

Training and Development Needs of Medical Record Staff at the Korle-Bu Teaching Hospital

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Abstract

The health sector in Ghana has been undergoing fundamental, broad-based and far reaching organisational reform. The principal mechanism for change has been the re-organisation of the Ministry of Health and the creation of a Ghana Health Service. Improved information management is perceived as a key strategy to support the reform itself and to underpin the successful provision of health care services in time to come. In the hospital setting, this brings into the spotlight the role of medical records departments which exist to collect, process, maintain, retrieve and distribute patient records. Records departments are charged to provide efficient and effective service. But efficiency of service provision is dependent on factors such as physical and financial resources and more importantly the calibre of personnel providing the service. Though the medical record services play an important role in health care delivery, indications are that the records function suffers from lack of attention. One of the key areas of neglect has been training and staff development. The study investigated the type and nature of training existing for medical records staff at the Korle-Bu Teaching Hospital. The questionnaire and interview were the main instruments for data collection. It emerged from the study that as far as training and staff development are concerned, the medical record service has suffered from lack of attention for many years. This neglect has far reaching implications for the quality of service required from the Ghana Health Service. The study has made a number of recommendations for improvement.

Keywords: MEDICAL RECORDS; TRAINING AND DEVELOPMENT;
CAREER; EDUCATION; GHANA HEALTH SERVICE

Introduction

Health sector reforms being introduced by the Ghana Health Service have led to a requirement for reliable sources of accurate patient-based data. To begin with, more comprehensive information about patient care is wanted to support clinical audit while the

introduction of a National Health Insurance Scheme calls for more detailed information on cost of treatment to facilitate suitable billing processes. The Medical Records Department at the Korle-Bu Teaching Hospital, just like its counterparts in other hospitals has a role to play in assisting the health system achieve its' aims (Adjei, 2004).

In general medical records departments exist to collect, process, maintain, retrieve and distribute patient records to those with legitimate reasons to have access. In addition records personnel have the responsibility to review records for completeness before and after each episode of care and before they are returned to the filing area. Besides, patient records are a source of information for administrators, for medical research, and for educational and public information planning. Furthermore, patient records are also a reliable source of reference in the event of litigation and to insurance companies. In this connection the compilation of diagnostic information for legal and insurance purposes is another of the tasks that is performed by medical records staff (Adjei, 2004).

To provide an efficient record service require among other things well trained service personnel equipped with the technical tools of the "trade". Besides formal educational qualifications, medical records personnel need to be trained further and developed from time to time to enable them cope with new developments in the area, and also to make them proficient in their job. However, training and staff development for medical records personnel has suffered neglect for many years. It is on record that the medical records department has received no funding for any form of training for many years. This suggests that the medical records service suffers from lack of adequate attention within the hospital and at the higher levels of the health service hierarchy. What is worrying is that, other health professionals such as doctors, nurses, radiologists tend to benefit from training and staff development. It is important to point out that the lack of training and development opportunities for medical records staff has implications for performance because the situation is gradually leading to obsolescence where medical records staff would no longer have the skills required to perform successfully in a changing work place.

The advantage of a well organised and targeted training and development is universally emphasised in the literature. There would appear to be no doubt that an organisation which offers its staff adequate training options would reap its own rewards. Nawe, (1992) has noted that providing such facilities invariably promotes proficiency and performance levels, fosters good morale and encourages motivation. In this regard, providing medical records staff with the required skills through training and staff development effort so that

they can cope with the demands of the changing health service is an agenda which should no longer be ignored. This is what the study is about.

Training and Development

The terms training and development are sometimes used synonymously. Training is described as a process to change a person's behaviour at work through the application of learning principles. This behavioural change, according to Anderson (1993) usually has a focus on knowledge, information skills, activities and attitudes or beliefs and value systems. He emphasises further that a systematic training and staff development ensures that randomness is reduced and that learning or behavioural change occurs in a structured format.

Anderson's view on training is supported by Noe (1996) who refers to training as a planned effort by a company to facilitate employees' learning of job-related competencies. According to him these competencies include knowledge, skills, or behaviours that are critical for successful job performance. He notes further that the goal of training is for employees to master the knowledge, skill, and behaviours emphasised in training programmes and to apply them to their day-to-day activities.

Touching on the benefits of training, Chinery (2001) observes that training can also be used as a form of motivational incentive to individuals and this incentive can enhance organisational commitment, team effort, customer relations and loyalty as well as job promotion, job enhancement and innovation. Chinery notes that this has an immediate and long term spin off effect on productivity and profitability on the organisation. In the same vein Cowley (1982) indicates that the purpose of training is to improve worker productivity and the firm's profitability. More importantly it is also to prevent obsolescence of skills due to technological change. Cowley (1982) notes further that training frequently improves workers' skills, qualify them for promotion, and boost their motivation, emphasising that training should be related to the general aims and policies of the organisation, specific task analysis, and to individual needs. Development involves learning opportunities aimed at individual growth. It prepares employees to keep pace with the organisation as it changes and grows. In the view of Nawe (1992), development should be seen as an integral part of good management practices and not something to be done when things go wrong. Carnevale *et al.* (1990) observe that while orientation may refer to a function of the mind (mental) or determining one's location in one's surroundings developing people must be seen as an added value rather than an added cost to be kept low. According to Carnevale *et al.* (1990) through recruitment and placement, good employees can be brought into a company but they need orientation, continual

education and development so that their needs can be met and the objectives of the organisation can be achieved simultaneously.

Training and developmental opportunities have value only if the participants truly participate, and, success in training depends on individual commitment (McKee, 1989). A lack of training results in a lack of skills to use the knowledge existing in a person which could lead to ineffective services, a lack of self-satisfaction, customer dissatisfaction and low productivity (Jain, 1999).

Holt draws the following distinction between training and development:

Training usually refers to efforts to upgrade employees' skills and focuses on work related topics beneficial to both the employee and the organisation. Development is intended to provide general knowledge about theoretical concepts to enrich organisations through improved human resource programmes and to sensitise management to their responsibilities (Holt, 1993).

He elucidates further:

Training programmes are associated with vocational teaching of specific skills for non-management employees ... development programmes prepare employees for expanded responsibilities (Holt, 1993).

Professional development opportunities can range from a single workshop to a semester long academic course to services offered by a medley of different professional development providers and varying widely with respect to the philosophy, content, and format of the learning experiences (Jain, 1999). According to Jain (1999) professional development is a broad term, encompassing a range of people, interests and approaches and that those who engage in professional development share a common purpose of enhancing their ability to do their work. At the heart of professional development is the individual's interest in lifelong learning and increasing their own skills and knowledge (Jain, 1999).

Development, thus, is more about the individual – making him or her more efficient at a job or capable of facing different responsibilities and challenges and concentrates on the broader skills that are applicable to a wider variety of situations, such as thinking creatively, decision-making and managing people. In short, training is typically linked to a particular subject matter and is applicable to that subject only, while development is based on growing broader skills which can be used in many situations.

Aim and Objectives of the Study

This study investigated the type and nature of staff training and development needs of medical records staff at the Korle-Bu teaching hospital. Specifically the study sought to:

- Determine the calibre of medical records personnel with respect to their educational background and qualifications.
- Determine the nature and type of training they receive on appointment and the frequency of training (if any).
- Determine the training and staff development needs of medical records personnel

Methodology

Population and Sampling

The population examined in this study includes all medical records personnel at the Korle-Bu Teaching Hospital. The total number of records staff at the time of the study was 120, distributed among the various departments of the hospital including Central Out-Patient Department (OPD), Obstetrics and Gynaecology, Surgery, Child Health, Polyclinic, Medicine, Radiotherapy. The study applied a single-stage census sampling procedure where the exact numbers of employees were known and were easily identified using staff list at each department within the hospital. Due to the small size of the sampling frame (120) it was decided that all medical records staff would be asked to participate in the study and the sample would derive from those personnel who chose to participate. The reason for choosing this procedure was to maximise the total number of respondents within the sampling frame in order to achieve a closer representation of the real issues under investigation.

Data Collection Instruments

The questionnaire and interview were the main data collection instruments for this study. The questionnaire was designed to be completed in twenty minutes and contained a mixture of open and closed-ended questions. The open-ended questions gave respondents the opportunity to express themselves as fully as they wished while the closed-ended questions required respondents to select an answer from possible responses. The interview schedule was meant for the Head of the medical records department, five Principal Technical Officers of the department and the Director of Administration whose division the medical records department falls. The schedule was designed to gain information about training and development opportunities (if any) that were available to medical records personnel. Other questions relevant to the study included the calibre of personnel, their educational background, the duties they performed and their training needs. Seventy-one (71) people completed their questionnaire within three weeks, yielding a response rate of 59.2% which was considered satisfactory.

Discussion of Findings

Background of Medical Record Staff

Seventy one (71) medical records staff comprising 27 males and 44 females participated in the study. Their ages range between 26 and 56 years. In the next few years not less than 21% of the staff (that is those who are 56 years old) will proceed on retirement. Only 20% of the respondents (26-40 years) have active working life of 20 years or more.

Table 1: Age of respondents

Age	Frequency	Percentage
26-30	3	4.2
31-40	11	15.5
41-55	36	50.7
56 years and above	21	29.6
Total	71	100

Source: Field Survey

Educational Qualification of Respondents

Usually, awards by formal educational institutions validate qualifications. However, a qualification is one thing and the ability to perform on the job according to the tenets of training is another. Qualification is the basis of recruitment and a major determinant of one's status and contribution to organisational output. Staff placement in the medical records service at any level is determined primarily by his or her qualification which is usually commensurate with job description.

Table 2: Educational qualification of respondents

Educational level	Frequency	Percentage
Middle/JSS	40	56.3
G.C.E. 'O' Level	26	36.6
G.C.E. 'A' Level	3	4.2
RHTS Diploma	2	2.8
Total	71	100

Source: Field Survey

Table 2 shows the educational qualifications of respondents. Forty (56.3%) are holders of either Middle School Leaving Certificate or Junior Secondary School Certificate. These represent 10 years or 9 years of basic education for the old and new education systems respectively. Twenty-nine (40.8%) of the respondents had either the GCE at Ordinary or Advanced levels. Only two respondents had acquired a Diploma from the Rural Health Training School at Kintampo.

It was relevant to find out the educational qualification of respondents because the qualification of an employee at any level influences his or her career advancement and contribution towards the collective goals of the organisation. The level of staff educational qualification also determines whether a member of staff needs further training or education and the nature of training that would be required. Information on staff educational qualification was, therefore, considered relevant in this regard.

Number of Years in Employment

Records staff responded to a question on how long they had been working in the medical records department. As shown in Table 3 the number of years of experience in medical records service ranges between 5 to 30 years.

Table 3: Number of years in employment

Number of years in employment	Frequency	Percentage
5-9	10	14.1
10-14	8	11.3
15-19	7	9.9
20-24	3	4.2
25-29	13	18.3
30 years and above	30	42.3
Total	71	100.0

Source: Field Survey

A total of 53 respondents had more than fifteen years of working experience in the records department. The rationale for finding out this information was to relate this to the need for periodic upgrading and re-skilling of staff. Essentially, medical records personnel should periodically upgrade their knowledge and skills. As Huffman (1994) has noted, the demand for high quality service is a compelling factor that drives one's urge to upgrade skills through education and training, emphasising that medical records personnel become rusty in their area of operation if they do not receive any form of training for a long time.

The picture that emerges from Table 3 is an indication of an ageing working population in the medical records department. According to the head of department most personnel in this category are middle level officers and this has implications for management succession.

Current Positions Held by Respondents

The position occupied by respondents in the medical records service range from Medical Records Assistant to Chief Technical Officer.

Table 4: Current positions held by respondents

Position	Frequency	Percentage
Chief Technical Officer	1	1.4
Assistant Chief Technical Officer	1	1.4
Principal Technical Officer	5	7.0
Senior Technical Officer	13	18.3
Technical Officer	33	46.0
Biostatistics Assistant	14	19.7
Medical Records Assistant	1	1.4
Other	3	4.2
Total	71	100

Source: Field Survey

Each member of staff regardless of position has a role to play in the medical records department. The role of the head of department (MRO) who is a Chief Technical Officer is administrative in nature; his assistants who are Principal Technical Officers supervise the technical aspects of the medical records function. Below the supervisors are personnel ranking from the grade of Senior Technical Officer, Technical Officer down to Biostatistics Assistant (BSA) and Medical Records Assistant (MRA).

Medical Records Assistants and Biostatistics Assistants constitute the support staff of the medical records service. They have no professional qualifications in relation to the service they provide, but receive training on the job. It is often the case that support staff with many years of experience, are “glued” to particular tasks in which they become proficient. Such tasks include coding of diseases, patient registration, record indexing and filing, and compilation of monthly and annual statistics. In terms of career progression, the highest grade open to MRAs is Technical Officer Grade I. Unlike MRAs, senior level personnel or Medical Records Officers are required to be formally trained and qualified in medical records services or related disciplines.

Nature and Type of Training Received since Joining Medical Records Unit

Medical records functions, as was briefly outlined require specific skills which are quite distinct from formal educational qualifications. Thus depending on departmental

requirements, new recruits might be trained in disease coding, compilation and analysis of statistics, approaches to filing and retrieval and so on. It, therefore, stands to reason that Medical Record Assistants or junior staff in the profession regardless of formal qualifications will need to receive comprehensive training if they are to cope effectively with the demands of their jobs.

Orientation

Responses indicate that medical records personnel receive orientation after taking employment but this is limited to basic background information about the hospital setting and authority relationships, and a brief introduction to medical records administration. Orientation programmes according to the head of the records department are not organised in any systematic way. Responsibility for such programmes is also not clearly defined. Often the responsibility is passed from the hospital administration to the head of medical records department with each believing the other to be responsible for briefing and orienting employees. Unfortunately it is new employees, that is, Medical Record Assistants, who in the short and long term pay the penalty for lack of structured, coordinated induction in their new career.

In the view of the head of the medical records department, responsibility for new employee orientation is a task that should be shared between the hospital administration and the records department. Additionally it should be mentioned that such programmes would only benefit record assistants if the content is well thought-out and structured to their needs.

The importance of smoothing an employee's way by orienting him in his new job and its place within the organisation as a whole requires no justification. Carnegie, (1980) the pioneer in this field supported his famous dictum: "*an organisation's most important assets is its people*", with the observation that "*a programme that is sensitive to the needs of the employees can promote mutually satisfying relationships between all staff.*" Holt (1993) likewise maintains that "employees who are effectively oriented view themselves as active, vital members of the organisation ... thus orientation can result in improved employee relationship, heightened productivity and improved services".

On-the Job-Training

It emerged from the study that besides orientation programmes, record assistants are given on-the-job training. Newly recruited staff are assigned to "old hands" in different fields of specialisation who teach them how to perform specific tasks. Many records personnel admit that much of the knowledge they now have about medical records was

gained through years of working experience, working day-to-day on the job. The onus of on-the-job training more often fall on supervisors and other experienced hands or, in some cases, the head of the medical records department and his assistant who cannot afford the time for training while continuing to fulfil their operational responsibilities. As a result, the trainee may be left to learn independently and often receives training that is inadequate in breadth or depth.

According to Collins (1982), the scarcity of skilled employees has generally meant that on-the-job training is the only viable alternative, noting that the consequences of such training deficiencies can be costly errors to the employer, the patient and other users of medical reports and statistics. He notes further that for the employee, on-the-job training is a mixed blessing because it provides an opportunity for skills development that might not otherwise be available simultaneously with paid employment. While corroborating the view of Collins, Huffman (1994) observes, however that, on-the-job training typically focuses strictly on the skills, knowledge and procedures to do a specific job for the employer, noting that these skills may not be easily transferable to another work setting, and the employee may have minimal mobility, either laterally to another employer for similar work or for advancement with the same employer.

While some respondents felt that the type of duties they were required to perform were better learnt on the job, others were of the opinion that total dependence on this type of training is not rewarding enough because in the longer term on-the-job training fails to prepare them adequately for upward mobility in the service. It emerged from the survey that most of the respondents from the grade of Technical Officer and below (support staff) were in favour of on-the-job training in combination with a structured, in-service training programme which does not exist currently. Respondents maintained that periodic well structured, in-service training schemes would prepare them adequately for examinations into the higher grades, while at the same time boosting their morale and enhancing their performance.

Structured in-service training schemes are a long term investment in time, effort and resources which no organisation undertakes lightly or half-heartedly. Nevertheless, as Holt (1993) has noted such schemes are critical to the development of quality employees. The literature further supports the view that some of the knowledge and skills needed by support staff are better acquired through formal properly structured and in-service training programmes and continuing education (Collins, 1982).

The aim of formal, structured, and well-coordinated training programmes whatever the method of training is to upgrade the performance of support staff, raise their self-esteem and give them the confidence to take up the challenge of new and expanding roles. From the organisational point of view, the major argument for running formal training schemes for support staff is to ensure that those with management potential can be prepared to take up supervisory position. This in the long term offers the best assurance for continuity of management.

Perceived Training and Development Needs

One of the specific objectives of the study was to determine if medical records staff could identify their training and development needs. Despite the lack of structured training and staff development programmes, more than a half of the respondents indicated that they had no personal training or development needs or “marginal” ones only. Staff in this group exhibited one or more of the following characteristics: they are over forty five (45) years of age; had no career aspiration or entered the medical records service with Middle School Leaving Certificate (that is 10 years of Basic Education).

Perceived needs of the rest of respondents and staff assessment of needs of subordinates include the following: training in computing and in new filing and retrieval systems. Other training needs include diagnostic coding; data analysis and interpretation of statistics; and training in general records management.

Quite a number of respondents who entered the service with Senior Secondary School Certificate indicated that given the least opportunity they would pursue tertiary education in a polytechnic or university. This category is not likely to return to medical records service after pursuing further studies. The need felt strongly by the Head of the records department is management skills, emphasising on the skills associated with handling people. He also wants to be abreast with developments in medical records services in other countries.

It was noted that most respondents who said they want to progress in the profession are at the ranks of Technical Officer and Senior Technical Officer and have been in the service for at least 10 years. They have two or three more ‘steps’ in the career ladder to become Chief Technical Officer.

Interestingly some respondents indicated that they entered the medical records service with no conscious career intentions. In this category are Medical Records Assistants who were employed to fill posts like secretary or filing clerks without reference to career

progression and opportunities. Some of the respondents expressed the view that given the opportunity they would like to earn promotion to advance higher. These respondents were either Medical Records Assistants or Biostatistics Assistants.

Career Aspiration

Career aspiration and advancement is closely linked to staff training and development. Education, training and development do not only make workers proficient in their jobs; they also provide opportunities for advancing in one's career. The researchers, therefore, considered it necessary to determine whether respondents had any prospects of advancing in their career or what they aspire to become in the profession.

Some respondents, especially those with Senior Secondary School background and who are also relatively young intend to stay in the profession and aspire to the position of Chief Technical Officers. Others in this category said that they had no intentions of a life-long career in medical records. They intend to pursue higher education preferably at the university level with a view to changing jobs.

Positions occupied by medical records staff are Medical Record Assistant; Biostatistics Assistant; Technical Officer; Senior Technical Officer; Principal Technical Officer, Assistant Chief Technical Officer and Chief Technical Officer. According to the Head of department, in-service training programmes which were organised to prepare junior staff for promotion have been cancelled. He further explained, however, that opportunities exist for upward mobility in the service through the acquisition of higher qualification from tertiary institutions.

Management Training Needs

The study revealed that senior level records personnel (that is from the grade of Principal Technical Officer to Chief Technical Officer) have no opportunities for management training. All five Principal Technical Officers, the Assistant Chief Technical Officer and the Chief Biostatistics Officer (that is, the Head of the Records Department) were interviewed. This category of personnel designated Medical Records Officers (MROs) have rendered not less than twenty-five years of service in the medical records department.

MROs are people to whom all grades of health professionals, technical and administrative personnel would normally refer to for advice or comments regarding any activity carried out in the records sphere. He or she must acquire sufficient expertise in records administration to act as an authority and to advice solutions for problems of patient

administration. (Huffman, 1994). The management role played by senior level records officers is summed up by Benjamin (1980):

The Medical Records Officer in any large hospital cannot afford to be tied by routine daily duties. The coordination of departmental activity, staffing and ad hoc enquiries, sampling patients' activity procedures, planning new methods or new areas and initiating new procedures will be time consuming leaving little time for routing tasks.

The impression which emerges from the interviews is that senior level staff over the years have suffered from lack of training opportunity and planned development. In practice this prevents them, and by extension, the administrative functions they perform from achieving higher efficiency levels that could be achieved if regular management training and refresher courses were available.

Huffman (1994) has noted that "the Medical Records Officer has to weld the different sections of records staff into an organisation that - as it were - passes the patient from one area to another as smoothly as possible." Without due complement of MROs with management expertise, the Korle-Bu hospital will find it difficult to nurture in-house record talent.

The importance of providing personnel in administrative positions with management training is well summed up by Deverell (1980).

The completely untrained administrator who is trying to learn the art of administration is an expensive luxury... Even the trained administrator will of course ultimately have to learn some part of his trade. But he will learn it more quickly if he has a modicum of systematic training.

The Head of the records department indicated that management training for senior records personnel is being considered by hospital management but nothing has been finalised yet. It is the view of the researchers that important as it is to look ahead to long term management training for senior staff, in the short term attention had better been paid to launching management training schemes for incumbent MROs.

What is needed is coordinated drive, supported at all levels of the medical records service to ensure that the Korle-Bu hospital has sufficiently competent senior staff to train junior and incoming recruits and trainees. The crux of the matter is that senior records personnel

must have the mechanisms of modern management at their command as well as the technical tools of their “trade”. Two institutions that can be relied upon to design short-term management development programmes are the Ghana Institute of Management and Public Administration (GIMPA) and the Management Development and Productivity Institute (MDPI), both of which exist to provide management training for senior public sector personnel.

Continuing Education

Continuing education provides an opportunity for people to keep abreast with current developments in the job. Continuing education is an important aspect of senior records job functions to keep abreast of the field with materials and methods continually changing and evolving.

In the health field, professionals like doctors, dentists, pharmacists, nurses and so on, are obliged to follow mandatory lifelong learning. This is done so that they keep pace with all the research and development in the medical field. These professionals not only need to up-date themselves on these developments but also learn new techniques of practice and perfect old ones. Thus, learning about patient management and the delivery of care is a continuing process. This equally applies to medical records professionals. Wallace, Lee and Schubert (1992) point out that the most obvious way for records managers to enhance their resourcefulness is through continuing education and up-grading of skills which can take the form of seminars and college or university-level courses.

Weeden (1989) has stressed that well-trained, currently competent, highly motivated employees are essential to the continued health of any organisation, and to the extent that they are not available, management must be concerned. He notes that this is particularly true in the health care field where advancing technology means frequent changes in all aspects of patient care.

Supporting the above observation, Brodник (1994) has stated that highly trained employees recruited today can easily find themselves out of touch with tomorrow's job requirements unless they have made an active effort to keep current through carefully selected, relevant continuing education programmes, noting that “the new is often shortly obsolete”.

Medical records practitioners with management responsibilities are routinely faced on the one hand with the desire to improve the quality of their service and to expand their areas of functional responsibilities. Senior level personnel interviewed reported that, avenues

for keeping abreast with development in medical records keeping were limited. They identified conferences, seminars, workshops, forums and other meeting grounds as means by which they could keep abreast with developments in their areas of expertise. Regrettably no one of the senior staff interviewed had participated in a conference or a workshop (international or local) in the past ten years. What makes this situation more worrying is that professional journals on medical records (which should ideally compensate for lack of opportunities for attending conferences and workshops) are not on the subscription of the hospital's library.

It is also worrying to note that while the Internet offers an opportunity for accessing professional journals and developing international contacts, respondents do not avail themselves of this facility regularly for various reasons including lack of time and money. To have access to professional journals in medical records via the Internet, one needs to be a fully paid up member of a professional association within the discipline. Unfortunately no one of the senior level personnel belong to any professional association in medical records. While formal education and training programmes are matters which may be viewed in a longer perspective the issue of management training and continuing education should be settled as soon as possible. It is fair to state that while senior level personnel have acquired enormous experience on-the-job they also need management skills if they are to remain good in their jobs.

Continued Professional Development (CPD) is generally understood to be crucial for the development and improvement in quality of healthcare delivery services. It is for this reason that international agencies, including the World Health Organisation (WHO) facilitated, among other initiatives, the provision and enhanced access to mostly electronic biomedical journals to developing countries. The Health Internetwork Access to Research Initiative (HINARI) is one such effort that has potential to increase access to information in the health field.

Conclusion

In the light of the changes and reforms now going on in the health sector, this would seem an opportune moment for training and staff development at every level of the medical records service. In the lower job functions Records Assistants are in urgent need of basic skills development, while the managerial level is desperately short of qualified professionals and sub-professionals equipped to deal with the increasing scope of demand on the service. Lack of opportunity for management training is a great disadvantage to the service because this interfaces with so many of the current reform activities, especially areas of resource management, improved information systems and the evaluation of

quality care. Lack of training opportunities for middle level personnel has implications for management succession in the medical records service. Records personnel have little or short term prospects for promotion. This in turn is detrimental to incentive, so that staff are not motivated to take on extra responsibilities. The net result of this has been that the records department at Korle-Bu has no continuity of management to build on. Without a due complement of Medical Records Officers with management expertise, the records department will find it difficult to nurture in-house record talent.

All in all, the researchers conclude that medical records staff, both junior and senior personnel have not been given due recognition and attention in terms of education and training. Nevertheless, education, training and professional development form an integral part of staff performance output. On a more hopeful note the researchers observed that medical records personnel, despite lack of sufficient training exhibit extraordinary high level of commitment to the service.

Recommendations

Following from the findings of the study, these recommendations are made:

In-Service Training Programmes

In-service training programmes for lower level personnel should be organised periodically as and when necessary. Such training programmes should aim at addressing discrepancy between the desired and actual levels of achievement. For the in-service training programme to be successful, hospital management must be behind all individuals involved in planning the programme and continually support their effort. Without management support, it is unlikely that training budget would be approved easily.

Continuing Education

Continuing education and orientation programmes among staff (other than formal training) is another issue which needs to be considered. It is an important aspect of senior record job functions to keep abreast of the field with materials and methods continually changing and evolving. One way of ensuring this is by following international professional journals and other current literature. The current subscription list of the hospital's library should be extended to include medical record publications, starting with the authoritative *Journal of the American Health Information Management Association* and the *Journal of the Institute of Health Record Information and Management* published in the United Kingdom.

The Internet has also become a standard, low cost source of articles and other information (including remote learning programmes), as well as an avenue for developing

international contacts. Records staff should take advantage of the hospital's Internet facility.

The Ghana Health Service should sponsor records staff to attend international conferences, seminars, workshops, forums and other meeting grounds, perhaps on a rotation basis as and when funds become available. While formal educational and training programmes are matters which may be viewed in a longer perspective, the issues of management training and continuing education should be settled as soon as possible. It is fair to state that, while senior level records personnel have a wealth of experience, they are to remain good at their jobs.

Management Training

Two institutions that can be relied upon to design short-term management development programmes are the Ghana Institute of Management and Public Administration (GIMPA) and the Management Development and Productivity Institute (MDPI).

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