

MANAGEMENT TRAINING USING TELELECTURES

*A report, with
evaluation results, on training
for administrators and managers
in hospitals in Missouri*

Recently, I participated in a management training program for hospital administrators and middle managers using a medium not often described in the training literature the telelecture. Telelectures have advantages in training individuals at multiple sites simultaneously and in some cases economically. In this article, I will discuss what telelectures are, the content and methods used, the difficulties and advantages of the method and some possible uses in other organizations.

A NEW MEDIUM?

In training, the linkage between trainer and participants can take one of several forms:

- 1 Face-to-Face Interaction (through such mechanisms as lectures, seminars, role playing, case studies, etc.).
2. Mail (through correspondence courses etc.)
- 3 Electrical Electronic Reproduction (through such mechanisms as movies, records, tape recording, television, etc.)

Most of these linkages have been used by many trainers but few apparently use telelectures. They belong in category 3. In their recent survey, Utgaard and Darvis do not mention them, for example.¹

A telelecture network involves a central broadcasting facility connected to a series of amplified telephones at a number of sites where the trainees are employed. At the broadcast site, a broadcast microphone, taping equipment and training aids facility is necessary. At the training site, training aid equipment such as slide projector is needed. The telephone amplifies the lecture or discussion and provision for communicating with the trainer and the network through the telephone is also available. A brief discussion of the telelecture series I conducted may help explain the potential and the shortcomings of this mechanism.

HOSPITAL ADMINISTRATION SERIES

Telelectures are useful in many environments that involve multiple site training.

The 7,000 or so general purpose hospitals in the U.S. are a likely use because many are not large employers yet the total impact hospitals have is large. Edith Belsjoe recently indicated the need for training in hospitals today.²

The telelecture series I conducted was part of the Missouri Regional Medical Program,³ but separately funded by the Kellogg Foundation and University of Missouri⁴ to train hospital middle management and administrators in Missouri. Slightly over 100 hospitals and nursing homes having 13,900 beds and employing 35,000 full-time employees are hooked into this telelecture network.

The network is used for conferences (sessions in which the consultant or trainer is available for questions during a specific period) or telelecture programs (prepared series of instruction) for employee groups. Typical groups participating in telelecture programs are physicians, dentists, nurses, hospital administrators and managers, pharmacologists, medical technologists, nutrition specialists, dietitians, physical medicine and rehabilitation specialists and others. The series are also aimed at subgroups. For example in nutrition and dietetics fields, there are separate series for general nutrition and dietetics, registered dietitians, consulting dietitians, kitchen workers etc.

Telelecture series, like any training experiences need to be well planned, executed and evaluated to be effective. We solicited the advice of the hospital administrators on general topics and desired lecture times well in advance. Then about two months prior to beginning the telelectures, an announcement of the topics, times, trainers etc. was sent out requesting the administrators to commit the managers' time to attendance. To illustrate the potential impact of this kind of training, for the first 15 one-hour lectures (on Thursdays, 2.30 p.m.) an average of 141 administrators and managers attended and 2,254 participant hours of instruction were logged at 20 hospitals. Later when the network was expanded to 65 hospitals, 5,119 hours of instruction was logged.

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with an average of 310 managers and administrators at each of the lectures.

CONDUCTING TELELECTURES

As the major trainer for the series, I outlined the topics and prepared the material. Topics included

Introduction and History and Management Thought (1 session)

History of Hospital Organization (1 session)

Leadership and Supervisory Style (1 session)

Characteristics of Humans in the Workplace (Motivation, Individual Differences etc (2 sessions)

Planning of Goals/Management by Objectives (2 sessions)

Organization Styles and Change (2 sessions)

Effective Communications (2 sessions)

Personnel Administration for Managers (2 sessions)

Management of Ineffective Employees (2 sessions)

Labor Relations and Evaluations of Hospitals (1 session)

The participants received projector slides of major concepts to be discussed and mimeographed handouts of concepts, cases, etc. several days ahead of each telelecture.

Typically, I or the other trainer, would lecture for 15 to 20 minutes, stop for questions and discussion and then do two more segments per session. During discussion sections, sometimes no questions were asked — other times lively discussion developed. One person can talk at a time and no real problem developed in interrupting each other, even though 60 to 80 different locations were involved at various times. Larger hospitals served as host locations where administrators of smaller hospitals or nursing homes gathered for each session.

Case discussions were tried. Long cases did not work too well for the participants had limited preparation time. The telelectures were given during released work time.

In the first set of telelectures, we tried one approach: five general sessions for all managerial employees, five for top administrators, five for middle managers and supervisors. This arrangement was tried because past experience indicated

supervisors may have been unwilling to discuss their problems in front of their supervisors. And the material could be beamed at top management levels in one set, and on "the firing line" level at another. This approach was disregarded in the second set, because administrators attended all lectures because of interest in the material.

The telelectures were taped for reuse both by the Regional Medical Program at the University (if a hospital missed a lecture, they could request the tape) and many of the larger hospitals taped the lectures for their own tape libraries.

EVALUATION OF TELELECTURES

After performing adequate planning and doing one's best to execute the training (for example, I taped some of the lectures ahead, cut and added parts for better quality, then played them during the period, answered questions, etc.), the last phase of effective training is, feedback and evaluation.⁵

A questionnaire to determine program needs was designed to be used for evaluation, but because it was lengthened, the response rate was not good so

this was not used. Immediate feedback was available and used on the network itself. Participants asked questions and made comments about the lectures, the technical problems, etc. In addition, participants, completed 3x5 cards after each session and these were tabulated and furnished to the trainer. About one-third did so each week. The cards contained the items shown in Exhibit I.

In addition, hospitals were encouraged (and they did so) to write to the trainer about these conferences, further information, etc.

These evaluations were furnished in summary form to the trainer. They served as feedback for improvement, future planning, etc. They also were used to help evaluate the whole program. The evaluation form is negatively biased ("poor" and "no" choices are given first) and is slanted toward practical as opposed to theoretical material.

At the end of the program, the participants were given a list of all the topics and sessions. They were asked to draw a line through sessions they did not attend, then indicate by a (+) those sessions they felt were good enough.

Exhibit I. Evaluation Card

The conference was in my opinion ___poor___fair___good___excellent

The subject matter was applicable to my practice ___no___yes

Information of immediate usefulness was presented ___no___yes

Comments _____

Suggested subjects for future conferences _____

Suggested speakers for other conferences _____

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they would like to have heard more on, a (-) for the opposite and a (✓) for those that were just right.

We analyzed these evaluations with regard to content by all participants and by different size hospitals. Hospitals ranged in size from 18 beds to 532 beds (employees ranged from 54 to 1,345 full-time equivalents). There were 25 small hospitals (50 or less beds), 32 medium size hospitals (51-100 beds) and 22 large hospitals participating in the first session (for example). Evaluation by topic by all hospitals is given in Table I.

The multiple evaluations give a pattern that can indicate overall usefulness to all participants. For example, most evaluated very well labor relations, the first personnel conference, management of ineffective employee, planning, leadership, and the first communication conference. They like human resource, the second session of personnel, ineffective employees and planning reasonably well. And regraded as satisfactory the introductory two lectures, the second communication and two organization sessions. But this tells only part of the story.

Close examination of individual ratings of the whole series indicates patterns of interests. Those whose position places them closer to employees tended to like leadership, human resource, communication and ineffective employees lectures. Apparently more top administrators preferred planning, organization, labor relations and introductory lectures the best. This is one of the difficulties in using only overall evaluation. Preliminary analysis of evaluation based on size of hospital does not indicate great deal of difference by different size hospitals.

There is a preference for more "practical" problems than theoretical structures to solve the problems.

Attendance was also better at the second series of telelectures because more hospitals were "on line" and we offered a certificate of attendance, signed by the Chancellor of the University for those who attended all seminars.

REFLECTIONS ON TELELECTURE

It is difficult to evaluate the method in general. Chances are that tests of its effectiveness would indicate no significant differences in learning between using telelectures and other methods.⁶

There are obvious advantages of reaching large numbers of people quickly and relatively cheaply. There are some technical difficulties occasionally. For example, static on the lines, telephone wires getting crossed and repair men being heard on the line—the same kind of problems you have with your home phone.

And for one such as the author used to personal contact in training, it is difficult to sit in the broadcasting booth with no way to see if the participants are bored or confused which is easily determined by participant behavior. If there are no questions, is that because it's all clear or all muddy? I sometimes envisioned a Kafka-like possibility that I was there lecturing away and no one was on line.

Still there were rewards—letters from participants, comments on the evaluation sheets or "on line." It is a different experience for the trainer, though the feedback is slower even with built-in feedback systems.

On balance it seems to be a useful, inexpensive, quick method to train large numbers of geographically-dispersed participants on certain types of material. I suspect the method will be tried more often in these cost-conscious days.

SUMMARY

This article has described the telelecture as a method for training and management development in organizations with multiple sites.

Telelecture network consists of a broadcasting unit at headquarters and amplified telephones and audio-visual aids at participating sites.

Telelectures provide the means of reaching large numbers of trainees quickly and relatively inexpensively.

The planning and evaluation of telelecture program for hospitals in Missouri was described. The telelecture method was evaluated and shortcomings and possible future uses were discussed

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- 3 For a description of this program, see Vernon Wilson, "Academic and Public Agencies Work Together in Missouri Regional Medical Program," *Hospitals Journal of the American Hospital Association*, 42, 13, pp. 56-60
- 4 The director of this project entitled "Management Training for Hospital Middle Managers" is Thomas P. Weil, M.P.H., Ph.D., Director of Graduate Studies in Health Services Management, School of Medicine and Business and Public Administration, University of Missouri-Columbia
- 5 For a good description of an evaluation program, in industry, see Malathe Bolar, "Evaluating Management Development Programs in Industry," *Training and Development Journal*, Mar. 1970, pp 34-40
6. Many studies of various methods seem to indicate few such differ-

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ASTD WELCOMES NEW CHAPTERS

ASTD welcomes three new groups to its ever-growing chapter roster this fall. The Board of Directors has recently approved the petitions of groups in Miami, Oklahoma City and Lansing.

Within the past few months, the total number of chapters has soared to 80. The first chapter to be admitted this year was Greater Toledo Area Chapter which received its charter in May during the 1971 National Conference.

The assistance of nearby chapters contributed to the growth of the three new groups. Mid-Michigan Chapter was instrumental in founding South Central Michigan Chapter in Lansing as was Tulsa Chapter in the formation of Oklahoma City Chapter.

Beginning with 78 charter members, Miami Chapter originally was the Southeast Division of the statewide Florida Chapter. South Central Michigan Chapter will begin with about 17 members while the Oklahoma City group has 43 charter members.

ASTD members who are not affiliated with a chapter and reside in one of these

areas are urged to contact the chapter

Officers of these new chapters are

Miami Chapter. William Hayes (president), New Careers, Metro-Dade County, Miami, Leon F. Sachs (vice president), Personnel Department, Metro-Dade County, Steven Liebowitz (treasurer), Park and Recreation Department, Metro-Dade County, and Thomas Rowland (secretary), Expert Trainers and Consultants, Miami Beach.

Oklahoma City Chapter John J La Bar (president), Apco Oil Corporation, Oklahoma City, John T Butler (vice president), Physical Plant-Administration, Central State University, Edmond, and Ed Copelin (secretary-treasurer), Apco Oil Company, Oklahoma City.

South Central Michigan Chapter Cornelius VanderVeen (president), Board of Water and Light, James Welsh (vice president), Michigan Hospital Association; Clarissa Young (secretary), Lansing Police Department, and William Newth (treasurer), Michigan State University.