

## **Field Workers' Forum**

### **JOB DESCRIPTIONS AND STANDARDS OF PERFORMANCE**

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The following model job descriptions are not intended for universal adoption in their present form. However, they do outline all the elements that their compiler has observed in the work of effective primary contact workers and supervisors in many different situations. They are intended to be useful as check lists for the following three purposes.

1. Compilation of new job descriptions through job observation and analysis.
2. Revision of existing job descriptions.
3. Preparation of behaviorally stated objectives for training purposes.

Ideally a job description is a narrative statement which describes with reasonable accuracy and specificity the work a particular individual is expected to do. It should enable both the worker and his supervisor to readily recognize that the duties listed have been carried out to an acceptable standard. Standards of performance, though often omitted from job descriptions, are an essential part of the description. The list of duties enables workers to know what they are expected to do. The standards of performance show them how well they are expected to do it. It is readily admitted that the fulfillment of some important duties cannot be directly measured. Duties numbered 3 and 5 on the list, for instance. By the same token workers may meet the particular standards set and still not fulfill the duty really satisfactorily. This does not vitiate the principle that standards ought to be set, but it does mean that we need to search for more relevant and easily measurable standards. Clearly, different standards will apply in different situations. It is for this reason that some of the statements of standards have been left incomplete. The frequency of visits which the supervisor should make to each unit (Standard Number 1) for instance, will depend upon what is practical as well as what is desirable. In other instances standards which, in the opinion of the compiler, will be sufficient to insure an acceptable level of case detection, patient care, and case holding have been suggested. Your help with the refinement of these job descriptions

will be greatly appreciated, especially if it is based on the actual observation of work done in the field.

## Job Description (compiled March 1975)

### 1ST GRADE SUPERVISOR DISTRICT LEPROSY CONTROL OFFICERS

#### *Job Summary*

Supervises staff doing leprosy case-finding and case-holding work.

<i>Duties</i>	<i>Standards of Performance</i>
1. Supervises clinical work done by his subordinates by scheduled and by unannounced visits.	1. Visits and reports on each clinic under his care at least           times each 12 weeks.
a. Checks and corrects diagnoses.	a. 1. No false positive diagnosis. 2. Does not miss more than 1.5% of cases.
b. Checks and corrects classification including classification of deformity.	b. 1. Does not wrongly classify more than 5% of cases.
c. Checks and corrects case histories and clinical descriptions.	c. 1. Includes sufficient data to support 2. All entries true but not exhaustive.
d. Checks treatments given.	d. 1. 99% correct.
e. Checks recognition of 1. Reactions Type 1. 2. Reactions Type 2. 3. Eye Problems.	e. 1. 95% correct. 2. i. 75% correct first time. ii. 95% correct second time. 3. 100% correct first time.
f. Checks management of injuries.	f. 1. No injuries missed. All injuries properly managed.
g. Checks measures taken to prevent deformity.	g. 1. 80% of patients can recite main causes of deformity. 2. 95% of cases in need soak and oil. 3. 95% of cases in need give evidence of doing exercises by no deterioration in mobility. 4. 90% of cases in need of footwear have and wear it. 5. 90% of patients can recite indications for seeking help with neuritis.
h. Checks general health education given.	h. 1. 90% of patients can recite reasons for regular treatment.

*Duties*

- i. Instructs his staff with regard to home visits — ensures that they are carried out.
  - j. Carries out school surveys with his staff.
  - k. Checks records for completeness and accuracy.
2. Undertakes the following clinical work himself.
- a. Prescribes treatment for leprosy and complications.
  - b. Prescribes, measures, and fits footwear.
  - c. Refers cases for hospital care and surgery.
  - d. Takes smears.
  - e. Declares cases inactive and released from control.
3. Administers the work in his district.
- a. Arranges personnel matters, e.g. salary, leaves, transfers, personal, confidential and other reports.
  - b. Ensures that clinic supplies are maintained, e.g. drugs, records, footwear.

*Standards of Performance*

1. All visits ordered are actually done.
  - j. 1. Takes initiative to examine . . . pupils per quarter.
  - k. 1. All records up to date.  
2. No arithmetical errors.  
3. 5% recording errors.
- a. 1. Can list indications and dangers of all treatments used.  
2. Follows standard drug schedules.  
3. Refers cases beyond his competence.
  - b. 1. < 10% of patients reject the shoes he orders.  
2. > 90% of patients regularly wear the shoes he orders.  
3. All shoes are appropriate and fit well.
  - c. 1. 90% of referrals accepted as appropriate by the receiving doctor.  
2. 90% of cases appropriate for referral are referred in good time.
  - d. 1. 90% of smears taken are free of blood, and are correctly fixed and labelled on arrival.  
2. . . . % of . . . cases have smears taken . . . x each year.
  - e. 1. Can list criteria for inactivity and release from control (WHO definitions) accurately.  
2. Applies these criteria to all cases.
- a. 1. Completes all formalities accurately and by the due date.  
2. Keeps confidential matters confidential.
  - b. 1. Always carries a minimum of . . . months stock of listed items.  
2. Keeps an accurate and up to date inventory.  
3. Accounts for all stock issues.

*Duties*

- c. Sets goals for field staff and plans their day-to-day work.
  - d. Maintains the morale of his staff by personal example and by assisting them to achieve their own organizational and personal goals.
4. Trains and develops his staff.
- a. In-service training.
  - b. Courses.
  - c. Selects staff for further training.
5. Maintains good personal relationships with local leaders.
6. Plans and carries out public health education programmes.
7. Collects required statistics and submits required reports.
8. Makes suggestions for improving the service.
9. Functions as primary contact worker when necessary.

*Standards of Performance*

- c. 1. All his staff clear as to their jobs.
  2. All his staff have plans for use of each working day.
- d. 1. Does his own work well.
  2. *Helps* his staff to do their work when needed.
  3. Listens to and helps to solve staff problems.
  4. Provides the resources staff need, so far as it is in his power to so do.
- a. 1. Gives in-service training as need and opportunities arise.
- b. 1. Plans course based on the needs of the job that is to be done.
2. Uses appropriate methods of training.
  3. Measures results by objective tests.
- c. 1. 50% of those selected succeed.
5. 1. Visits . . . of them at least . . . times each year.
2. Keeps them informed of clinic progress.
  3. Enlists their help in case-finding and case-holding and in public health education.
6. 1. Makes initial assessments of public knowledge and attitudes to leprosy.
2. Plans and carries out programmes.
  3. Makes follow up assessments to measure results.
  4. Achieves helpful changes in public attitudes.
7. 1. All reports in and complete on due date.
2. Arithmetically accurate.
9. At least meets standards set for the primary contact worker.

## Job Description (compiled October 1974)

### PRIMARY CONTACT WORKER

#### *Job Summary:*

Undertakes the work of clinic running, case finding, and case management. Seeks to impart a rational attitude to leprosy to all with whom he comes into contact.

#### *Job Description:*

##### *Duties*

1. Makes the diagnosis of leprosy.
  - a. Recognizes cases beyond his competence to diagnose.
2. Classifies leprosy cases.
3. Writes a case history and clinical description.
4. Treats leprosy.
5. Recognizes complications including the following:
  - a. Reactions.
    1. ENL.
    2. Neuritis.
  - b. Eye Involvement:
    1. Lagophthalmos.
    2. Conjunctivitis.
    3. Corneal ulcer.
    4. Uveitis.

##### *Standards of Performance*

1. Uses clinical methods. Does not miss more than 2% of cases. Does not over diagnose more than 0.1%.
  - a. Refers not more than 15% of the cases he sees to his supervisor for diagnosis.
2. Uses whatever system is in force in his district with 95% accuracy.
3.
  1. Legible handwriting.
  2. Relevant history.
  3. Sufficient details in the clinical description to:
    - a. support the diagnosis.
    - b. support the classification.
    - c. show activity, including nerve trunks activity.
    - d. show deformity.

Items recorded as above to be true but not exhaustive.
4. Follows the schedules given to him without exception.
  - a.
    1. The first time patient attends with ENL with 95% accuracy.
    2. The first time patient attends with neuritis with 90% accuracy.
  - b. Recognizes all cases seen. Not more than 15% over diagnosis.

*Duties*

6. Manages injuries.
  - a. Closed superficial injuries.
  - b. Open injuries.
  - c. Deep closed wounds.
7. Prevents deformity.
 

\*It is recognized that these depend on factors beyond the field worker's control. e.g. cost of footwear and its availability.
8. Gives health education to his patients and the general public.
 

\*This will obviously depend upon the field worker's opportunity to reach members of the general public.
9. Undertakes home visits, and school and other surveys.
10. Keeps records of patient attendances, treatments, and incidental problems.

*Standards of Performance*

6.
  - a. Misses less than 10% at first visit.
  - b.
    1. Does not miss any.
    2. 90% of wounds seen before are now clean.
    3. 100% of wounds have splints where appropriate.
  - c. Recognizes 90% first time.
7.
  - a. Knows all patients with neuropathy.
  - b. 75% of patients with dry hands and feet soak and oil regularly
  - c. \*90% of patients in need of footwear have and wear it.  
No primary ulcers in patients diagnosed without ulcers.
  - d. No new contractures developing during treatment.
8.
  - a. 80% of patients on treatment for more than six months have an understanding of:
    1. the need of long-term treatment.
    2. the dangers of irregular treatment.
    3. the symptoms of ENL, neuritis, eye disorders.
    4. what causes wounds on hands and feet.
    5. simple measures to prevent wounds.
    6. simple measures to treat wounds.
  - b. \*Members of the public he has had the opportunity of speaking to understand the cause of leprosy, its low infectivity and treatment, the non-infectious nature of the large majority of obvious cases, the signs of early leprosy.
- a. Performs according to instructions.
  - b. Standard of diagnosis and classification made as in Items 1 and 2 above.
- a. Uses the documents provided.

- b. Records all attendances and treatments with 95% accuracy.
  - c. Incidental problems recorded legibly with full identification data.
11. Makes periodic reports. Uses the prescribed forms appropriately.
12. Maintains good, personal relations with his patients.
- a. Knows all his patients by name.
  - b. Knows which of his patients have particular financial social or personal problems.
  - c. Shows respect for his patients in his use of greetings and in his general demeanor.
13. Manages his clinics with competence and compassion.
- a. Attends clinics regularly at the advertised time.
  - b. Runs the clinic in accordance with local instructions.

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### **The Leprosy Mission; 50 Portland Place, London W1N 3DG. 'Teaching and Learning Materials'**

This list published in the previous number of *Leprosy Review* includes the following useful information when ordering:

1. Send all orders to 'Teaching and Learning Materials', The Leprosy Mission, 50 Portland Place, London W1N 3DG, England.
2. Surface mail will be used unless airmail is requested. All airmail postage will be charged.
3. Free materials – Small orders: no charge for surface mail. Large orders: a charge will be made for surface mail.
4. Books marked \* – Payment must accompany order, no charge will be made for surface mail.
5. Make cheques/International Money Orders payable to 'The Leprosy Mission'

### ***Appropriate Technology for Health Directory, December, 1978, WHO, Geneva.***

This is a 74-page paperback of A4 format, compiled by the Appropriate Technology for Health Programme, WHO. Reference Number ATH/78.2. The Introduction reads as follows:

'In April 1978 we produced the first ATH Directory containing 209 names and addresses from 46 countries. Since then we have received many more completed questionnaires and this first revised edition now includes 382 organizations, institutions and individuals from 75 countries.

'In order to standardize country codes with those used within the United Nations system, we have changed the country numbers into three letter codes. The code for each country can be found in the Country Index. We hope that this is not too confusing for those already used to the first edition.

'For those working in the ATH field who have not yet completed a questionnaire, a copy is given at the back of the Directory. This should be completed and returned to the address given below. We would especially like to hear from people working in countries not yet included in the Directory.'

This Directory is packed with useful information, including the addresses of all people and agencies mentioned. Available from the ATH Programme, WHO, 1211 Geneva 27, Switzerland.

***List of Educational Aids, 1979. The Armed Forces Institute of Pathology, Washington, DC, USA.***

This is a paperback of 242 pages, listing the immense collection of educational material which has been assembled by AFIP. The introduction states: 'While the study materials listed are principally designed for use by military and federal agencies, they are made available for loan to civilian professional users on an "as available" basis.' And again: '... In borrowing the material your cooperation in adhering to the "Conditions of Loan" will greatly assist the Institute in providing the best possible service to you and other professional users. ... The material should be returned by First Class mail.' (The other conditions of loan are given in full). All main medical subjects are covered and there is also a section on veterinary disease. The section on Infectious Disease has sub-headings – Geographic; Immunology and Bacteriology; Mycobacterial Diseases and Virology.

This is an invaluable source of teaching material of very high quality, almost certainly under-used by those working in leprosy and related diseases.

***Educator's International Guide to Free and Low Cost Health Audio-Visual Aids, 1979. \$ 14.95 plus \$ 1.00 for postage/handling.***

This is a paperback of no fewer than 311 pages, containing over 2,000 entries, published by Pharmaceutical Communications Inc., 42.15 Crescent Street, Long Island City, N.Y. 11101, USA.

The enormous number of aids listed are under two main headings; 1.



'Materials of Professional Interest' and 2. 'Materials of Interest to Applied Medical Personnel and the General Public.'

The subject matter ranges over the whole field of medicine from Alcoholism to Venereal Disease but does not attempt to deal with tropical or mycobacterial diseases. Leprosy is not included but this book is nevertheless worth examination by all concerned with teaching and training, if only to emphasize the extraordinary range and depth of educational material which is listed by this one agency.

***Auxiliaries in Primary Health Care.*** An annotated bibliography edited by Katherine Elliott, Assistant Director of the CIBA Foundation; compiled by the Appropriate Health Resources and Technologies Action Group (AHRTAG). Intermediate Technology Publications Ltd, 1979, (9 King Street, London WC2E 8HN).

This is a paperback of 126 pages listing published work which is intended to be of practical value to those who are going to do most of the work in Primary Health Care. The forward is by the Director-General of WHO, Dr Halfdan Mahler. The main headings are:

1. Education and training of auxiliaries in primary health care.
2. Auxiliaries and Community Health and Development.
3. Geographical index
4. Subject index.
5. Useful addresses
6. Journals referred to in the bibliography
7. Publishers referred to in the bibliography.

***Leprosy Control Services as an Integral Part of Primary Health Care Programms in Developing Countries.*** Horst Buchmann, MPH. Printed by the German Leprosy Relief Association, Wurzburg, Federal Republic of Germany, 1978.

This 79-page paperback represents '... a slightly revised version of the author's master's thesis submitted to and accepted by the University of North Carolina at Chapel Hill, School of Public Health, USA. The introduction reads:

'The following paper has grown out of the author's personal commitment to the combat against leprosy and out of a concern for the relative ineffectiveness of the currently predominant anti-leprosy strategy, in spite of considerable efforts. It attempts to explore the reasons for its failure and suggests an alternative approach, based upon an unconventional concept that is seen to hold great promise to the future control and the ultimate eradication of leprosy.'

'It also presents the key elements of this approach and discusses issues relevant to its viability and potential impact. Finally, the paper identifies some of the major constraining factors to an efficient and effective implementation of the outlined concept.'

This interesting and extremely well annotated booklet is in 2 main parts: 1. *The need and rationale for leprosy control services to become an integral part of primary health care (PHC)*, and 2. *Implementation of a leprosy integrated primary health care program*. The most important proposals are on pages 36 and 37, where, having accepted the principle of integration, the author goes on to suggest that '... leprosy services assume the role of health vanguard, becoming a nucleus as well as a motor and pacesetter for an improved health care infrastructure; they pioneer the provision of conditions that are more conducive to rural development.' In view of the fact that a number of countries – and one thinks particularly of Africa -- have leprosy services which are in fact better run, if not more effective, than several of the other health services, this idea is certainly not to be dismissed. Mr Buchmann's booklet should be read with care by all those considering the integration of leprosy into systems of primary health care. It is doubtful if any other publication contains such an exhaustive list of references on leprosy and primary health care and the author is greatly to be congratulated on this stimulating account of a subject of undoubted importance to the future of leprosy control.