4945

St. Louis STD/HIV Prevention Training Center

Washington University School of Medicine
660 South Euclid, Box 8051
St. Louis, Missouri 63110
ph. (314) 747-0294
fax (314) 362-1872

Florida STD/HIV Training Center

Hillsborough County Health Department
1105 East Kennedy Boulevard
Tampa, Florida 33602
ph. (813) 307-8000, ext. 4599
fax (813) 272-7165

NATIONAL STD/HIV PREVENTION TRAINING CENTERS: PART II —BEHAVIORAL INTERVENTIONS

Website Address (for all PTCs) <http://www.stdptc.uc.edu>

California STD/HIV Prevention Training Center

1947 Center Street, Suite 201
Berkeley, California 94704
ph. (510) 883-6657
fax (510) 849-5057

University of Texas Southwestern Medical Center

400 South Zang Blvd., Suite 520
Dallas, Texas 75208
ph. (214) 944-1066
fax (214) 944-1061

Denver STD/HIV Prevention Training Center

Denver Public Health Service
605 Bannock Street, MC2600
Denver, Colorado 80204
ph. (303) 436-7267
fax (303) 436-3117

New York State Centers for STD/HIV Prevention Training

Monroe County Department of Health
691 St. Paul Street, 4th Floor
Rochester, New York 14605-1799
ph. (716) 530-4381
fax (716) 530-4378

NATIONAL STD/HIV PREVENTION TRAINING CENTERS: PART III —PARTNER SERVICES

Website Address (for all PTCs) <http://www.stdptc.uc.edu>

California STD/HIV Prevention Training Center

8018 East Santa Ana Canyon Road, Suite 100-165
Anaheim Hills, California 92808
ph. (714) 280-1006
fax (714) 280-1101

Denver STD/HIV Prevention Training Center

DCEED-STD-A3
4300 Cherry Creek Drive, South
Denver, Colorado 80222-1530
ph. (303) 692-2723
fax (303) 782-0904

New York State Centers for STD/HIV Prevention Training

New York State Department of Health
Empire State Plaza, Room 1168
Albany, New York 12237
ph. (518) 473-8549/1692
fax (518) 474-3491

Texas Department of Health

Training and Public Education Branch
1100 West 49th Street
Austin, Texas 78756
ph. (512) 490-2535
fax (512) 490-2538

REGIONAL TITLE X TRAINING CENTERS

Region 1

John Snow, Inc.
44 Farnsworth Street
Boston, Massachusetts 02210
ph. (617) 482-9485
fax (617) 482-0617
website: www.famplan.org

Region 2

Cicatelli, Inc.
505 8th Avenue, 20th Floor
New York, New York 10018-6505
ph. (212) 594-7741
fax (212) 629-3321
website: www.cicatelli.org

Region 3

Family Planning Council, Inc.
260 Broad Street, Suite 1000
Philadelphia, Pennsylvania 19102-3846
ph. (215) 985-6754
fax (215) 732-1252

Region 4

Emory University School of Medicine
United Way Building, Room 802
100 Edgewood Avenue, NE
Atlanta, Georgia 30303-3026
ph. (404) 523-1996 ext. 104
fax (404) 521-0271

Region 5

Planned Parenthood of Wisconsin
302 North Jackson
Milwaukee, Wisconsin
ph. (414) 271-8045
fax (414) 271-2237

Region 6

Center for Health Training
421 E. 6th Street, Suite B
Austin, Texas 78701
ph. (512) 474-2166
fax (512) 476-0326
website: www.jba-cht.com

Region 7

Development Systems, Inc.
3100 Main Street, Suite 100
Kansas City, Missouri 64111-1918
ph. (816) 561-5050
fax (816) 561-4222

Region 8

JSI Research & Training Institute
1738 Wynkoop Street, Suite 201
Denver, Colorado 80202-1116
ph. (303) 293-2405 ext. 18
fax (303) 293-2813

Region 9

Center for Health Training
2229 Lombard Street
San Francisco, California 94123-2781
ph. (415) 929-9100 ext. 406
fax (415) 929-9465
website: www.jba-cht.com

Region 10

Center for Health Training
1809 Seventh Avenue, Suite 400
Seattle, Washington 98101-1313
ph. (206) 447-9538
fax (206) 447-9539
website: www.jba-cht.com

AIDS EDUCATION & TRAINING CENTERS (AETCs)

Serving New York & the Virgin Islands

New York/Virgin Islands AIDS ETC
Columbia University School of Public Health
600 West 168th Street
New York, New York 10032
ph. (212) 305-3616
fax (212) 305-6832

Serving Washington, Alaska, Montana, Idaho, Oregon

Northwest AIDS ETC
University of Washington
1001 Broadway, Suite 217 Mail Stop ZH-20
Seattle, Washington 98122
ph. (206) 720-4250
fax (206) 720-4218

Serving Ohio, Michigan, Kentucky, Tennessee

Great Lakes to Tennessee Valley AIDS ETC
Wayne State University
2727 Second Avenue, Rm 142
Detroit, Michigan 48201
ph. (313) 962-2000
fax (313) 962-4444

Serving Nevada, Arizona, Hawaii, California

Pacific AIDS ETC
University of California - San Francisco
5110 East Clinton Way, Suite 115
Fresno, California 93727-2098
ph. (209) 252-2851
fax (209) 454-8012

Serving Alabama, Georgia, North Carolina, South Carolina

Southeast AIDS Training and Education Center (SEATEC)
Emory University
735 Gatewood Road, NE
Atlanta, Georgia 30322
ph. (404) 727-2929
fax (404) 727-4562

Serving Arkansas, Louisiana, Mississippi

Delta Region AIDS ETC
Louisiana State University
1542 Tulane Avenue
New Orleans, Louisiana 70112
ph. (504) 568-7041
fax (504) 568-7893

Serving North Dakota, South Dakota, Utah, Colorado, New Mexico, Nebraska, Kansas, Wyoming

Mountain Plains Regional AIDS ETC
University of Colorado
4200 East Ninth Avenue, Box A-096
Denver, Colorado 80262
ph. (303) 355-1301
fax (303) 355-1448

Serving Illinois, Indiana, Iowa, Minnesota, Missouri, Wisconsin

Midwest AIDS Training and Education Center
University of Illinois at Chicago
808 South Wood Street (M/C 779)
Chicago, Illinois 60612
ph. (312) 996-1373
fax (312) 413-4184

Serving Delaware, Maryland, Virginia, West Virginia, Washington, D.C.

Mid-Atlantic AIDS ETC
Virginia Commonwealth University
P.O. Box 980159
Richmond, Virginia 23298-0159
ph. (804) 828-2447
fax (804) 828-1795

Serving Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

New England AIDS ETC
320 Washington Street, 3rd Floor
Brookline, Massachusetts 02146
ph. (617) 566-2283
fax (617) 566-2994

AIDS EDUCATION & TRAINING CENTERS (AETCs), continued

Serving Texas and Oklahoma

AIDS ETC for Texas and Oklahoma
The University of Texas
1200 Herman Pressler Street
P.O. Box 20186
Houston Texas 77225
ph. (713) 794-4075
fax (713) 794-4877

Serving Pennsylvania

Pennsylvania AIDS ETC
University of Pittsburgh
Graduate School of Public Health
130 DeSoto Street, Rm A425
Pittsburgh, Pennsylvania 15261
ph. (412) 624-1895
fax (412) 624-4767

Serving New Jersey

New Jersey AIDS ETC
University of Medicine and Dentistry of New Jersey
Center for Continuing Education
30 Bergen Street, ADMC #710
Newark, New Jersey 07107-3000
ph. (201) 982-3690
fax (201) 982-7128

Serving Florida

Florida AIDS ETC
University of Miami
1611 North West 12th Avenue
ACC West, Rm 301
Miami, Florida 33136
ph. (305) 585-7836
fax (305) 324-4931

Serving Puerto Rico

Puerto Rico AIDS ETC
University of Puerto Rico
Medical Sciences Campus
GPO 36-5067, Rm 745A
Rio Piedras, Puerto Rico 00936-5067
ph. (809) 789-6528
fax (809) 764-2470

References

- CDC Office of Communications—Role of Health Communication, 1998.
- Guidelines for STD Control Program Operations, 1985.
- IOM Future of Public Health, 1988.
- IOM Hidden Epidemic, 1997.
- Jensen, DG Mentoring Your Potential Successor. Search Masters International, 1995.
- OPM Training and Development Services—Training Needs Assessment Workshop, 1994.
- Public Health Workforce, An Agenda for the 21st Century; 1995.
- Quality Assurance Guidelines for Managing the Performance of Disease Intervention Specialists in STD Control, 1985.
- USAID Handbook on Control of STDs.