

**A case study of emerging practice in speech-language therapy in a community
practice context**

by

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ABRKRI002

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Dedication

For my ma...

Acknowledgements

“It’s about the journey – yours and mine – and the lives we can touch, the legacy we can leave, and the world we can change for the better” – Tony Dungy

My journey would not have been possible without the support and guidance of my family, friends and mentors. For this, I thank you...

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Glossary of Terms

Additive bilingualism

Learning an additional language while maintaining and reinforcing your first language (Roseberry-McKibbin & Brice, 2019).

Block

Term used to describe the clinical practice placement whereby students are provided with facilitated opportunities to practically implement their learning by providing speech-language therapy services.

Clinical education

Placements where student are provided with the opportunity to integrate theoretical, evidence-based knowledge learnt in academic settings to clinical practice in the workplace (ASHA, 2019a; Rogers et al., 2008; Sheepway, Lincoln, & Togher, 2011)

Clinical educator

In their traditional capacity, clinical educators provide supervision to speech-language therapy students using an apprenticeship model (Leahy and Walsh, 2008). Clinical educators are involved in clinical training and supervision of speech-language therapy students (ASHA, 2019a), with the aim to provide opportunities for students to learn about clinical work in a context that allows the students to implement the theory into practice within the context of therapist-client interactions.

Code-switching

The switching between languages/dialects during the same conversation (Slabbert & Finlayson, 2002; Myers-Scotton, 2017).

Coloured

The term “coloured” is a South Africa racial classification coined during apartheid as a means to collectively identify individuals of “mixed race” descent.

Community service

A year-long compulsory programme for South African health professionals (implemented by the government), requiring recent graduates to provide service in public institutions once they have formally completed their training (Reid, 2002; Reid, Peacocke, Kornik, & Wolvaardt, 2018).

Curriculum of practice

Theoretical framework developed by Pillay et al. (1997), specifically detailing the components of professional practice, namely: clinical practice, professional education and research.

Decoloniality

I specifically use the definition put forward by Maldonado-Torres (2016): “If coloniality refers to a logic, metaphysics, ontology and a matrix of power that can continue existing after formal independence and desegregation, decoloniality refers to efforts at rehumanising the world, to breaking down hierarchies of difference that dehumanise subjects and their communities and that destroy nature, and to the production of counter-discourses, counter-knowledges, counter-creative acts and counter-practices that seek to dismantle coloniality and to open up multiple forms of being in the world.” (pg. 10).

Emerging professional practice

Emerging professional practice is a concept developed for this thesis. It is defined as that which is still developing, changing and adapting using the traditional model as basis for reimagining practice. Emerging professional practice is something innovative which is borne out of traditional practice as practices which are just beginning to move away from traditional model.

Epistemicide

Term coined by sociologist Boaventura de Sousa Santos meaning the destruction of ways of knowing, particularly of those colonised societies (de Sousa Santos, 2018).

Evidence-based practice

Evidence-based practice refers to “an approach in which current, high-quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making clinical decisions” (ASHA, 2019b).

Learner

Used in reference to an individual in primary education i.e., grade R-12

Methodology

In this thesis, I use methodology in two specific ways: (1) “ontology, epistemology and methodology” is specifically used in reference to the work of Guba and Lincoln (1994) and the way in which they conceptualise paradigms – linked to a philosophical understanding of methodology – discussed in detail in Chapter 1; (2) in contrast, “methodology” as it is used in Chapter 3 refers to the methods in which the research was conducted.

Occupation-based Community Development

A framework developed by Galvaan and Peters (2018) which acts as a guide for practice in the domain of community development (Galvaan & Peters, 2018; Richards & Galvaan, 2018).

Practice

Practice is conceptualised in accordance to the definition provided by Reckwitz (2002): “A ‘practice’ (Praktik) is a routinized type of behaviour which consists of several elements, interconnected to one other: forms of bodily activities, forms of mental activities, ‘things’ and their use, a background knowledge in the form of understanding, know-how, states of emotion and motivational knowledge”. (pg. 249). The concept of practice is described in detail in chapter 1, section 1.5 *Developing an understanding of professional practice for the thesis*.

Professionalisation

The process of acquiring status of a profession (Hoyle & John, 1995).

Relationship of Labouring Affinities

A theoretical framework developed by Pillay (2003). In RoLA, “labouring” refers to the concept of work as continually transforming. “Affinities” refers to the attachments professionals have to their dominating ideologies, which have created a specific professional identity. “Labouring affinities” is about working through our attachments to our dominating ideological identities as a means toward developing changing practices (Pillay, 2003).

Social inclusion

According to the World Bank (2019), social inclusion is defined as the following: “the process of improving the terms on which individuals and groups take part in society – improving the ability, opportunity and dignity of those disadvantaged on the basis of their identity”.

Student

Student is used in reference to an individual in tertiary education

Traditional practice

Practice that has historically informed the way in which the profession has worked-- i.e., one-on-one, individual, institutionalised model of practice informed by the medical model. Practice may service the private or public sector. Typically, in private practice there is remuneration for services rendered.

Abbreviations

A	Audiology
ASHA	American Speech-Language Hearing Association
CAPS	Curriculum Assessment Policy Statement
CHC	Community Health Centre
CSHA	Community Speech and Hearing Assistants
DoBE	Department of Basic Education
EPP	Emerging Professional Practice
FMF	FeesMustFall
HPCSA	Health Professions Council of South Africa
ICF	International Classification of Functioning, Disability and Health
LoLT	Language of Learning and Teaching
LSEN	Learners with Special Educative Needs
MEED	Metropole East Education District
Medunsa	Medical University of Southern Africa
MLLD	Manual of Language and Literacy Development
ObCD	Occupation-based Community Development
OT	Occupational Therapy
PT	Physiotherapy
RAPT	Renfrew Action-Picture Test

RMF	RhodesMustFall
RoLA	Relationship of Labouring Affinities
RTI	Responsiveness to Intervention
SASLHA	South African Speech-Language-Hearing Association
SDU	School Development Unit
SII	Schools Improvement Initiative
SLT	Speech-Language Therapy
SLP	Speech-Language Pathology
SMU	Sefako Makgatho University
SU	Stellenbosch University
TACL	Test of Auditory Comprehension of Language
UCT	University of Cape Town
UFH	University of Fort Hare
UKZN	University of Kwa-Zulu Natal
UL	University of Limpopo
UP	University of Pretoria
Wits	University of Witwatersrand

Abstract

Background: The profession of speech-language therapy (SLT) continues to struggle with challenges around equity and service delivery. The dominant medical model, characterised by one-on-one, individualised health care, is struggling to serve the large population in need of services. As such, there is a need to reconceptualise SLT practices toward a social justice focus. The study used clinical education as the entry point of exploration into how emerging professional practices (EPPs) may be developed.

Aims/Objectives: The study aimed to describe and analyse a case study of an emerging professional practice in SLT as part of a university-school partnership in a peri-urban settlement in South Africa. The objectives¹ were:

1. To describe and analyse the practice methods of the EPP,
2. To describe and analyse the educational and knowledge bases which support the EPP,
and
3. To describe and analyse the underlying epistemology, ontology and methodology underpinnings shaping the EPP.

Method: A qualitative case study methodology, guided by critical theory and decoloniality, was used. Final year SLT students were the primary participants for the study. Data were collected in the form of document analyses, participant observations, interviews, photovoice, and experiential drawings from a number of stakeholders (including SLT students, a school principal, a project coordinator, a library assistant and a clinical educator) from January to December 2017. The data were analysed using reflexive interpretation (Alvesson & Sköldbberg, 2009) as a guiding frame.

Findings: The three-level analysis process was used to generate the thesis offering. The first level of analysis was the construction of the overall case narrative – documenting the practice methods of the EPP through the experiences of the SLT students. The second level of analysis used thematic analysis approach to identify key themes emerging from the case narrative. Four key themes were

¹ The aim and objectives of the study were informed by the conceptual framing of practice. The conceptual framework is discussed in detail in chapter 1 of the thesis, specifically under section 1.5.

explored in the form of narratives, collages and paintings. The third level of analysis used decoloniality (i.e. coloniality of power, knowledge and being) and the Relationship of Labouring Affinities (RoLA) as critical lenses to deepen my understanding of the case. Through using both RoLA and decoloniality, dialogue emerged as a critical form of engagement toward developing EPPs. The study specifically puts forward the concept of critical dialoguing as a necessary process for conscientisation and change.

Conclusion: The findings of the study illuminated how SLT students navigated through their experiences of disruption of their traditional practice. The findings weave together participant narratives, drawings and collages to engage the reader in the EPP. The findings showed how critical engagement with political, historical, social and linguistic influences underlying their work in communication, facilitated new learning and insight into SLT practice. The thesis offering discusses the role of critical dialoguing in opening up space for critical discussions about the profession. In conclusion, supported disruption provided students with a platform to interrogate current SLT practices, re-examine the viability of practices to serve populations, and reflect on how the SLT profession can adapt and change with the changing needs of the population.

Throughout these pages, I hope that you as the reader can see that, the learning journey was just as much my own as it was for the participants of the study...

Prologue

I would like to share the story that led to my PhD journey. In particular, the moments that shaped my path toward my PhD.

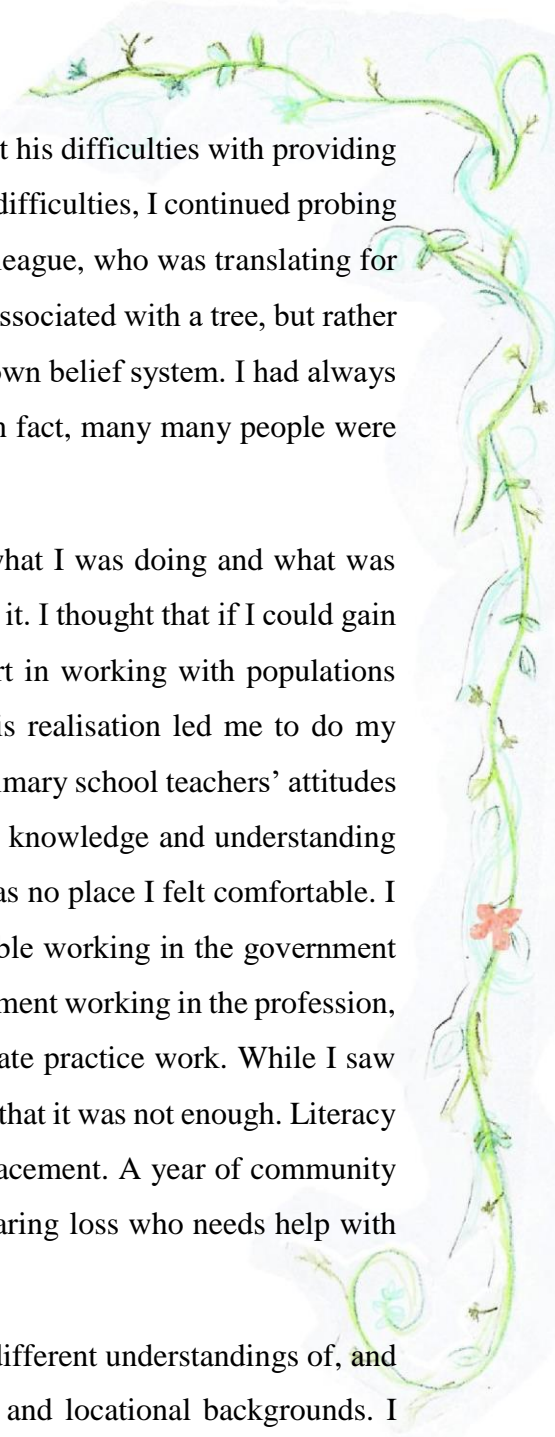
At the beginning of 2012, fresh from graduating from my Bachelor of Science in speech-language pathology from the University of Cape Town (UCT), I began my community service² as a newly qualified speech-language therapist in a small, semi-rural town in the Eastern Cape, South Africa. I worked for the Eastern Cape Department of Health at a regional hospital. As a young “coloured”³ woman from Cape Town, I had only known my own world. But after completing my community block⁴ in Vredenburg⁵ in the Western Cape, I was drawn to rural work. I made the decision to leave the comfort of home behind. I could never have prepared myself for the year ahead. It was an unfamiliar setting, far removed from everything I had known growing up, and everything I had experienced during my undergraduate degree. I saw patients from various cultures and backgrounds, who spoke languages I had not been exposed to before. I experienced the *real* world – something I was not prepared for. For the first time, I began to understand the challenges people face just to access health care services in South Africa – from traveling long distances and waiting for ambulance transportation, to sleeping on the hospital benches overnight – just for a 30 minute appointment. I struggled to engage with patients because I didn’t understand their background, language and culture. One such experience that stood out was when I worked with a Sesotho man from a rural village. He had word-finding difficulties following a stroke. We were looking at a picture together. There was a card with a Christmas tree on it. I asked him questions about the

² Community service is a year-long compulsory programme for South African health professionals (implemented by the government), requiring recent graduates to provide service in public institutions once they have formally completed their training (Reid, 2002). The Health Professions Council of South Africa (HPCSA) policy stipulates that, in order for students to graduate, they are required to complete a number of contact hours with patients (HPCSA, 2012).

³ The term “coloured” is a South African racial classification coined during apartheid as a means to collectively identify individuals of “mixed race” descent. I am merely using this category as a means for the reader to gain perspective. I specifically put the word in quotations because it is a category assigned to me by my history, but I do not feel that it is category which defines who I am any longer. It is a category that created separation and produced hatred to those races deemed subordinate.

⁴ “Block” is a term used to describe the clinical practice placement whereby students are provided with facilitated opportunities to practically implement their learning by providing speech-language therapy services. In community block, students work using a community-based rehabilitation framework.

⁵ A small town on the Cape West Coast, approximately 130km from Cape Town. With a largely Afrikaans speaking community, Vredenburg serves as a business hub for the West Coast surrounding towns (SA-Venue, 2019).



picture but all he could tell me was that it was a card. Thinking that his difficulties with providing a detailed description of the card were a result of his word-finding difficulties, I continued probing him to tell me which holiday the card was for. Eventually, my colleague, who was translating for me, politely told me: “Kristen, for many people, Christmas is not associated with a tree, but rather Jesus in a manger”. I was so shocked. I had never questioned my own belief system. I had always assumed that everyone was familiar with a Christmas tree when in fact, many many people were not.

From my time in the Eastern Cape, I felt a disconnect between what I was doing and what was needed but I didn’t understand my discomfort, nor what to do with it. I thought that if I could gain more knowledge maybe that would help me to feel more comfort in working with populations which had different experiences of the world from my own. This realisation led me to do my Master’s study (2013 – 2015) where I focused on understanding primary school teachers’ attitudes toward stuttering using a questionnaire. While I had gained much knowledge and understanding during my Master’s, I still felt lost. I had no direction and there was no place I felt comfortable. I did not want to work in private practice, but didn’t feel comfortable working in the government sector. You are always told that you will feel a sense of accomplishment working in the profession, but I never felt that. I struggled with community service and private practice work. While I saw patients who did well after some form of intervention, I always felt that it was not enough. Literacy difficulties are not going to be overcome in a six-week student placement. A year of community service is not enough when you are working with a child with hearing loss who needs help with his articulation. I could see that something was missing.

From my Master’s, I began to see that different people may have different understandings of, and beliefs about stuttering based on their linguistic, racial, cultural, and locational backgrounds. I questioned, what it was about my undergraduate education that did not allow for such contextual learning? I remember talking about “cultural appropriateness”⁶ in my undergraduate classrooms and clinics, but I never truly understood what that meant. While I am still gaining a holistic

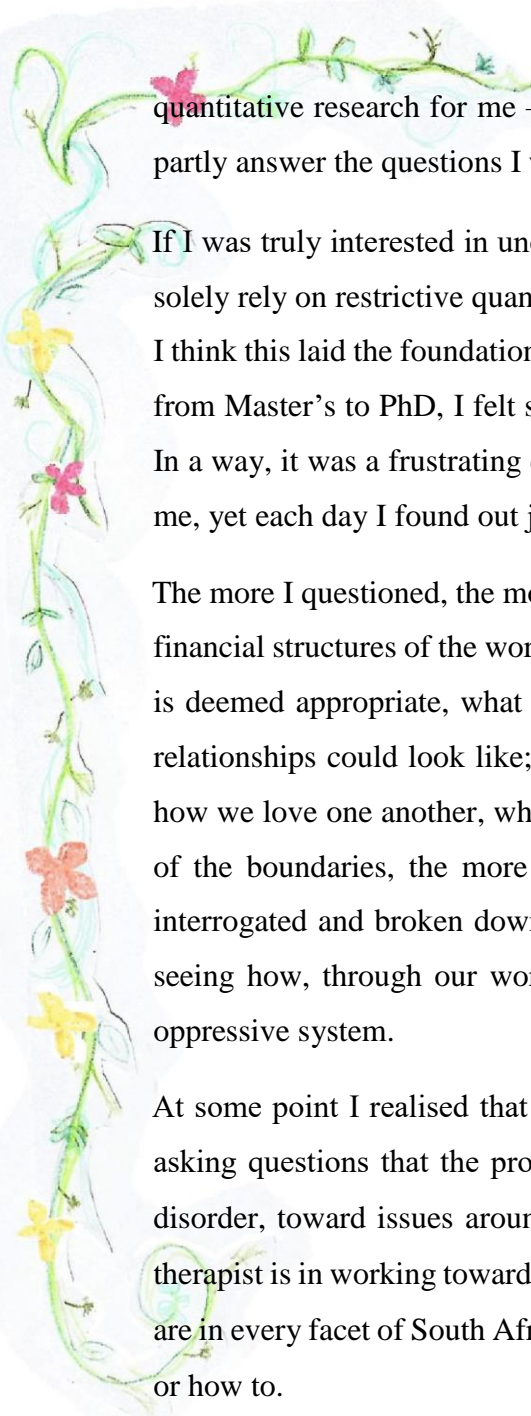
⁶ I used the word culturally appropriate here in my prologue as it was the word I’ve always associated with my work as an SLT. It was the word used in my undergraduate training and one that had become synonymous for me with being considerate of culture. I specifically put the word *culturally appropriate* in parenthesis as I do believe that the profession has evolved and has been considering ways of reconceptualising the meaning of cultural appropriateness including cultural humility (Foronda, Baptiste, Reinholdt, & Ousman 2016), and culturally responsive (Hyter & Salas-Provance, 2019).

understanding of what a “culturally appropriate speech-language therapist” is, I know that I have gained valuable knowledge toward being aware and appreciating cultures different to my own.

In 2016 I watched a movie called *Walking In My Shoes*, which documented the current state of education in rural South Africa. I was completely moved as I didn't even eat my popcorn. I could see the immense difficulties that children faced in just accessing the school⁷, never mind obtaining quality education. Children were faced with major obstacles to accessing education such as lack of transport, walking far distances to schools, violence, poverty, hunger, lack of basic sanitation, electricity and running water, and responsibilities well beyond their ages such as having to take care of siblings and household finances due to there being no parental figure. On top of that, schools were not equipped to support learners. Many schools had a lack of libraries, books, training material, and support structures. I realised that SLT as a profession needs to do something.

At the end of my Master's journey, I was left with more questions than answers. The only place I felt some sort of comfort was studying. Research was something I was good at and quantitative research made sense to me. I enjoyed the process of research, the structure it brought, and the growth and learning it afforded me. Through the process of my Master's, I began to see the limitations of quantitative data. On the surface, numbers seem to answer a question; for example, 30% of participants believe that stuttering is an act from God. But what does that mean to someone and does it mean the same thing to everyone? The results couldn't give me a true reflection of the thoughts and opinions of the participants. I realised that there is much more to understand beyond that of a mere number. I was asking questions about the lives of people, and I realised that you will never get an in-depth understanding of how someone feels about a topic by circling an answer on a questionnaire. While working as a research assistant, I remember clearly, capturing data from a questionnaire about stuttering. There was a school girl who indicated that children who stutter should not play games that involved talking. When scoring, the girl received a negative mark as her response was undesirable. But right next to her answer, she had written an explanation: “other children will make fun of them and I don't want that to happen”. While I fully appreciate the benefits of rigorous quantitative methods, I could see they were limited. There was a safety in

⁷In South Africa, there is a great disparity in the quality and level of education children receive throughout the country. The film, *Walking in my Shoes*, specifically highlights the challenges that children in rural communities face on a every day basis, while still being required to write the same examinations as every other learner in South Africa.



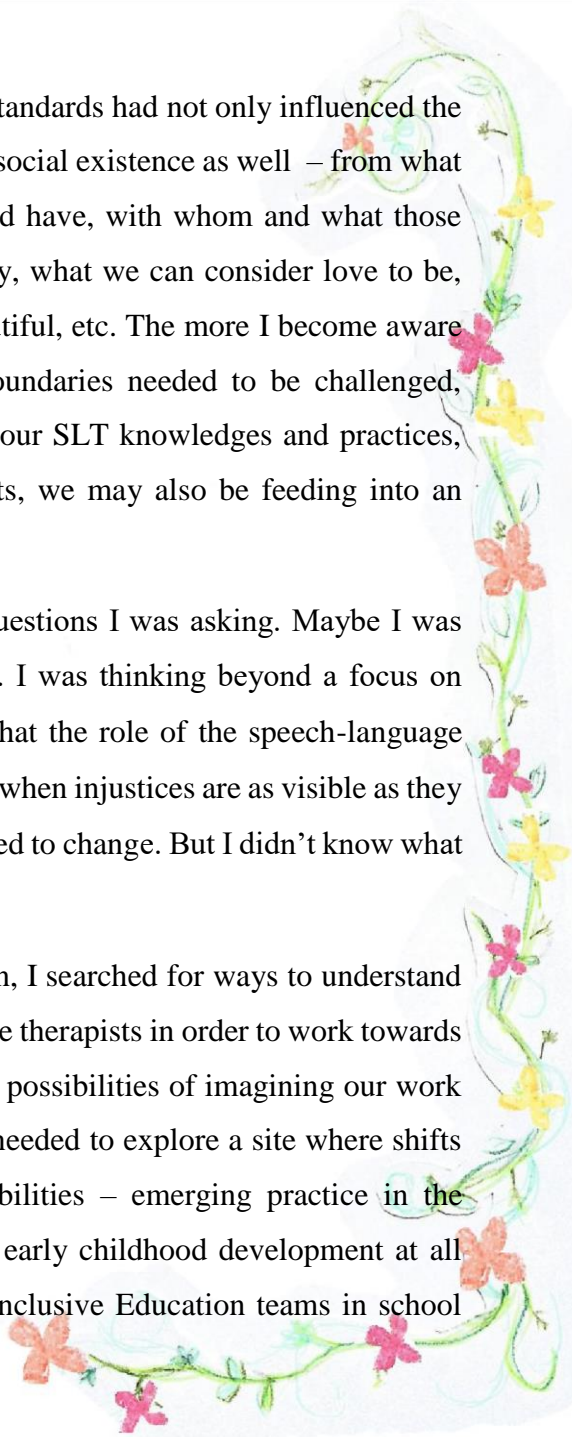
quantitative research for me – there was a plan to follow, a step to take but numbers could only partly answer the questions I was asking.

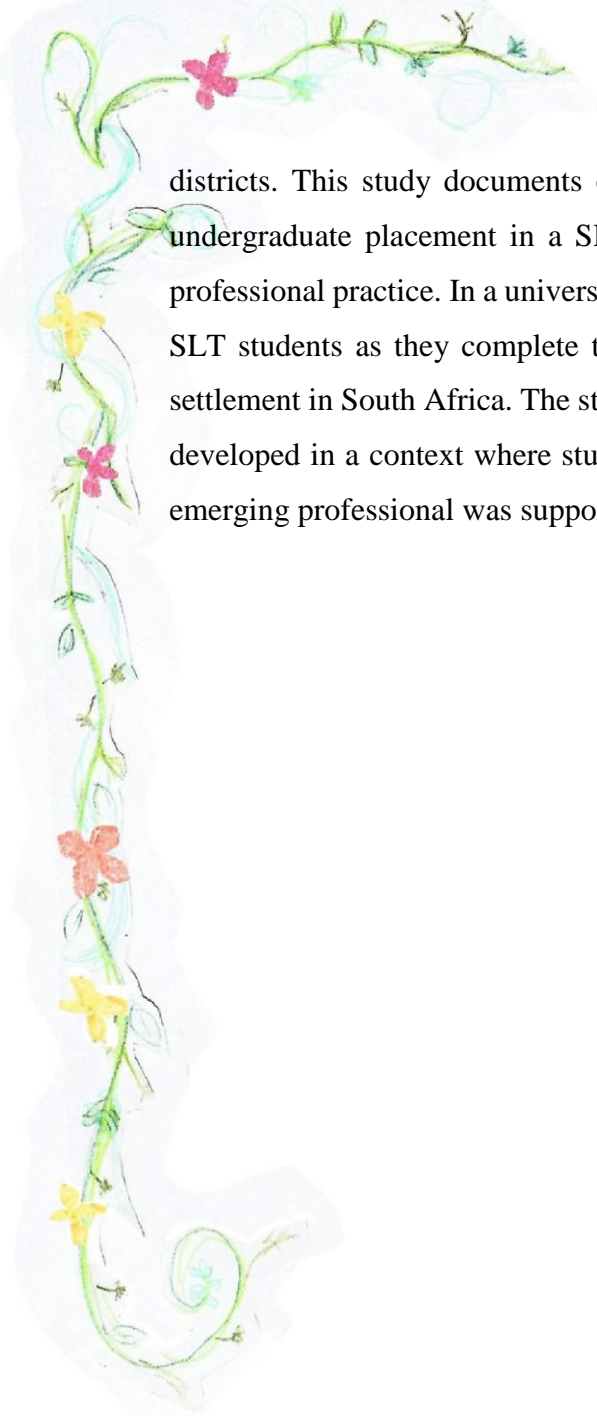
If I was truly interested in uncovering new knowledge and sailing uncharted waters, I couldn't solely rely on restrictive quantitative research. I had to start to explore alternative methodologies. I think this laid the foundation for my PhD journey which I embarked on in 2015. In the transition from Master's to PhD, I felt stuck between knowing something and not knowing anything at all. In a way, it was a frustrating circle of emotions as I had learned so much about the world around me, yet each day I found out just how little I really knew.

The more I questioned, the more I began to see that societal standards had not only influenced the financial structures of the world but had infiltrated our entire social existence as well – from what is deemed appropriate, what types of relationships you could have, with whom and what those relationships could look like; to gender roles, gender identity, what we can consider love to be, how we love one another, what is beautiful, who can be beautiful, etc. The more I become aware of the boundaries, the more I thought about how these boundaries needed to be challenged, interrogated and broken down. I was beginning to question our SLT knowledges and practices, seeing how, through our work as speech-language therapists, we may also be feeding into an oppressive system.

At some point I realised that I didn't have answers to the questions I was asking. Maybe I was asking questions that the profession didn't have answers to. I was thinking beyond a focus on disorder, toward issues around social justice. I wondered what the role of the speech-language therapist is in working toward a more just society? Especially when injustices are as visible as they are in every facet of South African society. I wanted and needed to change. But I didn't know what or how to.

Using my discomfort with our current practices as motivation, I searched for ways to understand how we could imagine working differently as speech-language therapists in order to work towards a social change. In order for me to be able to understand the possibilities of imagining our work shifting beyond our traditional institution-based practices, I needed to explore a site where shifts in professional practice were occurring. There were possibilities – emerging practice in the Western Cape from pilot initiatives focusing on supporting early childhood development at all levels of the health care system, to the implementation of Inclusive Education teams in school





districts. This study documents one such case of an emerging professional practice using the undergraduate placement in a SLT clinical education curriculum as a leverage for expanding professional practice. In a university-school-community partnership, the study follows fourth year SLT students as they complete their clinical education placements at a school in a peri-urban settlement in South Africa. The study seeks to understand how the emerging professional practice developed in a context where students were still learning to become a professional and how the emerging professional was supported.

Conceptualising emerging professional practice

- It's more than just the 'action' -

1.1 Introduction

This study explored how practices could emerge when students were placed in a clinical education context that was different from their traditional clinical placements. As the study is about emerging professional practices (EPPs) of speech-language therapy (SLT) students who are in the process of learning to become professionals, it is important for the reader to have an understanding of the theory of professions. Chapter 1 introduces the reader to the sociology of professions literature in order to broadly explain the way in which professions have been theoretically conceptualised. This lays the foundation for exploring the work of professions beyond the mere activity of clinical practice. Using various frameworks, the chapter presents the conceptual understanding of professional practice used in this thesis. Using a historical analysis of the profession of SLT, the chapter demonstrates the utility of the conceptual framework. The chapter concludes by creating an argument for using a critical paradigm to explore new possibilities for our professional practice.

1.2 Orientation to chapter 1

The chapter incorporates the rationale for the study and the conceptual framework. It is essential that it specifically positions the conceptual framework in the initial chapter of this thesis as a foundational understanding of professional practice. The chapters that follow build on the conceptual framework to develop the reader's understanding. In addition, the conceptual framework is used as a structuring tool for the thesis as a whole.

1.3 The work of professions – understanding professional practice

Professions play an important role in society (Martimianakis, Maniate, & Hodges, 2009). With a specialised body of knowledge, professionals use their specialised skills and competencies to deliver services to society (Abbott & Meerabeau, 1998). Knowledge necessary for professional practice is acquired through university education – an essential component in developing competent professionals (Volti, 2008). Larson (1977) argued the professionalisation created a means to control the production of knowledge – reflecting the ability of the profession to define what is considered to be “true” about foundational concepts (Martimianakis et al., 2009). For

example, control over knowledge allows the profession to define social needs. In so doing, professionals discriminate in their responsiveness to treating certain people, based on what they deem to be most legitimate (Hughes, 1994). For example, Beecham (2004) contends that the evidence-based practice in SLT considers the external, measurable evidence yet fails to consider the influence of the individual's internal interpretation of their reality. Such a focus on objective reality fails to recognise the importance of each individual's subjective understandings.

Professions, therefore, hold the power to govern ways to theorise about and address problems which fall within an area of expertise (Evetts, 2014). Formal education, where students learn ways to see and think about the world, serves as a means to realise power (Montigny, 1995). This professional autonomy which refers to the profession's ability to govern both its content and educational practices without external evaluation – as Freidson (1970) asserted, is a key feature of professionalism (Brosnan, 2015).

According to the work of Bernstein, different kinds of knowledge inform professional education – theoretical knowledge and everyday knowledge (Shay, 2013). These knowledges are not considered to be equal. Theoretical knowledge is considered to be socially powerful and as such, it is argued that all learners should have access to such theoretical knowledge. In a professionally orientated curriculum, (such as SLT) there is generally a shift from a theoretical focus in the early undergraduate years toward theoretically informed practice in the later years. Shay (2013) argues that for higher education, there is a real power that lies in integrating both theoretical and everyday knowledge into curriculum practices stating: “the ‘curriculum of the future’ will be one that puts disciplines to work and thereby equips our graduates to understand and resolve the most critical pressing problems of our time” (pg. 580). For the current thesis, two shifts in education practices are brought to the fore: (1) the shift from classroom to clinic setting; and (2) the shift from a traditional clinical setting to a community setting.

The sociology of professions literature helped me to understand the way in which professions operate. I learnt that professions themselves established accepted ways of understanding and addressing problems and it was through education that professions ensured that their legacy continued. I will return to discussing the implications of such an understanding of professions when I specifically consider the development of SLT – for now, I would like to draw your attention to the practice of professions.

The sociology of professions literature specifically drew my attention to the links between professional practice, knowledge, and education in creating a space for professions to practice their work. In understanding the theoretical underpinnings of professions, I needed to find a way in which to understand what professions do – their professional practice. The Curriculum of Practice (Pillay, Kathard, & Samuel, 1997) framework provided me with a basis to understand the scope of professional practice. According to the framework, professional practice is what we know (knowledge through research), what we do (practice) and how we educate both undergraduate and practicing professionals (professional education, Pillay & Kathard, 2015). As such, the Curriculum of Practice framework provided three key features of professional practice as a guiding frame, namely: clinical practice; professional education; and research (Pillay et al., 1997). See Figure 1.



Figure 1: Curriculum of Practice framework – adapted from Pillay et al. (1997).

Clinical practice is defined as the activities performed by a professional and the resources used to achieve such practice activities (e.g., physical, material, human etc., Pillay et al., 1997). For example, during a therapy session with a patient, clinical practice would include the therapy activities (including specific toys, worksheets) necessary to achieve the aim of the session.

Curriculum is broadly defined as “...interlinked complex of who is taught, what is taught, how it is taught, who teaches, and within the context we teach” (Gerwel, 1991, pg. 10). That is, the syllabi, the educator, the teaching and learning process such as assessments, the learner, and the context

of teaching (e.g., in lectures, clinics). Knowledge generated from *research* largely informs clinical and educational practices. In this way, the elements of the Curriculum of Practice interdigitate with each other (Pillay et al., 2016; Pillay et al., 1997). In relation to this thesis, SLT students practice implementing their theoretical knowledge base (learned in lectures), to practical, real-life health care settings (i.e. clinical practice) with the guidance of a clinical educator (i.e. education). Chapter 2 provides a more detailed discussion.

1.4 Philosophy/values informing professional practice

When discussing professional practice, the focus is often on the ‘action’ of engaging in clinical practice and/or research. Kathard (1999) argued that a focus on the action/activity only provides a superficial understanding of professional practice as there is insufficient focus on the values informing such practice. For an in depth understanding of professional practice, the philosophy that shapes professional practice, clinical practice, education and research included needs to be explored and understood. From this, I began to understand that not only is professional practice defined by knowledge, education and clinical practice (i.e. those actions/activities that we see on the surface), but by the way in which worldviews shape how knowledge, education and clinical practice are constructed (i.e. your underlying perspective on how you view the world).

Guba and Lincoln (1994) discussed the ways in which paradigms inform and guide the construction of reality. Their work is relevant to understanding the philosophical underpinnings of professional practice. A paradigm is defined as a basic set of beliefs or principles. In order to help define the basic beliefs of paradigms, Guba and Lincoln (1994) explored three fundamental areas of inquiry: the ontological, epistemological and methodological. Ontology refers to the study of theories of being – the nature of what exists and the nature of reality (Blaikie, 2004); whereas epistemology is related to the “nature of knowledge and justification and how [do] we know what we know[?]” (Baillie, 2003, pg. 94). Methodology denotes the strategy which guides the choice and use of methods—that is, how do we obtain knowledge? (Scotland, 2012). It is important to note that the answer to any of these questions constrains the possible answers to the next question.

1.4.1 Ontological positioning influencing knowledge. In this section, Habermas’ work on constitutive interests is used to illuminate the implications of ontological positioning on the construction of knowledge, education and clinical practice. Habermas (1972) attempted to

demonstrate how different kinds of knowledge are shaped by the different types of human interests they serve (Carr & Kemmis, 1986). According to Grundy (1987), Habermas theorised that knowledge is constituted by knowledge-constitutive interests which guide and shape the way in which knowledge is constructed in different human activities. Technical, practical and emancipatory human interests constitute three types of knowledge that are generated and organised in society (Grundy, 1987). When applied to understanding professional practice, these interests provide differing views of the world, using different lenses (ontological positions), so that multiple versions of reality may emerge (Kathard, 1999). Knowledge-constitutive interests, therefore, reveal how knowledge/truth is dependent on one’s philosophical orientation (Pillay et al., 1997).

In order to help illustrate the practical implications of each of these three interests for professional practice, I draw on the work of Kemmis (2001) in education, specifically the role of action-research in education. In this section, the focus is on providing the reader with a theoretical overview, offering some practical implications for knowledge and clinical practice. In this chapter and in Chapter 2, I provide more specific examples of the implications of these interests for knowledge, clinical practice and education. See Table 1 below for a summary of the three knowledge-constitutive interests.

Table 1

Basic summary of knowledge-constitutive interests

	Knowledge-constitutive Interests		
	Technical	Practical	Emancipatory
Associated paradigm	Positivist	Constructivist	Critical
Aim	Control	Understanding	Emancipation

1.4.1.1 Technical interests. Technical interests are concerned with the control and management of the environment which is achieved through experimentation (Carr & Kemmis, 1986). This results in law like explanations of the world (Grundy, 1987), in the form of theories, which guide practice (Granero-Molina et al., 2018). Technical interests give rise to certain forms

of action, namely instrumental action, which is governed by rules based on empirical knowledge (Grundy, 1987). Technical interests are aligned with a positivist framing of the world.

Knowledge, in the technical interests, consists of theories developed about the world (Grundy, 1987). Knowledge is therefore constructed from a number of hypotheses based on observations and experiences of the world (Grundy, 1987). These hypotheses have predictive power (Grundy, 1987) – meaning that we are able to anticipate for example, what communication difficulties to expect from a specific site of lesion based on our experiences of what we observed previously. Theories then potentially allow us to control the environment (Grundy, 1987). Knowledge in this regard has largely informed our understanding of the swallowing mechanism, for instance.

In relation to developing professional practice, technical interests are concerned with technical improvements measured in terms of their success in changing particular outcomes of practice. For example, technical interests would be concerned with either increasing or decreasing the incidence of a behaviour in order to optimise the intended outcome (Kemmis, 2001). Technical interests are revealed in traditional SLT practice when the focus of intervention is on repairing the discrete elements of language to within normal limits (Kovarsky & Walsh, 2011).

1.4.1.2 Practical interests. Practical interests (associated with the constructivist paradigm) are aimed at understanding through interaction with the environment. Practical interests generate knowledge through interaction and the interpretive understandings generated guides and informs practice (Carr & Kemmis, 1986). Grundy (1987) defined the practical interest as “a fundamental interest in understanding the environment through interaction based upon a consensual interpretation of meaning” (pg. 14).

Knowledge within the practical interest is gained through a different methodology as compared to the technical interests (Habermas, 1972). Theories are not constructed through observation but rather through the understanding of meaning. When related to SLT, knowledge related to the practical interest would acknowledge meaning making through interaction on which the outcomes of our helping practices are conceptualised.

In terms of clinical practice, practitioners will aim to improve their practice in functional ways (as with the technical interests) but also seek to explore how their practice is shaped by the way in

which they see and understand themselves and their clients in context. The focus of interpretive paradigm is therefore as much about understanding and changing themselves as practitioners as it is on changing the outcomes of their practice (Kemmis, 2001). An example of SLT practice situated in interpretive paradigm is provided by Kovarsky (2008). In the article, Kovarsky (2008) argued for the inclusion of the subjective voices of clients as a critical part of evidence-based⁸ practice. He argued that when the voices of those we serve are silenced, our understanding of the evidence is compromised (Kovarsky, 2008).

1.4.1.3 Emancipatory interests. The emancipatory interests is linked to the critical science. The emancipatory interest is linked to empowerment which involves the ability of individuals to take control of their own lives (Grundy, 1987).

Knowledge generated by emancipatory interests exist on a number of levels: (a) development of critical theory about people and society explaining how systems operate to enhance or inhibit freedom; (b) acknowledgement that theory is not enough, critical theories need to be authenticated. The process of authentication takes place through self-reflection so that individuals can be convinced that the theories speak to their experiences (Grundy, 1987). Grundy (1987), therefore, defined the emancipatory interest as: “a fundamental interest in emancipation and empowerment in autonomous action arising out of authentic, critical insights into the social construction of human society” (pg. 12). Emancipatory interest, therefore, requires extending beyond the narrow focus on subjective meanings to explore how self-understanding may be distorted by social, political and cultural factors in an attempt to clarify, explain and eliminate oppression, domination (Carr & Kemmis, 1986). In this sense, the emancipatory interest moves past illuminating injustice and toward overcoming social problems (Carr & Kemmis, 1986).

Clinical practice aligned with the critical paradigm is not only concerned with improving outcomes and the self-understanding of the practitioner, but also critiques the way in which we practice. As such, clinical practice acknowledges that the goals of therapy in general may be limited or even inappropriate for a given situation. It recognises that, while we might want to improve the way we understand, our understanding may be informed by misunderstandings about the nature and

⁸ Evidence-based practice refers to “an approach in which current, high-quality research evidence is integrated with practitioner expertise and client preferences and values into the process of making clinical decisions” (ASHA, 2019b).

ramifications of our clinical practice (Kemmis, 2001). A focus on emancipation aims to help the practitioner to develop both critical and self-critical understandings of the way in which we practice. In other words, developing an understanding of how people and settings are continually shaping and are shaped by cultural, social, historical and political forces.

By developing such critical consciousness, the aim of the critical paradigm is to transform situations as a means to overcome injustices (Kemmis, 2001). For example, in their article, Pillay and Kathard (2018) explore the use of a critical science and decoloniality as pivotal axis for transformation of the profession. Similarly, Hyter (2014) developed a conceptual framework, informed by critical social theory, to guide the way in which speech-language therapists provide services in a globalised world.

1.5 Developing an understanding of professional practice for the thesis

At this point, it is useful to provide an overall summary of the discussion thus far. The sociology of professions literature helped develop an understanding of the professions and the role professions play in society. Following which, I specifically explored the work of professions and detailed the elements of professional practice. Drawing on the work of Habermas, I used the technical, practical and emancipatory interests as a structuring tool to demonstrate the influence of ontological positioning on the way in which professional practice (i.e. clinical practice, knowledge and education) is realised.

Figure 2 shows the way in which I have come to understand professional practice. In general, there is a focus on the clinical practice aspect of professional practice. Both knowledge (through research) and education influence the way in which clinical practice is conducted. Underlying clinical practice, knowledge and education is philosophy – the ontological, epistemological and methodological basis from which professional practice is conceptualised.

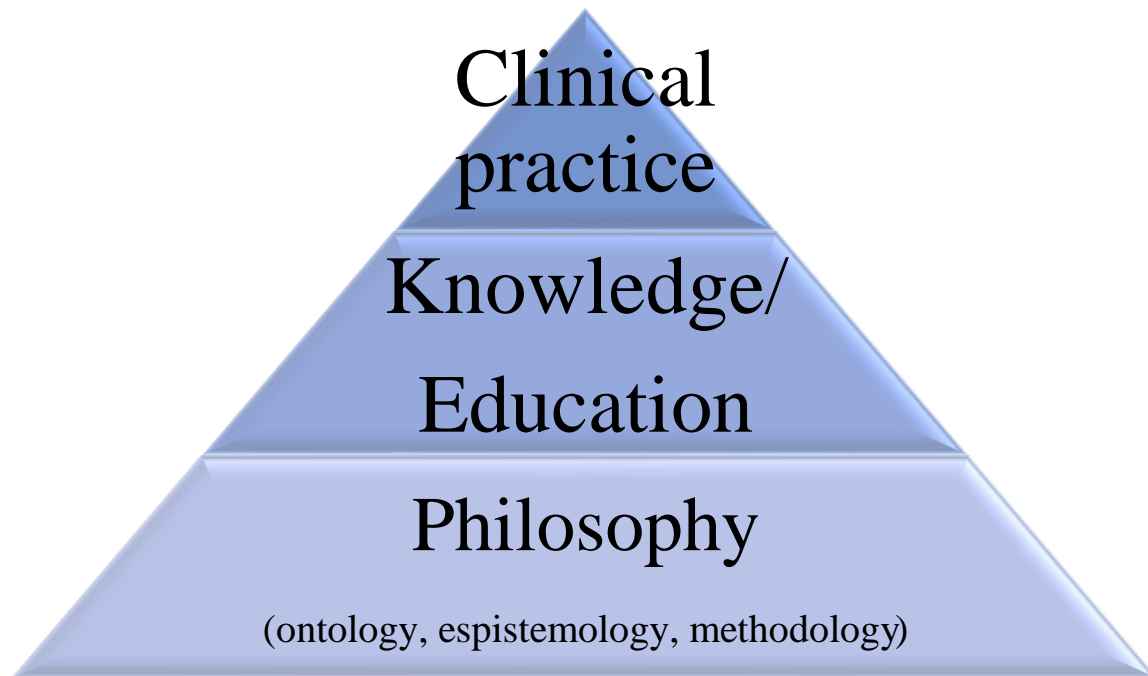


Figure 2. Conceptualisation of professional practice. The figure integrates the work of both Guba and Lincoln (1994) and Pillay et al. (1997) to show how professional practice is conceptualised beyond “action” of doing of clinical practice, education and research.

I was specifically interested in the emancipatory interests because it spoke to the discomfort I was feeling when I began my thesis. It spoke about injustices. It made me question my relation to, understanding of, and future view of the world. Reliving our profession’s history through my readings of the literature, became a very important part in working toward answering those questions. It helped me to develop my own critical consciousness about the way in which our⁹ professional practice was constructed, and its underlying philosophy.

1.6 Using history to understand the philosophy underlying SLT practice in South Africa

In the following section, I document my own learning about the history of SLT. I sketch a historical narrative of SLT – drawing attention to the silenced voices – to develop an understanding of the dominant influences on our professional practice. Still today, over 80 years after the introduction of SLT into South Africa, the profession continues to struggle with issues around equity and

⁹ Throughout the thesis, I use words like “our”, “us”, and “we” in relation to the profession of SLT. I have specifically done this because I wanted to convey the fact that we all need to take ownership in the need for transformation of the profession. Words like “we” are used to show that a collective effort is required from everyone, including myself. I would like to explicitly state that I have not used such terminology as a means to speak on behalf of the profession.

service delivery [See Khoza-Shangase and Mophosho (2018) and Mdlalo, Flack, and Joubert (2019) for examples]. For many years, there have been calls in the profession for research, training and therapy facilities for all populations (Penn, 1978). Today, poor, black, African language speaking individuals continue to be under-served. A situation that remains similar to service provision under apartheid rule (Kathard & Pillay, 2013). In trying to understand our struggles, I found inspiration from the following quote by Maathai (2010) in her book, *The Challenge for Africa*:

Ultimately, it is critical that Africans dispense with what might be called the culture of forgetting that has enveloped Africa since colonialism and re-collect their history and culture, and the kwimenya [realising your potential] that comes from both. Without them, Africans lack a foundation on which to build for a future... (pg. 183)

I came to the realisation that we need to consider where our profession has come from to understand how we can move forward. Understanding the inherent values of the profession will provide insight into the way knowledge, education and clinical practice have traditionally been constructed. I specifically aim to clarify how the utility of paradigms can both inform and limit professional practice. In this way, I see the historical account as a platform to illustrate the professional practice conceptual framework developed earlier in the chapter.

1.6.1 Historicising the profession of SLT. The historical account of the early development of SLT tells the single story of the profession, from its roots in medicine and psychology, to its emergence as a profession globally, to its journey toward establishing itself as a profession in South Africa. But there is a danger in only considering a single story. Speaking during a TED talk, Nigerian author Chimamanda Adichie (2009) discussed stories, and the roles stories and books played in her life. Peoples' lives are like stories (Samuel, 2015) and many stories make up human experience. When you only consider one story, it flattens human experience, overlooking all of the other stories that form each person. Single stories are therefore untrue and incomplete. When you only consider one story, one story becomes the only story. And there is a danger in only considering a single story (Adichie, 2009).

The books I read told me a single story of the SLT profession. I begin here by detailing the conventional story of SLT – the way in which its development has been framed and constructed

in the literature. Books failed to tell me the multiple stories that shaped our practice. This is my perspective:

Among health professions, the medical profession was the first to achieve professional autonomy (Brosnan, 2015). The resources, status and influence of medicine provided a platform for the development of newly emerging occupations allied to the medical profession who strove for advancement within this influence (Larkin, 2002). Social workers, nurses and rehabilitation therapists, like speech-language therapists, modelled their occupations on the more established professions of medicine and law (Hugman, 1998).

The roots of the profession of SLT can be found in the late 19th century. Interest in speech and language was vast from a focus on neurology to phonetics and elocution (Wilkins, 1952). As interest grew, understanding the complexity of communication disorders increased, and its links to the conditions underlying disorders became more clear (Greene, 1970).

Franz Joseph Gall, Jean Baptiste Bouillaud, and Pierre Paul Broca were pioneers in aphasiology – the study of language impairment usually resulting from certain types of brain damage. As research in the area of aphasiology gained momentum, soon there was a deeper understanding of the neurological basis of disorders of speech compared to that of the typical speech processes (Jenkins, Jiménez-Pabón, Shaw, & Sefer, 1975). Developments in technology, (i.e., the rise of telephone, radio and film) and the effects of both World Wars, lead to an increased awareness of speech and language (Wilkins, 1952). As a result, there was a need for rehabilitative support services among the many surviving individuals with brain damage after the World Wars.

European interest in communication provided the platform for the development of the practice in the United States (O'Neill, 1987). Following the Second World War, in the United States, there was a shift in the way SLT was approached (Duchan, 2011). There was increased emphasis on the internal processes underlying communication disorders which lead to a more wholistic understanding of speech and language (Duchan, 2011). Contributions from the fields of linguistics and psychology lead to the emerging understanding of language disorders and its links to a linguistic system. As understanding of speech and language continued to evolve, there was increased emphasis on the pragmatic aspects of language – with research exploring the social, linguistic and situational contexts in which communication takes place (Duchan, 2011).

The transformation of the knowledge, practice and technologies of medicine, coupled with the diversification of healthcare's division of labour, led to the expansion of health care professions allied¹⁰ to medicine (Larkin, 2002). In the early 20th century, alongside other allied health professions, SLT began developing its early identity.

Following in the footsteps of medicine, SLT, in terms of its research, service and education, developed its knowledge from a science framed by empirical and positivist traditions (Kathard, 2003; Kathard, Naude, Pillay, & Ross, 2007; Pillay, 2003).

In South Africa, SLT began with Professor Pierre de Villiers Pienaar. Using his education background in phonetics, he recognised the rehabilitation potential of the field (Aron, 1973). When he returned to his native South Africa from Hamburg, he called for the professional qualification of speech therapists¹¹. In 1936, the first speech therapy programme in higher education was established at the University of Witwatersrand (Wits, Penn, 1978). The founding knowledge, principles and values were informed by both European and American ideals (Aron, 1973, 1991; Ave Atque Vale, 1965). The first South African professional body – the South African Logopedic Society (which would later be known as the South African Speech-Language-Hearing Association, SASLHA) was founded in 1946 under the guidance of AB Clemons (Ave Atque Vale, 1965).

As the profession grew to include a university programme, a professional association and a dedicated journal, there was a growing need for additional higher education training programmes. The University of Pretoria (UP) established a programme for Afrikaans-speaking professionals in 1959 (Aron, Bauman, & Whiting, 1967). During this time, there were only two official languages in South Africa, English and Afrikaans. The development of African languages was restricted during this period. In contrast, Afrikaans (within 25 years) became the language of instruction at several universities (Gxilishe, 2009).

¹⁰ Larkin (2002) noted that professions supplementary to medicine, were termed aides or auxiliary to medicine.

¹¹ In those days, the profession was only known as speech therapy. It would only be later in the profession's history that the name would reflect language as it currently does.

Later, as the need for non-European¹² therapists became more apparent (Aron et al., 1967), a programme for Indian therapists was established at the University of Natal-Westville in 1973 (i.e. University of Kwazulu-Natal, UKZN, Aron, 1973, 1991)¹³. Programmes were also introduced in the Cape, at the University of Cape Town (UCT) in 1975 and Stellenbosch University (SU) in 1989 (UCT, 2018). It should be noted that initially, SLT and Audiology (A) training programmes were dual-qualification programmes. In accordance with international trends, some universities opted for individual qualifications in either SLT or A (Moonsamy, Mupawose, Seedat, Mophosho, & Pillay, 2017).

In the mid-1980s, there was a growing awareness among the professional community for the need to provide services to marginalised communities (Penn, 1978). As a means to address the gap in practice, a training programme for community speech and hearing assistants (CSHA, mainly for black students) was initiated at Wits. The programme was discontinued in the mid-90s due to a number of difficulties including a lack of appropriate employment opportunities for graduates. It would only be much later in the history of SLT that programmes were established at formally black universities – the Medical University of Southern Africa (Medunsa, 2000, personal communication, M. Tshule, 28 February 2019)¹⁴ and the University of Fort Hare (UFH, 2018, personal communication U. Stemela, 26 February 2019). According to Khoza-Shangase and Mophosho (2018), the recent establishment of the National Black Speech Language and Hearing Association, was an indicator of the lack of linguistic and cultural diversity of the current professional associations.

This is the single story of SLT. But there were multiple stories moulding and shaping SLT at the time of its early development. As the profession was establishing itself, there were concurrent parallel narratives occurring – colonisation, globally and apartheid later in South Africa. In this context, I am framing colonisation and apartheid as two separate events.

¹² All terminology used as set out by articles cited. While I do not agree with the terms used to describe individuals, I have included all terminology used with the articles/books I have cited as a means to signal to the reader the way in which voices were neutralised and silenced in the text of the time.

¹³ It should be noted that the programme was stopped in 1976 but reinstated in 1981 in the Faculty of Health Sciences – renamed Bachelor in Speech and Hearing Therapy (Aron, 1991).

¹⁴ In 2005, Medunsa and the University of the North merged to form the University of Limpopo (UL, 2017). In 2015, the Medunsa campus was separated from UL to form Sefako Makgatho Health Science University (SMU, 2019).

Under the guise of bringing civilisation (Césaire, 1950/2000), British and European colonisation was accomplished and sustained using forms of violence that included exploitation, dispossession, oppression, and killing (Sartre, 1964/2001). Through military force, colonisers exploited African land and obtained their wealth (Maathai, 2010). Poverty was maintained by force – ensuring the place of African people as animal-like, less human (Sartre, 1964/2001). For decades, Africans fought for independence from slavery and exploitation (Maathai, 2010).

South Africa faced a further colonial practice – apartheid – between 1948 and 1991. The apartheid era commenced when the National Party gained control over parliament and set out to maintain white supremacy (Fiske & Ladd, 2004). Over 46-years, the apartheid government developed and preserved white political, social and economic advantage (Fiske & Ladd, 2004) by passing laws, perpetuating violence against African people and ensuring land/resource appropriation (Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009). Education was used as an influential means to maintain social order (Fiske & Ladd, 2004)

By perpetuating views of white superiority, education nurtured superior-inferior ideologies among all racial groups (Thobejane, 2013). Bantu¹⁵ education was characterised by limited resources, poor infrastructure and neglected, overcrowded classrooms (Hartshorne, 1992). In providing Black South Africans with inferior education, it restricted their development, and ultimately ensured a supply of cheap labour (Fiske & Ladd, 2004). Today, in a post-apartheid, democratic South Africa, the continued legacy of apartheid is seen in the prevailing inequity throughout all aspects of life (Peters & Galvaan, 2018).

During colonisation, African knowledge systems and languages were systematically devalued to undermine the contributions of Africa to knowledge production (Mkhize & Ndimande-Hlongwa, 2014). The majority of education in Africa during colonisation occurred in European or foreign languages (Wa Thiong’o, 2005). Mkhize and Ndimande-Hlongwa (2014) posit that the language policies of the universities perpetuated social stratification and marginalisation of individuals. Gxilishe (2009) argued that decades after political independence, there continues to be a widening of language inequalities in higher education.

¹⁵ “Bantu” or “Abantu” is an isiZulu word meaning people. It was used by the colonisers to identify Black Africans.

In 2015/16, the continued inequalities in South African higher education were brought to the fore. The Rhodes Must Fall (RMF) and Fees Must Fall (FMF) movements at the South African universities began to draw attention to the social, political, cultural and economic issues plaguing South African universities. The students' called for free and decolonised education. With the increased attention and discussions, the student movement also drew broader social awareness of the issues in the university and society in general.

The narratives left me with many unanswered questions:

Is it then just a curious coincidence¹⁶ that the turbulent socio-political context of the time is entangled with the professionalisation of SLT within South Africa?

Is it just a curious coincidence that in 1960, 24 years after the opening of the first SLT programme, that “virtually no establishments exist[ed] for speech, voice and hearing handicapped Non-Europeans¹⁷? (Bauman & Aron, 1960, pg. 4)

Is it just a curious coincidence that SLT services were limited to schools for white children (bar one¹⁸)?¹⁹

Is it just a curious coincidence that the distribution of speech-language therapists and facilities favoured the white minority? Was this due to the “the frustration of working with an economically disadvantaged class?” Was it due to the fact that it was “more academically stimulating to work with the white population where there is a vast body of research behind the clinician to make her findings meaningful?” (Beckett, 1976, pg. 12)

All these questions pointed to one common theme: the possibility that the profession was never really designed for a rural, cultural and linguistically diverse setting. At this point, I turn back to

¹⁶ In his PhD thesis, Pillay (2003) borrows the concept of a ‘curious coincidence’ from Sandra Harding (1987).

¹⁷ In the article, “European” populations were referred to as English or Afrikaans-speaking individuals, whereas “Non-European” referred to coloured, Indian and other groups of Africans (Bauman & Aron, 1960).

¹⁸ The Department of Coloured Affairs employed one speech therapist to deliver services to schools and hospitals in and around Coronationville, a coloured township in Johannesburg (Aron et al., 1967).

¹⁹ Aron et al. (1967) argued that “as the standard of education of our non-White races (Bantu, Indian and Cape Coloured) continue to rise, expansion of such specialist [SLT]services [in schools] can be envisaged.” (pg. 82)

the sociology of professions to understand the links between the profession and the colonisation/apartheid.

1.6.2 Professions as socially embedded. The sociology of professions taught me that professions are not isolated entities, that they function in a society. Lo (2005) argued that in addition to considering the relationship between social structures and professions, the sociology of professions needs to explore how professionals understand their professional practices and social positions as embedded in a social context. Lo's (2005) perspective acknowledged professions as not only having a complex relationship with the state/market (Johnson, Larkin, & Saks, 1994), but with social categories as well (Lo, 2005). The importance of considering how social constructs such as race, gender and ethnicity could have become internalised in the profession's collective identity²⁰ is highlighted.

While the traditional understanding positions professions as universally applicable entities (Witz, 1992), when considering the influence of social categories on the professionalisation, it becomes clear that professions in themselves are therefore not innocent in what they do. Witz (1992) argued that, when speaking of professionalisation, it is important to “gender the agents of these projects, and to locate these within the structural and historical parameters of patriarchal capitalism” (pg. 37). In extending Witz's argument, I refer to the work of Grosfoguel (2002) around world-systems. He stated that knowledge (and its practice) is always created “from a specific location in the gender, class, racial, and sexual hierarchies of a particular region in the modern/colonial world-system” (pg. 208). When considering the history of SLT in South Africa, it is therefore essential to understand professionalisation in relation to the social concepts of gender, class, race and sexual hierarchies as established by our colonial and apartheid history to gain a nuanced view on the way in which the profession was constructed. In the following section, I weave together the history of SLT, South Africa's political history and the professional practice conceptual framework. I unpack the philosophical underpinnings of SLT practice and its implications for knowledge, education and clinical practice.

²⁰ I use the world collective identity in accordance with Evetts (2014). A collective identity is a shared professional identity –a shared understanding of problems and ways to solve them. Professional education, socialisation, work experiences and membership with professional organisations serve as means to produced and reproduce this collective identity (Evetts, 2014).

1.6.2.1 Understanding the underlying philosophy of practice. The medical profession was successful in gaining legitimacy of its ontology and epistemology (Brosnan, 2015). SLT conceptualised its practice metric from these points. With its long history following the footsteps of medicine and psychology, the profession of SLT, (its clinical practice, education and research, see Curriculum of Practice discussed earlier in the Chapter), developed its knowledge using technical science, underpinned by positivism (Kathard, 2003; Kathard et al., 2007; McCurtin & Roddam, 2012; Pillay, 2003; Pillay & Kathard, 2015). Here, I make use of the elements of professional practice to understand the implications of the technical interests on how knowledge, education and clinical practice are realised. Using colonisation/apartheid as a critical event, I show how a specific focus on using the technical interest can limit our professional practice.

1.6.2.2 Implications for knowledge, education, and clinical practice. The values and principles that traditionally have informed the generation of knowledge in SLT have been derived from the positivist framework (Pillay et al., 1997). Knowledge (epistemology) derived from the positivist framework positions truth as objective. Speaking from an assumed position of presumed neutrality, the profession fails to acknowledge the influence of subjective factors that may emanate from contextual, personal and societal domains on perceived reality. For example, the foundational knowledge of SLT is based on imported standards and norms, foreign to the African continent. Van Kleeck (1992) explored the foundational values of the Hanen Programme, a family-centred approach to an early intervention, as a case study. While the programme is grounded in theoretical and empirical research, the underpinnings of the programme are largely based on psycholinguistic research in North America, with an almost exclusive focus on white middle-class families (van Kleeck, 1992). One of the underlying principles is that it is a parent programme – assuming that parents are the primary caregivers for young children. In many instances this may not be the case, depending on the cultural and social contexts. For example, in Western Samoan culture, the sibling is the primary caregiver of the child, especially once the child is able to walk [See Ochs (1982)]. The example of the Hanen Programme demonstrates that objectively grounded psycholinguistic research which has not been standardised within the cultural communities in South Africa. When research does not acknowledge for the differences in class, race and culture, individual's lived experiences that do not conform to the community under study are not accounted for.

In SLT, language and communication are central concepts to the profession. In South Africa specifically, authors (Khoza-Shangase & Mophosho, 2018; Mdlalo, Flack, & Joubert, 2019) have argued that language ideology informing the discipline is English (a first language of less than 10% of the country). Such dominance of English speaks to the continued colonial influences on the profession. Khoza-Shangase & Mophosho (2018) further state that colonial forces continue to shape the social composition of the profession.

These kinds of examples also show that the foundational knowledge of the profession was based on research and practices developed in Europe and America. In South Africa for example, practices were based on a standard language ideology that did not recognise the validity of other African languages. Although African languages are increasingly being recognised, there still continues to be a trend toward English as the dominant language in the profession (Mdlalo, Flack & Joubert, 2016). When SLT was brought to South Africa, the models of professional practice were replicated. Education was used as a powerful tool to maintain control of the profession, granting access to those deemed worthy of being a speech-language therapist. Figure 3 shows how the establishment of SLT programmes in higher education coincided with major political events in South Africa's apartheid history. It is not a coincidence then that during apartheid, only one white institution accepted black students into its medical school (Weddington, Mogotlane, & Tshule, 2003). Only a privileged few black students would have gained access to white universities. It was only in 2000, 65 years after the introduction of the profession to South Africa, that formerly black universities started a programme for speech-language therapists.

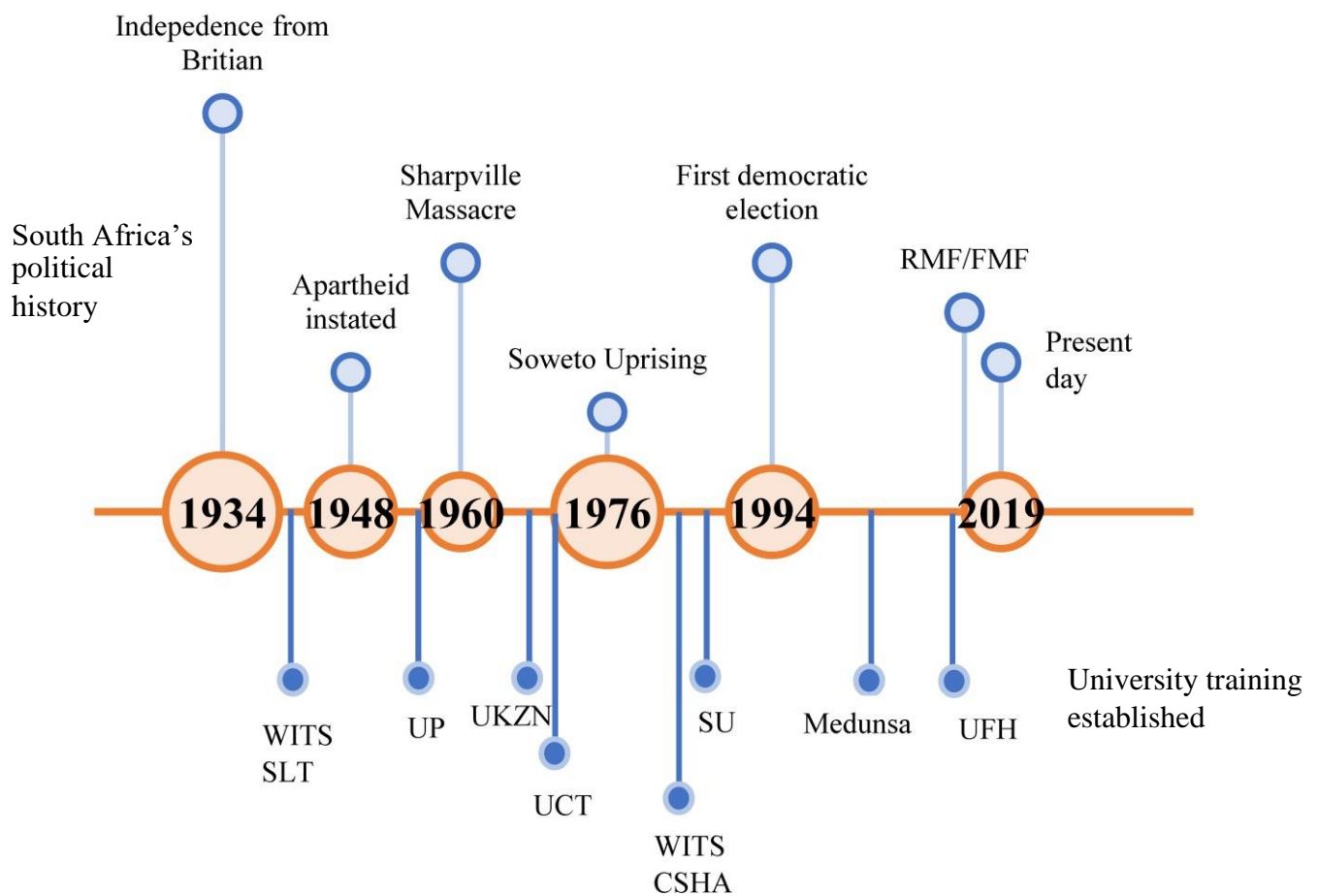


Figure 3. Timeline detailing the sequence of major events in the political history contrasted with the establishment of training programmes at higher education institutions in South Africa.

As a result of educational practices, the majority of speech-language therapists were white middle-class females (a trend that continues today). Bortz, Schoub, and McKenzie (1992) concluded that SLT students were not only drawn from privileged sectors of the population but also tended to work in those sectors once they graduated. Penn (1978) reported that it would be rare for a white speech-language therapist to come into contact with patients from other racial groups. As such, many of the SLT professionals who were white, decided to work in white-only institutions where they would have better working conditions and better equipment. This left many black institutions without staff to provide the service (Weddington et al., 2003). In order to illustrate, I considered the demographics of speech-language therapists over the years. In 1978, 40 years after the

establishment of the first SLT programme in South Africa, there were only 4 non-white²¹ speech-language therapists (Penn, 1978). In 1996 (when the profession was 60 years old) of the approximately ± 962 speech-language therapists in South Africa, only ± 10 were black (Bortz, Jardine, & Tshule, 1996) – equating to only 1% of the SLT population. According to Khoza-Shangase and Mophosho (2018), in 2011 South African Speech-Language-Hearing Association (SASLHA) database indicated that the majority of speech-language therapists /audiologists worked in private practice (67%), in urban areas, and spoke English and/or Afrikaans as a first language, with approximately 5% black African language speakers. While Khoza-Shangase and Mophosho (2018) were unable to source more recent statistics, they believed that the 2011 statistics still provide a fair reflection of the current reality.

1.6.2.3 SLT as a project of coloniality. In its construction and genesis, SLT is a politicised, racialised, gendered and middle-class profession. Our profession was not innocent in its agenda. In the creating of knowledge, who did it consider? What kind of knowledge was privileged? In the way it educated, who did it teach? In the way that we practice, whose needs were served? Today, imported knowledge and practices are entrenched in the current SLT professional practice (Pillay & Kathard, 2015). Decolonial thought, provided me with a way to understand this through the concept of coloniality (the concept of decoloniality is discussed in more depth in chapters 3 and 5). While formal colonisation administration ended, the world moved from global colonialism to global coloniality as many non-European states continue to live under European/American exploitation and domination (Grosfoguel, 2007). The concept of coloniality allowed me to understand the continued effects of colonisation even after the formal removal of colonial administration (Ndlovu-Gatsheni, 2013a). The colonial nature of the profession has been solidified through the combination of its positivist science, biomedical practice and colonised education (Pillay & Kathard, 2015). The deeply entrenched medical model with its focus on disability and standard process of examination, diagnosis and treatment, influenced the way in which SLT is practiced today. As such, the profession of SLT can be understood as a project of coloniality.

²¹ The article by Penn did not specify race. Non-white would include all other races – e.g. Indian, coloured and black.

1.7 Seeking social justice: Choosing the paradigm to “suit the occasion”²²

Thus far, I have used the history of SLT to position the profession as a project of coloniality. I specifically made an argument for situating the profession within the technical interests. I have highlighted the limitations of focusing solely on this one domain of interest. At this point, I return back to the philosophy informing practice (discussed in 1.4 Philosophy/values informing professional practice), to examine which specific paradigm would be the most appropriate for addressing social justice, which is my core interest for this thesis.

Speaking from the field of African Studies, Garuba (2012) posits that the study of Africa is calling for the opening of disciplines rather than the adoption and justification of a fragmented understanding of the world. As such, in order for individuals (and the profession) to move toward a more socially just world, it requires the emancipation of people from oppressive structures and the liberation of thought (Boychuk Duchscher, 2000). This kind of emancipation requires innovation so that sustainable change can be realised. Working toward innovation necessitates alignment with a paradigm that strives toward fundamental change.

1.7.1. Making a case for using a critical lens. Although it is important to acknowledge the value of the different epistemological traditions in generating knowledge (as they are essential for social existence), the positivist and constructivist sciences are not adequate to fully understand social phenomenon (Browne, 2000). The problem with the positivist science is that clinical practice and education situated in technical interests result in practitioners applying decontextualised theory to the real world, where they rely on their expert model, and continue to practice the way that they were taught (Kathard, 1999). In this instance, universal rules governing clinical practice are applied regardless of the changing contexts of health care systems and needs. The positivist paradigm therefore results in replication of traditional practices. In this sense, professionalisation is an act of assimilation, where the value system, ways of practicing and being a professional become inculcated as part of your professional identity.

The interpretive approach, by focusing on the process of self-understanding, does not allow for the understanding of how social, cultural and political conditions may influence how reality is constructed (Carr & Kemmis, 1986). As such, interpretive approaches have been criticised as being

²² Analogy borrowed from Pillay et al. (1997).

meritocratic (Kathard, 1999). The outcome of interpretive interest is a narrow focus on practical discourse, and defining and resolving of social problems, resulting in an often superficial, unreflective understanding of social problems (Morrow & Brown, 1995).

Where the technical interest gives rise to technical control, and the practical interest to self understanding, the emancipatory interest is concerned with providing the opportunity for fundamental social change (Morrow & Brown, 1995). Morrow and Brown (1995) explain that as the emancipatory interests strive toward “fundamental transformation of individual and collective identities through liberation from previous constraints on communication and self-understanding” (pg. 310), they can lead to social transformation. For the profession to foster innovation, it is therefore necessary to engage in critical science (Pillay & Kathard, 2018).

1.7.2 Emerging professional practice as a starting point. We need to move beyond our traditional ways of knowing, doing and being, if we are to work toward a more socially just society. We need to think beyond our traditional professional practice so that new possibilities begin to emerge. We need to change and evolve into something that is new, unknown and creative in a way that is responsive to issues of social justice. An interest in innovation and liberation is best served by the critical paradigm. Positioning the study within a critical paradigm allows for professional practice to be questioned, interrogated and reimagined. As a starting point, I was interested in the concept of emerging²³ professional practice (EPP). In this sense, I define EPP as that which is still developing, changing and adapting using the traditional model as basis for reimagining practice. In other words, I consider EPP to be something innovative which is borne out of traditional practice as practices which are just beginning to move away from the traditional model. The study is therefore interested in understanding what the possibilities for EPP (in our clinical practice, knowledge and curriculum) are when we position ourselves critically; and how those possibilities come into fruition when we are interested in change. See Figure 4 for graphic representation of EPP.

²³ As the chapter progresses, the reader will note a change in wording from “different” to “emerging”. This change is indicative of my own learning. Initially I was thinking about how we can work differently as a profession, and “differently” developed into “emerging” as my own understanding deepened. The concept of emerging began to take on more meaning for me as I realised we are working from one point (our traditional practice) toward something that is new/different/changing.

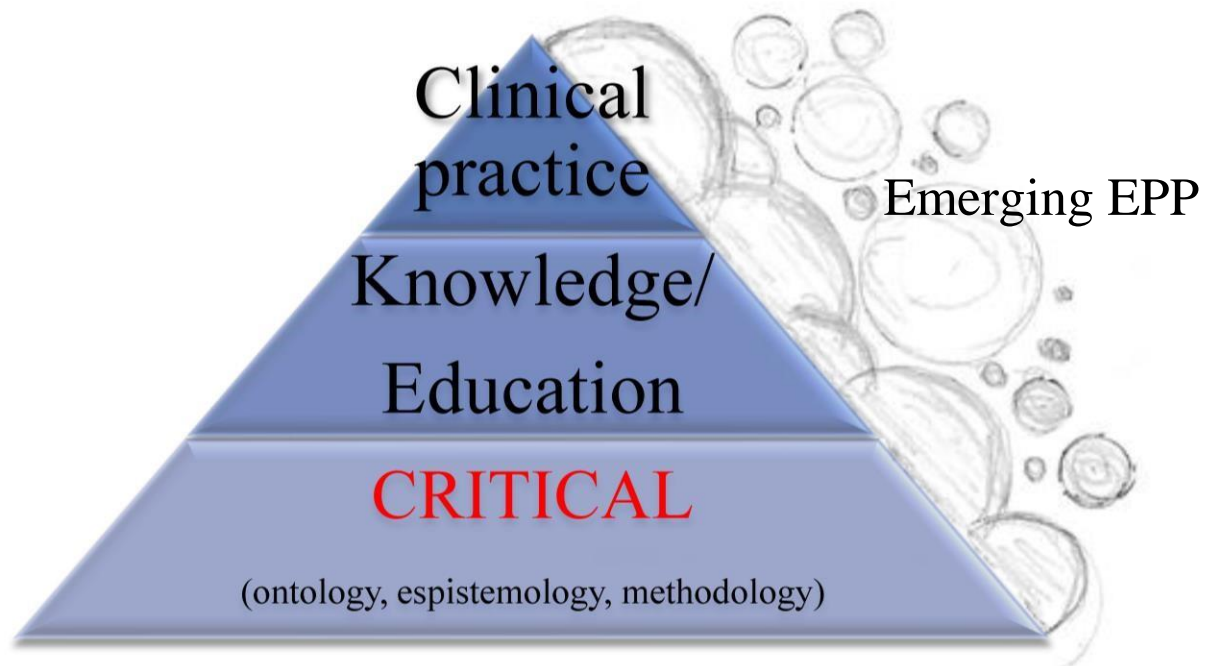


Figure 4. Conceptual framework for EPP where the critical paradigm is central to innovation. The graphic specifically positions the critical paradigm as central to innovation. The circles emerging from the diagram represent the shifting toward EPPs.

1.8 Overview of the study context

The study is situated in a university-school partnership in a peri-urban settlement in South Africa. Khayelitsha was chosen as the site for the partnership because its structural, socio-economic and political circumstances reflect the lasting effects of an apartheid system. The SLT students complete their clinical placements at the site with a specific focus on community development and interdisciplinary collaboration (Chapter 4 provides a more detailed account).

The aim of the study is: *to describe and analyse the emerging professional practice situated in a community setting*

The following objectives were used in the study to realise the aim:

1. To describe and analyse the *practice method* of the emerging professional practice,
2. To describe and analyse the educational and knowledge bases which support the emerging professional practice,

3. To describe and analyse the underlying *epistemology, ontology and methodology* underpinnings shaping the emerging professional practice.

1.9 Outline of overall thesis structure

The thesis is presented in five chapters. Chapter 1 provides a conceptual understanding of EPP. The conceptual framework provides key concepts which are carried through the chapters which follow. Chapter 2 aims to develop the rationale for the study, signalling the need for exploring new and emerging practices. Furthermore, it provides an overview on the literature. Chapter 3 describes my theoretical positioning and how my specific framing influenced the way in which the case study was methodologically conceptualised and conducted. Chapter 4 presents level one and two findings of this study. Finally, Chapter 5 presents level three analysis of the findings and thesis offering. The final chapter concludes by reflecting on the strengths and limitations of the study, as well as providing recommendations for research, policy and clinical practice.

1.10 Chapter summary

This chapter explored the concept of professional practice and provided the reader with an understanding of professional practice as embedded in a particular view of reality. Using the profession of SLT as a case study, the chapter explored the early history of the profession showing how SLT professional practice is entangled with coloniality. It becomes clear that expanding our professional practice is necessary, especially when considering the African context. I specifically make an argument for exploring critical science to help drive innovation and change. The reader is also introduced to the concept of EPP as the core focus of the thesis. The chapter concluded with the following question: What are the possibilities when we shift our ontological understanding of professional practice toward critical science?

Illuminating EPPs – Exploring the school-based practice and clinical education as sites for emerging practices

2.1 Introduction

Chapter 1 provided the theoretical framing of the thesis detailing my understanding of emerging professional practice (EPP). In this chapter, I use the case of school-based practice to illustrate how EPPs have been developed by the profession internationally. The use of school-based practice is particularly relevant for this thesis as a school is the site of practice²⁴ being investigated in this study. Following which, I specifically introduce my interest in social justice, highlighting the limitations of traditional clinical practice in light of the continued service inequities and injustices plaguing the profession throughout the world. The chapter then develops an argument for exploring clinical education as a site for developing EPPs. Clinical education literature across allied health professions in general and SLT specifically is explored to understand EPPs in education. Using a critical appraisal of the epistemological and ontological underpinnings of the literature, this chapter creates an argument for using a critical paradigm as a key aspect for innovation/change.

2.2. Unpacking the role of traditional school-based SLT clinical practice

Speech-language therapists have traditionally worked with communication disorders which affect all modalities including listening, speaking, reading and writing. Teachers and parents usually identify concerns around communication development and children are then referred for a SLT assessment. The speech-language therapist will use a number of standardised assessments and consult key stakeholders (e.g. patient, parents, multidisciplinary team etc.) in order to determine the presence of a communication difficulty and the implications of the communication difficulty for participation in activities (American Speech-Language Hearing Association [ASHA] 2018a). Using the assessment results, the speech-language therapist is able to diagnose and plan relevant management in accordance with evidence-based practice (ASHA, 2018a).

²⁴ It should be noted that this thesis documents an EPP with the school as site of practice, with a specific focus on community development. This thesis is not concerned with school-based practice.

Traditionally, the pull-out model—when a small group of learners are removed from the classroom for individualised assessment/intervention—has been used most often in clinical practice (Cirrin et al., 2010; McGinty & Justice, 2006; Moonsamy, 2015). The focus of intervention is on improving the communication competency of the individual and their families to increase activity and participation. The focus on activities such as learning, playing, socialising is in accordance with the International Classification of Functioning, Disability and Health (ICF, WHO, 2001).

The dominant focus of the profession has been on treating the communication disorder (Kathard & Moonsamy, 2015). This reductionist emphasis on the disorder and the individual narrows the focus of intervention to what the child is unable to do (Kathard et al., 2011; Kovarsky, 2001; Staskowski & Rivera, 2005). The focus of therapy then becomes a process of “fixing the problem” located within the individual as opposed to the system in which the problem occurs (such as the school system, for instance, Kathard & Moonsamy, 2015). Within this context, the therapist is positioned as the knowledge holder (Beecham, 2004; Pillay, 2003) who guides the assessment and management process (McKenzie & Müller, 2006).

Knowledge informing traditional clinical practice positions scientific knowledge as truth (Beecham, 2004). Truth can be revealed through rigorous scientific investigation (such as standardised assessments). Assessments are based on an “absolute” norm for communication (Beecham, 2004), creating the standard against which disorder is measured. The results of such rigorous assessment procedures are intended to provide neutral, objective findings from which management strategies can be derived (Beecham, 2004). The outcomes of such practices result in a rational, objective, empirical approach to addressing communication difficulties (Beecham, 2004).

In order to understand the limitations of traditional practice, I will document the evolution of SLT clinical practice in schools. The historical account specifically aims to show how the school context (as an emerging practice in its own right) facilitated the development of EPPs.

2.3 The evolution of school-based SLT clinical practice

As described in Chapter 1, the historical roots of SLT profession lie in the health sector and psychology— in hospitals (Pillay, 1997). As such, the influence of the medical model of the

diagnose-treat-cure framework (Barbour, 1995), has historically guided SLT clinical practice²⁵ (Kathard & Pillay, 2006). Within the South African context for example, the first SLT services were offered through a university Speech, Hearing and Voice clinic at the University of Witwatersrand in 1936, modelled on clinics in Germany and America²⁶ (de Villiers Pienaar, 1938).

Internationally, SLT services in schools were introduced through speech²⁷ clinics (Miller, 1989; Wilkins, 1975). Miller (1989) noted that the first “speech correction” clinics were designed based on medical clinics, where the physician would see patients individually within an institutional context. Typically, the speech clinic would operate in the school, where the learner would be pulled out of the classroom for assessment and intervention to address the identified speech difficulty. Interactions were one-on-one, with an aim of remediating the speech problem (Miller, 1989).

When services were expanded to other clinical settings, the medical model practice metric was replicated. When therapists in education identified children with difficulties in communication, the children were often removed from mainstream normal learners and were placed in special schools (Kathard & Moonsamy, 2015). According to Staskowski and Rivera (2005), aspects of the medical model continue to persist in the school contexts, with many speech-language therapists continuing to primarily use this model.

Increasingly, the limitations of the pull-out approach have been emphasised (Wium & Louw, 2013). Authors have noted shifts to more functional models of practice with the importance of conducting therapy within naturalistic settings (Alant, 1989; Marvin, 1987). The expanding scope of practice of the profession [such as expansion to areas of linguistics, semantics and language (Brown, 1971), to the influence of the study of pragmatics on the understanding of language (Kovarsky & Maxwell, 1997) and changes to school legislation and policy that saw a shift toward inclusive education (Hugo, 1998; Whitmire, 2002)] created a context for EPPs.

²⁵ See Duchan (2005) for an example of how the medical model influenced diagnostic practices in SLT

²⁶ Later, the scope of practice of the profession expanded and clinical placements were increased to include hospitals, primary and special needs schools (Aron, 1973).

²⁷ In the early history of the profession, there was a large focus on addressing speech difficulties. Later in its history the importance of language would be acknowledged and, subsequently, the name of the profession changed to acknowledge this – from speech therapy to SLT.

SLT practices have begun to consider more inclusive approaches to intervention (Ehren, 2000) such as classroom-based intervention where the intervention is delivered within the general classroom (McGinty & Justice, 2006). More recently, the Responsiveness to Intervention (RTI) approach (Ehren, 2007), a multi-tiered approach to intervention for children in schools, has been discussed in the literature. RTI is a model which concentrates on optimising the performance of learners before their difficulties lead to failure. Using a tiered model, RTI seeks to provide all learners with varying levels of support based on their needs. As such, RTI provides speech-language therapists with the opportunity to deal with school-based work differently and presents speech-language therapists with the chance to change their practices toward supporting all children (Ehren, 2007). For example, Vitásková (2016) discussed the transformation of special education systems toward pro-inclusive practices and the implications for both university education programmes and clinical practice. She specifically emphasised the importance of shifting from professional individualism toward a transdisciplinary collaborative intervention approach where mutual respect and inclusion of all participants are central.

Research in the education field also provides speech-language therapists with further avenues to expand their professional practice toward considering their role in language policy implementation in schools. For example, Dhunpath (2018) noted that schools which were supported by an NGO intervention raised consciousness about and began to change attitudes toward multilingualism. The findings of the study concluded that it was imperative that the implementation of multilingualism policies should not only be the work of the government, but with the schooling community as well. In this instance, the study showed the importance of supporting schools to implement language policies. The findings challenge speech-language therapists to reflect on their role in schools beyond individual care toward supporting policy development and implementation. While other modes of service delivery have emerged, such as small group or classroom-based intervention (ASHA, 2018a), individual one-on-one therapy continues to be the dominant model of service delivery (Staskowski & Rivera, 2005; Tosh, Arnott & Scarinci, 2017).

Using the case of school-based clinical practices, I highlighted how the school context facilitated the development of EPPs beyond the confines of the medical model. I think what is important to note here is that working in different contexts requires speech-language therapists to change their perspectives on the way they see themselves and the profession toward thinking more broadly and

deeply about the specific needs of the context. As a researcher and clinician, I was constantly thinking about the limited application of our traditional model of clinical practice especially within a South African context – which provided the rationale for the thesis. I asked myself what my role as a speech-language therapist is in an unequal world and what my role is in nation building. I wanted to know how I could use my expertise in communication to work toward a more socially just future.

2.4 Challenging the dominant service delivery model in light of service inequity

Within the global context, our traditional practices – and stark service inequity – are being called into question. Authors around the world have documented the dearth of linguistic and cultural diversity of practitioners and resources (Mdlalo et al., 2019; Overett & Kathard, 2006; Pascoe et al., 2010). As a result, SLT practices can only be accessed by a small minority of the population (Westby, 2013). Wylie, McAllister, Davidson, and Marshall (2013) emphasised the importance of expanding professional practices in response to the continued service inequity throughout Minority and Majority worlds.

2.4.1 The challenges of the South African context. In South Africa, in addition to communication disability, Kathard and Pillay (2013) advocated for the inclusion of individuals who have not developed communication optimally due to structural inequalities²⁸. The impact of poverty and inequality in South Africa is clearly evident in the performance of learners in schools, particularly when taking into account our history of apartheid (as described in Chapter 1). The results of national and international studies (e.g. Annual National Assessments, Progress in International Reading and Literacy Study) have shown that South African schools were performing poorly in comparison with similarly developing and even poorer African countries (Spaull, 2013; Taylor, Fleisch, & Shindler, 2008). In addition, rates of functional literacy and numeracy range substantially depending on geographic location, socio-economic status, school language, and urban and rural settings (Spaull, 2013).

²⁸ The challenge of social disadvantage is not only applicable to a South African population. Reilly, Harper, and Goldfeld (2016) for example, document the impact of social disadvantage in Aboriginal and Strait Islander children in Australia. The authors advocate for rethinking the location and distribution of SLT services in Australia as a step toward developing more equitable service delivery.

Effectively, children at a disadvantage (due to socioeconomic status, location, school language) are developing learning deficits as they do not have the basic numeracy and literacy skills necessary for academic success (Spaull, 2013). These are children who may not have communication disorders but are being placed at a disadvantage because of social and economic conditions in which they live (i.e. unemployment, poverty, drugs, violence.) as well as poor quality of education (Kathard & Pillay, 2013). Language inequality is a key factor that contributes to the challenges in education. As English continues to be the language of power, economy, government and education, it serves to reinforce inequality (Graven, 2014). For example, Coyne (2014) demonstrated that a heavy emphasis on colonial languages (such as English) results in increasing inequality by hampering school progress, especially for marginalised groups of individuals.

In this context, the learner is considered to be the source of the problem that requires fixing. This conceptualisation fails to take into account the role of systemic factors which are contributing to the poor performance of learners (Kathard & Pillay, 2006). Systemic inequalities largely affect black South Africans, who make up approximately 80% of the South African population (Statistics South Africa, 2018), especially those living in poverty. According to Soudien (2007), the current challenges in the education sector are a part of the lasting legacy of apartheid which continues to shape social behaviour, including the performance of learners in schools.

In addition, most SLT practitioners are in private practice, working in urban areas, and are first language English or Afrikaans speaking (Kathard & Pillay, 2013). This is in contrast to the majority of the country, who are largely poor, black, African language speaking individuals from underserved communities. In their current form, SLT services are unattainable, inaccessible and unaffordable for the majority of the South African population.

2.4.2 Expanding practices to include a focus on social justice. In light of the continued service inequity, the profession²⁹ is required to consider not only our role in providing rehabilitation services to populations, but to explore our role in creating social change, especially in underserved populations. More recently, focus on social justice and human rights has emerged (Jones, McAllister, & Lyle, 2018; Khoja & Sheeshah, 2018; Pascoe, Klop, Mdlalo, & Ndhambi, 2018; Reilly et al., 2016). For example, Pascoe et al. (2018) identified eight key points for inclusion

²⁹ Profession and SLT used interchangeably throughout this thesis

in human-rights driven guidelines for speech-language therapists working with culturally and linguistically diverse populations in South Africa. These key points are: purpose of the documents, context, terminology, valuing diversity, equity and accessibility, life-long learning, creating the space/valuing the task; and being data-driven and using the theory as a guide. Jones et al. (2018) discussed the urgent need to address communication delays and the continued service inequity among rural and remote Australian children. The authors argued that failure to address these continued challenges has the potential to further marginalise children from their human rights to access healthcare, self-dignity and self-expression. Jones et al. (2018) advocated for civically engaged, accessible, acceptable, and sustainable SLT service for rural and remote contexts in Australia as a means to make gains toward realising human rights. The shift toward considering human rights provides a potential catalyst for how the profession is required to question, rethink, reimagine, and to change its focus toward considering our role in addressing social inclusion. Being cognisant of environmental and social factors impacting the well-being and development of individuals allows the profession to explore how it may contribute to the emancipation of people living on the margins of society due to poverty and other oppressive influences (Kronenberg & Pollard, 2005). As Africans we need to ensure that our practice is relevant to our context and we need to find ways of addressing injustices with more inclusive population-based approaches (Pillay & Kathard, 2015). Such a shift in thinking is in alignment with the International Classification of Functioning, Disability and Health which acknowledges the importance of considering contextual factors such as environment when working with individuals with communication disorders (Cunningham, Washington, Binns, Rolfe, Roberson & Rosenbaum, 2017).

Scholars (Hyter, 2014; Kovarsky, 2008; Pillay & Kathard, 2018; Wylie, McAllister, Davidson, & Marshall, 2018) have drawn attention to the limitations of the medical model that is aligned with technical interests and have advocated for interpretive and critical perspectives as means to expand current practices (discussed in Chapter 1). For example, Wylie et al. (2018) provide insight into how speech-language therapists working in resources-limited settings with little support are expanding their role toward capacity building in Southern African countries. Kovarsky (2008) problematised evidence-based practice, showing how the voices of clients have been silenced in the conceptualising of evidence. Kovarsky (2008) argued that excluding these voices distorts the way the profession understands the social significance, magnitude and ecological validity of evidence informing evidence-based practice. Kovarsky (2008) concluded that in order for the

profession to understand the complexity of communication disorders, it requires the profession to expand from a sole focus on objective analysis of communication to valuing how clients and their significant others experience communication. Hyter (2014) explored the concept of globalisation and the implications for SLT practice. She provided a conceptual framework to help speech-language therapists broaden their worldview of practice (based on critical social theory) when working across cultures, diverse worldviews and nations (Hyter, 2014). The framework also seeks to facilitate the development of professionals who are well equipped to provide sustainable services both locally and globally. Kovarsky (2008) argued that the aim of exploring alternative paradigms is not to displace traditional ways of knowing and doing, but rather to enhance our understanding in order to improve the way in which we practice.

I think that shifting focus toward social inclusion³⁰ requires the profession to question and rethink our professional practice. We have to interrogate the knowledges, education and clinical practices from which our professional practice has been constructed. Being able to see our work beyond our traditional model – and (re)imagine it – requires us to unfreeze the inherent assumptions of our professional practice. As a first step, I thought it would be important to describe how and why EPPs are occurring in the profession – with a specific focus on clinical education.

2.5 Clinical education as an opportunity to develop EPPs which promote social justice

I was specifically interested in exploring professional education as one avenue of inquiry into how the profession can move toward developing new and emerging professional practice. In agreement with Cipolle (2010), I believe that education can become an act of social justice. Schools can either work to support the status quo, or they can be sites that work toward change by empowering all students to be active, critical members of society who not only question, but also work toward transforming society (Cipolle, 2010).

2.5.1 What is clinical education? Clinical education, an essential component of the training of future speech-language therapists, aims to provide a platform for students to develop and practice professional skills in the context of client care (Sheepway et al., 2011). Clinical

³⁰ Here I use the definition of social inclusion put forward by the World Bank: “the process of improving the terms on which individuals and groups take part in society – improving the ability, opportunity and dignity of those disadvantaged on the basis of their identity” (World Bank, 2019).

education provides students with the opportunity to integrate theoretical, evidence-based knowledge learnt in academic settings to clinical practice in the workplace (ASHA, 2019a; Rogers et al., 2008; Sheepway et al., 2011). Through clinical education placements, students develop both discipline-specific and cross-disciplinary skills that are necessary for entry-level clinical practice (ASHA, 2019a; Sheepway et al., 2011) ensuring competency to practice (Rogers et al., 2008). At their clinical education sites, SLT students are provided with support in the form of clinical educators who provide supervision to SLT students using an apprenticeship model. In their traditional role, clinical educators aim to provide opportunities for students to learn about clinical work in a context that allows the students to implement the theory into practice within the context of therapist-client interactions (Leahy and Walsh, 2008).

Within the context of this thesis clinical practice is conceptualised in relation to the EPP framework introduced in Chapter 1. I have conceptualised clinical education³¹ as a supported learning environment where students are provided with the opportunity to apply theoretical knowledge in a clinical practice setting. Clinical practice in this context is influenced by both knowledge and educational supports.

As students are still in a process of learning, their clinical practice is shaped by their previous academic knowledge and the education supports provided to them. In addition, students' professional practices are still developing and as such have not been solidified as part of their professional identity. I hypothesised that students would therefore be more open to change/innovation than those with an established professional identity. Lastly, as professionals-in-training, students are the future of the profession. I think it would be important to instil the ideas of transformation and EPP as part of their learning to open their minds to change and innovation as a standard part of the professional practice. As such, I thought clinical education would be a particularly valuable context for exploration of EPPs.

In the following section, I will explore traditional clinical education. I explore the ways in which the profession has sought to expand clinical education practices as a means to understand how

³¹ I have chosen to use the term “clinical education” as it is used more frequently in the SLT literature. I have also consulted practice learning and service learning texts throughout the thesis.

EPPs have developed. Following the review of the literature, I summarise and draw key themes emerging from each study.

2.5.2 Expanding the traditional clinical education model. Traditionally, within SLT, clinical education³² has largely been provided through block³³ or weekly³⁴ placements (Sheepway et al., 2011). Placements are usually based in established clinical settings, largely in institutions such as hospitals, clinics or special needs schools. Placements generally have a disorder-focus (Clarke, de Visser, Martin, & Sadlo, 2014). These models of supervision tend to follow an apprenticeship model where the clinical educator is the expert, teaching the students the required knowledge and skills in face-to-face interactions (Higgs & Titchen, 2001; Prezas & Edge, 2016; Sheepway et al., 2011). In this model students' progress through simple, highly supervised tasks to more complex and independent tasks as they learn to become independent practitioners (Higgs, 2009). Learning within an apprenticeship model is associated with the technical interests as there is a master script that needs to be followed and mastered in order to achieve proficiency.

In the SLT literature, there has been increased recognition of the challenges of sourcing such clinical placements (Read, 2014). Authors have attributed this challenge to the expanding scope of practice, increasing number of students registered for programmes, finance, limited availability of clinical educators, and the changing clinical competencies required by graduate students (Briffa & Porter, 2013; Clarke et al., 2014; Sheepway et al., 2011). Such challenges have facilitated the development of emerging clinical placements for students (Dudding & Nottingham, 2018; Read, 2014).

In order to gain insight into the literature on clinical education, I conducted a general search for terms to identify appropriate and relevant search criteria. The following terms were generated as those which were commonly used across health science disciplines: clinical education, fieldwork, practice placement, service learning, and practice learning. Once terms were identified, I searched

³² While I acknowledge that there are many words used to describe student placements, I use "clinical education" throughout as this is most widely used in SLT. A list of other words used to denote similar practical education placements in the literature is cited later in the chapter.

³³ Students attend the clinical placement for more than 2 days per week over a specified of period (Sheepway et al., 2011)

³⁴ Students attend clinical placement for less than two full days per week (Sheepway et al., 2011)

the following databases for articles: PubMed, EBSCOhost (specific databases including Academic Premier, ERIC, CINHAL, PSYCHInfo, Africa-Wide), Scopus, Web of Science (all databases). For SLT, the following search terms were used: speech language therapy OR speech language pathology OR speech therapy. Search results were limited to the last five years (i.e. 2013-2018)³⁵ as I sought to understand current trends in the literature. The results of the searches were reviewed and based on reading the titles, potentially relevant articles were extracted. A total of 60 abstracts were reviewed. For all of the extracted articles, abstracts were reviewed to determine if the articles were relevant. Similarly, for allied health readings I considered service-learning search terms (as above) AND each specific profession [occupational therapy (OT), physiotherapy (PT) and A] and new OR innovative. Table 2 provides an overview of the non-traditional clinical education models cited in the SLT literature.

Table 2

Range of SLT non-traditional clinical placement models

Clinical placement model	Description	Reason for inclusion as non-traditional	Reference
Intensive placement	5-day intensive dysphagia clinical placement	Intensive placement	Cocks et al. (2014)
Telepractice	Telepractice service delivery	Telepractice pedagogy	Overby (2018)
Collaborative model	Two or more students to one clinical educator	Multiple students per clinical educator	Briffa & Porter (2013)

³⁵ A final search was conducted in 2019 to ensure no new research has been published

Table 2 (continued). *Range of SLT non-traditional clinical placement models*

Clinical placement model	Description	Reason for inclusion as non-traditional	Reference
Rural/remote	Student placements in rural/remote areas	Location	Watermeyer & Barratt (2013) Pillay et al. (2016) Jones et al. (2018) Kirby et al. (2018) Fisher et al. (2018)
International placements	Domestic students complete their clinical placements at an international site	Location	Heine (2018)
Clinical educator as dual role	Clinical educator as dual role e.g. as case manager and working within a discipline (either OT, SLT)	Clinical educator with multiple roles	Thomasz & Young (2016)
Student-led clinics	Services primarily provided through students	Student-led	Van Dort et al (2013)
Interprofessional/ Interdisciplinary education	Shared placements for students from different professions (e.g. SLTs and teachers, SLT and A, etc.)	Interprofessional	Pechak et al. (2013) Renschler et al. (2016) Knab et al. (2017) Wilson et al. (2017)
Community-campus partnership	School as site of service provision	Partnership	Dettwiller et al. (2015)

Table 2 (continued). *Range of SLT non-traditional clinical placement models*

Clinical placement model	Description	Reason for inclusion as non-traditional	Reference
Simulation	Standardised patients i.e. person coached to simulate an actual patient	Use of simulation	Hill et al. (2013) Read (2014) Ward et al. (2015)
	Computer-based simulations i.e. simulation on a computer such as virtual cases		Quail et al (2016) Sia et al. (2016) Dudding & Nottingham (2018)
	Human patient simulation i.e. mannequins used to create opportunities for students to practice clinical skills		Robinson et al. (2018)

Table 2 reveals the wide range of non-traditional clinical education placements being implemented³⁶. A large number of words/phrases were used to describe non-traditional placements including: *alternative, project, and practice placements, service-learning, practice learning*. In addition, the defining of what constitutes “non-traditional”, “new”, or “innovative” models have not been clearly established. According to Thomasz and Young (2016) the word “non-traditional” is used frequently but no consensus has been reached as to a definition. The term seems to denote placements with a unique element which could be related to changes to the setting, placement or supervision model. For example, when considering Table 2, clinical placements are considered “non-traditional” because the supervisory model has shifted from traditional one-on-one interactions to either collaborative or where the clinical educator has a dual role; or the site of the clinical placement has shifted from institution-based to schools or rural areas.

³⁶ See Appendix A for additional potentially relevant articles that could not be accessed as they were not available in the country.

Based on the summary of the different clinical education models, the focus of change has been on addressing the technical and practical aspects of the clinical education. For example, acknowledging the growing challenges in the practicalities of clinical education placements, simulation was explored as a potential option to standardise opportunities for students to develop necessary skills for clinical practice (Hill, Davidson, & Theodoros, 2013) This was done as a means to increase the opportunities for clinical placements by supplementing more traditional clinical placements (Read, 2014). Similarly, Van Dort, Coyle, Wilson and Ibrahim (2013) considered student-led clinical education placements as a means to increase capacity in community-based rehabilitation. Thomasz and Young (2016) focused on exploring a supervisor³⁷ with a dual role due to the increasingly limited availability of supervisors. Interprofessional education placements have been used to promote collaboration among health professional students (Pechak, Gonzalez, Summers, & Capshaw, 2013) and are intended to develop skills for effective collaboration with other professionals in providing quality health care (Knab, Inzana, Cahn, & Reidy, 2017; Wilson, McNeill, & Gillon, 2017).

The studies have therefore largely focused on changing clinical education practices to address specific needs such as the changing demands for a health professional (e.g., increasing need for interprofessional collaboration), or to address the increasing demand for clinical placements (e.g., using simulation as supplementary learning).

The overview of the trends in the literature provides the reader with a general sense of the focus change in clinical education. The following section provides a review of the literature about how clinical education in rural/remote areas impacts learning both in SLT and allied health. Discussion begins with an overview of the key areas of EPP and then moves forward to provide a deeper analysis of the epistemological and ontological underpinnings of clinical education, highlighting gaps in the literature.

2.5.3 Clinical education and equity. Based on the review of the literature in section 2.5.2, three key themes were noted that may practices of clinical education in underserved populations:

³⁷ The word “supervisor” is used in this context as this was the terminology used in the specific article. Elsewhere in the thesis, “clinical educator” is used.

exposure to rural communities, interprofessional practice and community-university partnership. In what follows, each of these themes is addressed.

2.5.3.1 Rural exposure. Within the South African context, Watermeyer and Barratt (2013) explore how the exposure to a rural community work placement shifted perceptions of third year, SLT and Audiology (A) students ($n = 22$). Prior to the placement, the students attended lectures where ethnographic research methods and the expected outcomes for the practicum were discussed (Watermeyer & Barratt, 2013). Following which, students engaged in a four-day placement in a rural community in Mpumalanga, South Africa. Students conducted basic audiological clinical tasks which formed part of an already-established service programme within the community (SLT services were not included as there were no SLT services available in the community). In addition, students conducted structured observations in various contexts including a primary health care clinic, a nursery school, a school, a waiting area for an audiology clinic, and during home-based visits and community activities (Watermeyer & Barratt, 2013). Following these observations, students took part in debriefing sessions and were required to reflect on their experiences. The study used qualitative methodology including pre-practicum, open-ended questionnaires and a follow-up questionnaire (Watermeyer & Barratt, 2013).

The following themes emerged in the findings:

- (1) *Emotional and personal expectations* of the students – discussing their anxieties around not knowing what to expect; and shifting of perspectives from focusing on their personal feelings to considering the community challenges.
- (2) *Clinical expectations* – initially students did not feel emotionally prepared to handle the placement; students developed a deep understanding of the realities of rural work (Watermeyer & Barratt, 2013).

After the practicum, students felt like they would be able to cope with these perceived barriers to rural work. Watermeyer and Barratt (2013) noted that students showed a lack of understanding of the linguistic and cultural adaptations required for assessment and therapy material.

The study highlights the importance of community exposure in developing students who are sensitive to the unique requirements of working in culturally and linguistically diverse placements.

The authors highlight that a once-off practicum is not sufficient to prepare students to work in challenging contexts such as rural placements. As such, they advocated for early sustained community exposure and engagement.

2.5.3.2 Interprofessional practice. Davidson, Hill, and Nelson (2013) discussed the lessons learnt from an initiative where SLT and Occupational therapy (OT) students ($n = 8$) participated in an interprofessional clinical education setting within an urban Aboriginal and Torres Strait Islander school in Australia. SLT and OT students' responses to a survey and feedback from teachers informed the writing of the paper. The paper specifically considered how the professional practice responded to some of the World Report on Disabilities recommendations (Davidson et al., 2013). In addressing recommendation two – “invest in specific programmes and services for people with (communication) disabilities” – the service delivery setting demonstrated the following:

(1) Learners had more access to services when they were moved from a university clinic to a school environment (with OTs already having established services at the school). This allowed for multidisciplinary practice and education, where students (SLT and OT) could work with teachers and learn from each other's expertise; (2) A clinical educator from both professions provided both SLT and OT students opportunities for shared supervision; (3) Students³⁸ were able to practice more flexibility by planning sessions for two learners in one appointment or providing whole-class intervention in conjunction with teachers, to reduce the potential for learners missing class time. School staff were included in the planning of the clinic, its structure and goals; (4) As outsiders to the community, students learnt about the importance of developing relationships with their clients (Davidson et al., 2013). Interdisciplinary collaboration was seen in the students interactions with the teachers as well as during their shared supervision sessions.

In response to recommendation 5 of the World Report on Disability – “improving human resources” – the study demonstrated the following:

(1) The importance of increased human resource capacity when placing student in health and education settings that service Aboriginal and Torres Strait Islander populations was highlighted. (2) Students also reported improvements in skills development such as learning about different

³⁸ The use of the word students to be explained in glossary – as “professionals in training”.

cultures, developing clinical skills for working with this population, developing knowledge and implementation of “population-based” interventions and learning about interprofessional collaboration.

In another study, the role of placement-based interprofessional education was explored as a way to prepare students for working in collaboration as future professionals. The study explored the impact of interprofessional education experiences within professional practice placements where pairs of student speech-language therapists ($n = 4$) and student teachers ($n = 4$) work at the same school (Wilson et al., 2017). Students (SLTs and teachers) were required to work together to support the learning of individual children or groups who were demonstrating speech, language or literacy difficulties (Wilson et al., 2017). There were three stages to process: (1) the assessment of speech, language and literacy; (2) a joint planning meeting; (3) classroom-based targeted instruction jointly delivered by both SLT and teaching students. SLT students only took children out of the classroom setting to assess progress. Using a case study methodology, quantitative data was collected in the form of pre- and post-placement surveys and qualitative data was collected through interviews. The study reported that SLT students learned about the roles and responsibilities of teachers within the context of the classroom linking to the importance of working in collaboration to achieve common goals. Students were also able to learn from each profession’s knowledge base in addressing communication deficits (Wilson et al., 2017). Barrier and facilitating factors were also highlighted such as scheduling time for co-instruction lessons, classroom dynamics between student teachers and speech-language therapists, and the pressures of managing a whole classroom of learners while attempting to collaborate. The study showed the potential for shared placement experiences in fostering professional competencies around collaboration (Wilson et al., 2017).

Reflecting on five years of research, van Schalkwyk, Britz, Couper, De Villiers, and Muller (2017) describe conceptualisation of the Rural Clinical School³⁹ established by the Stellenbosch University in South Africa. Using the principles of community-based rehabilitation, the university provided health science students (from the fields of medicine, OT, Physiotherapy, SLT, A, and human nutrition) with a rural, decentralised, multi-professional clinical training opportunity. Pillay

³⁹ The Rural Clinic School is an initiative which provided SU students with a rural, decentralised, multi-professional clinical placement opportunity (van Schalkwyk et al., 2017).

et al. (2016) specifically considered the experiences of final year allied health students in partaking in the Rural Clinical School. Final year students ($n = 44$) and clinical educators ($n = 8$) participated in the study. Data were collected in the form of documented data, video-recorded or written reflections and focus group discussions. The focus group discussion used critical conversations as a data collection method to challenge participants' political, cultural, and related, views with regard to the community in which they were working. Key themes emerged that included: generally positive perceptions of the learning experience; rural clinical training as a catalyst for developing students emerging identities in policy advising rather than solely focusing on policy implementation; and the importance of team participation in professional practices. The authors further highlight important factors surrounding curriculum for rural clinical training including: the context (where learning occurs); the educators (who is engaging learning); and time (when training occurs and how long students spend on rural training).

These studies (Davidson et al., 2013; Pillay et al., 2016; Wilson et al., 2017) provide guidance on how clinical education settings are providing platforms to foster interprofessional practice through education. The outcome of the studies specifically highlighted how students began to deepen their understanding of their role when collaborating with other professionals. Additionally, the studies (Davidson et al., 2013; Pillay et al., 2016) revealed how students' understanding of the community evolved. Pillay et al. (2016) specifically noted how students began to see their work beyond their traditional policy implementation toward seeing themselves in a policy advisory role.

2.5.3.3 Community-university partnership. Kirby, Held, Jones, and Lyle (2018) explored the development of a university and community partnership to deliver school-based communication impairment services at rural primary schools in Australia using a clinical placement. The study explored the factors which enabled the sustained partnership between the university and the schools (Kirby et al., 2018). Prior to the placement, students participated in a university led interdisciplinary five-day preparation programme focusing on emerging needs of the community (Jones et al., 2015). Students provided screening, assessment and therapy to young children with communication deficits. They also participated in an interdisciplinary group for aspects of their assessment and interventions (Kirby et al., 2018). Therapy delivered was reflective of the Responsiveness to Intervention (RTI) approach that was discussed earlier in this chapter (Ehren, 2007). Therapy had the potential to be delivered with individuals, small groups and/or

whole-classes (Jones et al., 2015)⁴⁰. The study collected data in the form of qualitative interviews/focus groups and quantitative social network surveys (Kirby et al., 2018). Stakeholders (e.g. SLT academics/staff from relevant university, principals, teaching staff, clinical educators, and education officials, $n = 39$) involved in the running of the programme were contacted to take part in the study. Students were not included in the sample as they were only at the placement for 6-8 weeks. The study identified work and social relationships, commitment to the community, trust and risk-taking as key factors supporting and sustaining the partnership (Kirby et al., 2018).

In a similar study, Dettwiller, Maroney, and Brown (2015) explored the “Speak Easy for Learning and Living” project which was developed to increase access to SLT early intervention services within a rural community in Australia (Dettwiller et al., 2015). The project initiated an innovative allied health (i.e. SLT, OT, Dietetics, and Orthoptics) service-learning model in collaboration with primary school and early development programmes. A core principle of the model was to create an alignment with community identified areas of priority and clinical placement growth. The service-learning model was realised through community-campus partnerships. Before partaking in the placement, students took part in an orientation programme to introduce them to the model of practice. The study provided information about how the groups of SLT students work with a clinical educator to deliver services including screening, assessment, treatment, and referrals (Dettwiller et al., 2015). Students also assisted with providing teacher professional development regarding how to support communication development in the classroom and how to manage difficulties in communication. The placement provided all of the students with the opportunity to work with learners from Aboriginal backgrounds. Based on the feedback from different stakeholders (i.e., parent, school and university participants), the authors reported positive outcomes. Teachers reported that families became more involved in addressing speech and language problems. The heightened awareness of SLT services has resulted in discussions about expanding the programme. Through their engagement, SLT students improved their understanding of the programme and learnt about the complex issues affecting learner outcomes within the Aboriginal community (Dettwiller et al., 2015).

⁴⁰ The service learning programmes discussed in the article by Kirby et al. (2018) were developed and based on an earlier service learning programme discussed in the article by Jones et al. (2015).

The University of Newcastle Department of Rural Health (Australia) initiated a community engagement programme to build future rural workforce capacity by supporting undergraduate students through rural placement experiences (Fisher et al., 2018). Students from many disciplines including medicine, nursing, dietetics, OT, medical radiation science, diagnostic radiography, SLT, PT, pharmacy, and podiatry took part in the professional placements. Students were encouraged to engage with the local community, especially with local individuals from low socioeconomic and indigenous backgrounds. The Department of Rural Health identified already established community-based activities in which the students could be involved (Fisher et al., 2018). Partnerships were collaborations to support already-existing community-based activities. The students needed to consider how they could provide complementary input. For example, the dietetics students provided parents and teachers with information on healthy eating as a complement to the community-run breakfast club at a local primary school. The study specifically considered the impact of the community engagement programme on the students' experience of rural health (Fisher et al., 2018). The mixed methods design utilised student questionnaires ($n = 96$) and staff qualitative interviews ($n = 15$) as a means to generate data. The following themes emerged from the study:

- (1) *Expanding professional practice capabilities* – students learnt both profession-related and generic skills within a context outside of their traditional working environments.
- (2) *Building confidence and showing motivation* – particularly how engagement helped students to feel confident dealing with unfamiliar settings.
- (3) *A better understanding of the nature of rural placement* – how students learn to appreciate the health needs and priorities of the community (Fisher et al., 2018).

These studies (Dettwiller et al., 2015; Fisher et al., 2018; Kirby et al., 2018) specifically document how university-community partnerships were fostered. Each study makes a unique contribution to what partnerships could look like, with each study using different methodologies to develop and sustain partnerships. The studies highlight how a community-university partnership can provide learning opportunities for students, where they learn to appreciate the needs of the community.

2.6 Critical appraisal of studies

In the following section, an epistemological critique of the literature is provided. This critique forms the basis of an ontological critique of the studies.

2.6.1 Epistemological critique of the studies. The epistemological analysis that follows examines the underpinnings of clinical education. Table 3 provides a summary of the studies reviewed, highlighting key aspects of each study. The table emphasises the dominant knowledge bases that were used for clinical practice and education.

Table 3*Key knowledge bases informing professional practice in the literature*

Study	Setting	Approach	Participants	Focus of clinical practice	Educational supports	Student skills/ Competencies developed	Outcomes of study
Rural exposure							
Watermeyer & Barratt (2013)	Rural community South Africa	Rural community work exposure	4 th year SLT/A students	Observations of community settings	Lectures on ethnographic research methods and outcomes for the practicum Debriefing sessions Self-reflections on observations	Improved confidence in ability to work in community Emotional response Developed understanding of realities of rural work	Not specified

Table 3 cont. *Key knowledge bases informing professional practice in the literature*

Study	Setting	Approach	Participants	Focus of clinical practice	Educational supports	Student skills/ Competencies developed	Outcomes of study
Interprofessional practice							
Davidson et al. (2013)	Urban Aboriginal/ Torres Strait Islands	School-based Inter-professional	SLT/OT students, school teachers	Individual/group sessions Joint whole-class intervention	Not specified	Developing relationships with clients Raising student awareness of key factors for consideration when working with specific population	Importance of increasing human resource capacity for underserved population
	School setting Australia					Interprofessional collaboration	
Wilson et al. (2017)	Primary school New Zealand	Inter-professional education	Final year student SLT, student teacher	Inter-professional collaboration Assessment, joint planning meeting, joint classroom-based intervention	Not specified	Understanding of roles/responsibilities of teachers Importance of collaboration to achieve common goals	Highlights potential of shared placement experiences

Table 3 cont. *Key knowledge bases informing professional practice in the literature*

Study	Setting	Approach	Participants	Focus of clinical practice	Educational supports	Student skills/ Competencies developed	Outcomes of study
Interprofessional practice							
Pillay et al. (2016)	Rural decentralized South Africa	Community-based rehab Multi-professional	Final year allied health students	Not specified	Not specified	Rural clinic as catalyst for policy advising interprofessional collaboration	Context, educators and time as key factors for curriculum
University-community partnership							
Kirby et al. (2018)	Rural Primary school Australia	University-community partnership School-based	SLT students	Screening, assessment and therapy RTI	Interdisciplinary 5-day preparation programme to determine the emerging needs of the community	Not specified	Focus of article on sustaining university-community partnership

Table 3 cont. *Key knowledge bases informing professional practice in the literature*

Study	Setting	Approach	Participants	Focus of clinical practice	Educational supports	Student skills/ Competencies developed	Outcomes of study
University-community partnership							
Dettwiller et al. (2015)	Primary school, early development programmes	Community-campus partnership	Allied health (SLT, OT, Dietetics, and Orthoptics)	Screening, assessment, treatment, referrals, classroom support for teachers	Orientation programme - introduction to model of practice	Improved understanding of programme, complex issues affecting Aboriginal community	Increasing teachers' familiarity with SLT
	Rural						Increasing parent involvement
	Aboriginal						Awareness of SLT services
	Australia						
Fisher et al. (2018)	Community low socio-economic, indigenous backgrounds	Rural placement experience	Student health professionals	Participation in existing community engagement programmes	Not specified	Expanding capacity outside of traditional work environment	N/A focus on student experience
	Rural					Building confidence/motivation	
	Australia						

A review of the studies indicates that there are an increasing number of studies exploring how the SLT profession and allied health in general can service underserved populations. It is clear that non-traditional placements provide students with the opportunity to work directly with the social context and communities in which health conditions develop. This engagement allows students to broaden their clinical skills and their scope of practice (Pollard, 2014). Table 3 clearly demonstrates that all of the studies focused on rural work in either communities or primary schools. Assessment and management of patients was the main form of clinical practice used. The studies largely focused on how the clinical placement facilitated student learning and understanding, with limited, if any, discussion on how student learning was facilitated during the placement (for example, education aspects of clinical placement were not emphasised). Although student learning outcomes largely emphasised the development of skills and deeper understanding of contextual and cultural diversity in communities, there was a general lack of discussion on fundamental shifts in professional practice.

2.6.2 Ontological critique of the studies. I found myself questioning the implications of ontological positioning on the outcomes of the study. In Table 4, using the three knowledge constitutive interests, I categorised the outcomes of each study according to the paradigm to understand the influences of the knowledge constitutive interests on student learning.

Table 4*Summary of study outcomes categorised according to knowledge-constitutive interests*

Study	Knowledge-constitutive interests'		
	Technical	Practical/Interpretive	Emancipatory/Critical
Watermeyer & Barratt (2013)		Shifting focus from personal feeling to community needs Deep understanding of realities of rural work	
Davidson et al. (2013)	Students plan for group/whole-class sessions Need for increasing human resource capacity	Raising student awareness: 1. Importance of developing relationships 2. Factors to consider when working with specific population Skills development – learning about different cultures and different models of service delivery	
Wilson et al. (2017)	Learning to manage classroom dynamics between teacher and SLT Scheduling Managing class of learners	Learnt about roles/responsibilities and knowledge bases of different professions Importance of collaboration	

Table 4 cont. *Summary of study outcomes categorised according to knowledge-constitutive interests*

Study	Knowledge-constitutive interests'		
	Technical	Practical/Interpretive	Emancipatory/Critical
Pillay et al. (2016)		Importance of team participation in professional practice	Catalyst for developing emerging identities in policy advising
Kirby et al. (2018)		Work and social relationships Commitment to the community Trust/risk-taking	
Dettwiller et al. (2015)	Increase in teacher and parent involvement in programme Increased awareness of SLT services	Improved student understanding of programme	Learned about complex issues affecting Aboriginal community
Fisher et al. (2018)	Expanding professional practice capabilities Building confidence and motivation	Better understanding of nature of rural placement	

As depicted in Table 4, the majority of the studies focused on either technical or practical interests. For example, the focus of the studies was largely on improving the technical aspects of the practice like increasing accessibility of services by relocating to the school as site of intervention, or practical aspects such as improving students' understanding of working with diverse cultural and linguistic populations. Shifts in practice were, therefore, largely focused on optimising student outcomes through technical and practical changes. This view is in line with traditional interpretations of clinical education, where the emphasis is on developing professional experience

(e.g., practical experience working at a hospital), or the personal or social development of students (e.g., altruism, thoughts/feelings about those which they serve, Mitchell, 2008).

Chesler and Vasques Scalera (2000) argue that when clinical education programmes take a critical stance on issues of identity and difference, they can help students to shift their personal and world views with new ideas and skills to better understand and work across diversity. While the importance of individual change and student development cannot be underestimated, this type of learning can be considered meritocratic (as discussed in Chapter 1 under Practical Interests) as it produces uncritical accounts of individuals' self-understandings (Carr & Kemmis, 1986).

The literature shows a general lack of focus on how clinical education as a potential site for social change could be a catalyst for changing professional practice. In this thesis, I advocate for exploring the role of clinical education in affecting shifts in professional practice that goes beyond providing students with practical learning experience. Using a critical approach to service learning, various authors have argued that students may learn to see their work beyond providing a service to people and, instead, as a means for the transformation of social problems (Wade, 2001). In this instance, there is a need to understand what a critical professional practice would look like and how it could lead to the development of EPPs in the context of continued inequity.

2.7 Chapter summary

In conclusion, the chapter provided the reader with an illustrative case using the evolution of school-based SLT clinical practice to illustrate how EPPs may develop (for example the pragmatic revolution and the changes in legislature which created the space for expanding practice). In this Chapter, I specifically locate my own interest in addressing social inclusion and advocate for EPPs to be developed with a specific social agenda. I made an argument for clinical education as a context of change and considered the literature in SLT and allied health, drawing specific attention to the lack of critical engagement with social dynamics impacting practice. Using the EPP conceptual framework developed in Chapter 1 as a guiding frame, the Chapter makes an argument for the expanding of traditional clinical education to include a critical perspective as a means toward innovation/change.

Methodology – A critical perspective

3.1 Introduction

A case study methodology is being proposed to address the research aims and objectives of this project. This chapter details the research aims and objectives, research design, participants, data collection methods, data analysis, scientific rigour, and ethical considerations. My own personal reflections that facilitated and guided the research process are also provided. The chapter discusses creative methodologies for data collection and analysis that are needed to understand change/innovation.

3.2 Research aim and objectives

3.2.1 Initial understanding. When beginning the study, I sought to achieve the following:

1. To describe and analyse the contextual and philosophical drivers shaping practice;
2. To describe how the emerging methodology of practice unfolds in relation to:
 - a. the nature of processes and activities,
 - b. the role key stakeholders in shaping the emerging SLT practice, and
 - c. the competencies, skills and knowledge bases which advance or inhibit the formation of the emerging practice; and
3. To describe the trajectory of the emerging practice from 2014-2017.

While conducting the study, I realised that the data emerging from the study spoke to more than just the activities and immediate context of the EPP. Participants' personal meaning-making and learning were emerging out of the data, which the initial aims and objective failed to capture. In addition, my own understanding of EPP developed and as a result, the aims and objectives were amended in relation to the conceptual understanding of professional practice (as detailed in Chapter 1).

3.2.2 Current aim and objectives. Having taken the emerging findings from the data and my own understanding of EPP into account, I consolidated the aim as follows:

1. Describe and analyse the emerging professional practice situated in a community setting in 2017.

The following objectives were used in the study to realise the aim:

1. To describe and analyse the practice method of the EPP;
2. To describe and analyse the educational and knowledge bases which support the EPP;
3. To describe and analyse the underlying epistemology, ontology and methodology underpinnings shaping the EPP.

3.3. Research paradigm

The study focused on an EPP within a post-apartheid context (see study context in Chapter 1). Any attempt to study a change process that is inherently influenced by political issues – issues of power, dominance and marginalisation which account for historical, social and cultural influences – requires a research paradigm that allows for understanding of these issues. I was specifically drawn to critical theory as a research orientation as it is concerned with addressing power dynamics, marginalisation and innovation (Weaver & Olson, 2006). Critical theory challenges the notion of inequality as a naturally occurring phenomenon (Freeman & Vasconcelos, 2010). In this sense, inequality is understood as a manifestation of oppressive structures which promote one dominant way of thinking and doing, obscuring alternative values, beliefs and experiences (Freeman & Vasconcelos, 2010). Here the relationship between dominance and oppression is highlighted. Oppression emerges as a result of dominance (Palmer et al., 2019). When dominance becomes oppressive, marginalised individuals are exploited, victimised by the dominant individuals, systems and/or institutions (Palmer et al., 2019). As such, critical theory provided me with a platform to situate and understand the EPP as unfolding in close relation to historical, political and cultural system.

Secondly, criticism is a central tenant of critical theory (Leonardo, 2004). The political, social, historical and cultural factors influencing practice are taken into account, providing an opportunity to take action (Weaver & Olson, 2006). Critical theory provided me with a lens to critique my own development and learning as a researcher throughout the study. The process of questioning, deconstructing and reconstructing normative knowledge as an act of emancipation (Freeman & Vasconcelos, 2010) was central to the research process for me. Throughout the research process, I continually reflected and reassessed my relationship with the world in general and with participants specifically, to understand how the overarching social, economic or political systems impacted my everyday reality and practices (Freeman & Vasconcelos, 2010).

Lastly, critical theory provided me with a basis from which to conceptualise the research process. Being acutely aware of my own indoctrination into positivism. The dominance of the positivism in the profession limited my understanding and exploration of alternative ways of doing and of knowing. I acknowledge the values of using a positivist framework, but I am aware of the limitations of such when searching for ways to expand practices (as discussed in chapter 1). I sought to explore alternative ways of understanding and making meaning through the research process.

Critical theory is integrated into the writing of this chapter by highlighting how a critical lens informed the way in which the study was conceptualised. An intellectual audit trail (see 3.12 in this Chapter) is also provided where I detail how criticality influenced my thinking.

3.4 Research design

A qualitative intrinsic case study was conducted. Case studies explore and investigate real-life phenomenon by providing a detailed contextual analysis of events or environments and their relationships (Zainal, 2007). A qualitative case study allowed for a phenomenon to be explored within the context in which it occurred, using a number of different data sources. Multiple features of the phenomenon are revealed and can be understood, as multiple perspectives being explored (Baxter & Jack, 2008). They therefore provided a suitable method of inquiry for the study. Through documenting the programme in a “real-life” situation, the experience and the complexity of the programme can be studied and analysed within the context in which it occurs (Simons, 2009).

Yazan (2015) compared the approaches to case study methodology of Yin (1994), Merriam (1998) and Stake (1995, 2008) to uncover how the approaches converged, diverged and complemented each other. Yazan's (2015) analysis provided guidance in deciding upon a case study methodological approach for this investigation. Although Yin (1994) takes a largely quantitative stance on case study research, focusing on a highly structured design for the case study methodology, Stake (1995) makes an argument for a more flexible study design that allows the researcher to make changes in the research process throughout the investigation. Merriam (1998), on the other hand, provides a step-by-step procedure for how to design the research study. For the purpose of this investigation, Stake's framework and process (1995, 2008) was most useful because of the freedom it offered for imagining and reimagining the way in which research is conducted as it actually unfolds over time.

This flexible design allowed me to be not defined by time or method of data collection, rather than focusing on what is most appropriate to understand the case at hand at one point in time (Stake, 2008). The notion of flexibility that Stake (1995) adopted is influenced by the concept of "progressive focusing" put forward by Parlett and Hamilton (1976). That is, problems become progressively more focused as the research transitions from stage to stage and the investigation unfolds (Stake, 1995). In this sense, the more I engaged, the more I was able to shift and guide the research process based on the specific needs of the research at that time.

Stake (1995) classifies cases into: (1) intrinsic; (2) instrumental; and (3) collective. I specifically chose to use an intrinsic case study because it is exploratory in nature and informed by the interest of the researcher. Intrinsic case studies are used when the researcher is interested in understanding the specific case itself, with a focus on trying to understand the uniqueness of the case (Baxter & Jack, 2008; Grandy, 2012; Stake, 1995). Spatial, temporal and methodological bounding of the case helped to clarify the topic being studied (Elger, 2012; Harrison, Birks, Franklin, & Mills, 2017) and ensure that the scope of the research was realistic for the thesis. The case study under investigation focused on an EPP in SLT. The site was a university-community partnership in Khayelitsha, in South Africa where SLT students participated in their community clinical placement. The case study followed the EPP as directed by SLT students throughout 2017 (See Appendix B for a detailed description of study context).

Figure 5 provides an overview of the methodology used for the study. I specifically provide this information here to help the reader broadly understand how the research was conceptualised and conducted.

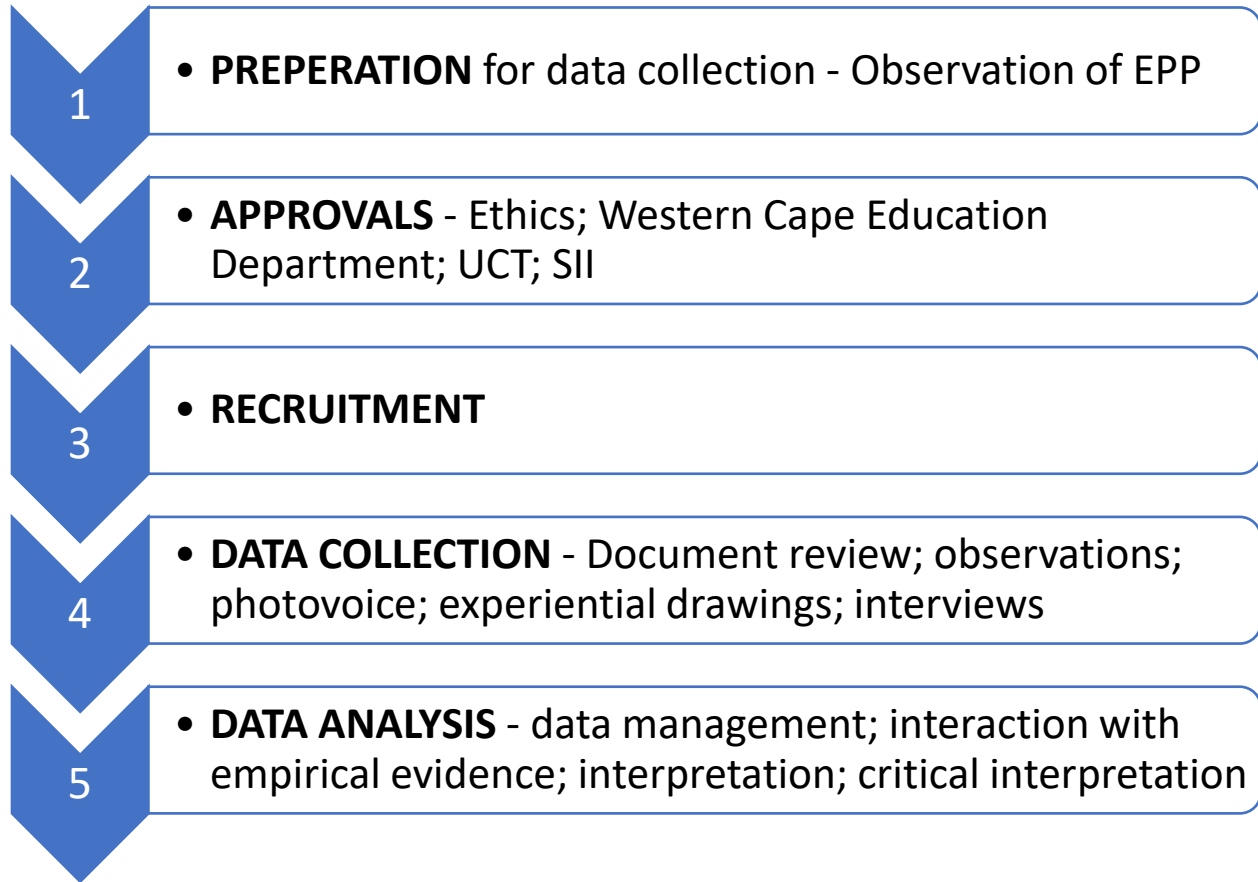


Figure 5. Methodological phases of data collection

3.5 Study context – Introducing the Schools Improvement Initiative (SII)

The SII was the support structure in which the EPP was situated. Launched in 2012, the SII is a university-school-community partnership initiative developed in accordance with UCT’s Strategic Plan 2016-2020 (Silbert, Galvaan, & Clark, 2018). The Strategic Plan, recognising the continued structural disadvantages and inequalities pervading South African society, details five broad goals which seek to affect improvements across the university as part of its transformation agenda (UCT Strategic Plan, 2016). The first goal of the Strategic Plan draws attention to the need “to forge a new inclusive identity that reflects a more representative profile of students and staff, and the cultures, values, heritage and epistemologies of the diversity of UCT’s staff and students”

(UCT Strategic Plan, 2016, 1). The goal speaks to the need for the university to diversify the graduate profile of UCT students, especially to increase the number of students from socially disadvantaged backgrounds. The SII represents one project aiming to reconceptualise the institutional culture of the university toward deepening social engagement (Silbert et al., 2018).

The overarching aim of the SII is to develop strong, responsive partnerships between the university, community and the schools to positively change the classroom and larger school community in the long term, through extending the universities' engagement in education (Silbert & Bitso, 2015). Drawing on university resources from the Schools Development Unit and the Faculty of Health and Rehabilitation Sciences, the SII aims to work in close collaboration with stakeholders both inside and outside of the university. Engaging with the education district officials, principals, teachers and learners, and extending outside of the school to NGOs, acknowledges that improving the quality of education requires collaboration with all those involved in education (Silbert et al., 2018). Partnerships in this context, therefore, imply a multilevel interdisciplinary focus.

The EPP is situated in Khayelitsha, an area deeply entrenched in history – a modern-day testament to the continued lasting effects of the apartheid system in South Africa. Established in 1983, Khayelitsha, meaning “new home” in isiXhosa, was established during the late apartheid era under the Group Areas Act (Silbert, Clark, & Dombrack, 2015) as an urban settlement for black South Africans (Thompson & Nleya, 2010). The settlement was designed as a means of cheap labour to the city of Cape Town and surrounding urban areas, sustained by its geographic design, lack of service delivery, and lack of economic development (Ngxiza, 2011). Many years after democracy, Khayelitsha continues to be plagued with inequity and social injustices that are evident throughout the community, from poor infrastructure to a lack of service delivery (Silbert et al., 2015).

The settlement is home to more than 900,000 residents, many of whom are unemployed, trapped in a cycle of poverty, and experiencing the social ills associated with poor socio-economic potential (Ngxiza, 2011; Seeking, 2013; Thompson & Nleya, 2010). As a result, Khayelitsha is one of the most poverty-ridden areas within the Western Cape (Ngxiza, 2011). Stark contrasts are evident between areas within Khayelitsha, ranging from informal settlements where access to sanitation is via water collection points and public toilets in Site C, to formal brick housing like the fully serviced houses with water and electricity in Ilitha Park (Thompson & Nleya, 2010). The

majority of schools within Khayelitsha fall within the quintile 2 and 3⁴¹. The study by Spaul (2013) indicated that the lower quintile schools perform much more poorly than the quintile 5 schools due to the influence of factors such as socioeconomic status and other social issues. This suggests that the vast majority of schools in Khayelitsha are characterised by poor learner attainment and failure.

3.6 Participants

The following section details information on the participants of the study. In what follows, participant recruitment, sampling method, participant selection, and sample size are discussed. Before doing so, some background is provided about gaining access to the participants.

3.6.1 Gaining access and understanding. Prior to undertaking the study, I needed to gain access to the EPP that was part of the Schools Improvement Initiative (SII). Because the primary investigator (and main supervisor) of SII was involved in the initiation and development of the programme for the SLT students, her relationship with the SII acted as a leverage point to access the project. In order to prepare for data collection, I asked the SII project co-ordinator for permission to informally observe what had been happening at the SII. In addition, I had asked the school principal of the SII partner school for permission to be on the school premises. Once permission was received from both parties, SLT students were contacted via email to ask permission for informal observations in preparation for the forthcoming research. Following permission from the students completing the block⁴², I observed groups of students from term four in 2015 to term four 2016. There were five cohorts of students who passed through the community block during the time of observations. As the students, in groups of three or four, completed their community block in four 6-week intervals over the course of the year, I observed a total of 17

⁴¹ Schools in South Africa are categorised into five groups for the allocation of resources (Western Cape Department of Education, 2013). Schools are classified into quintiles based on resourcing and poverty scores (Motala, 2006; Sayed & Motala, 2012) including: income; unemployment; and education level in the community (Sayed & Motala, 2012).

⁴² Throughout the year, students complete compulsory clinical practice placements in order to improve their clinical skill and reasoning. SLT students are required to participate in a compulsory 7-6 week community block which is one such rotation. Students that come into the block in the 2nd, 3rd and 4th school terms would have completed other blocks such as Learners with Special Educative Needs (LSEN) schools, and adult and paediatric communication and swallowing disorders. The blocks are based at schools, hospitals and clinics.

students during this time. I also observed pre-block and post-block meetings when clinical educators and SII staff members jointly discussed outcomes and planned the forthcoming clinical block⁴³.

3.6.2 Participant recruitment. All potential participants were identified via the SII Health and Community Development Co-ordinator who is responsible for co-ordinating the programmes and activities of the Health Sciences students at the SII partner school. Recruitment occurred from January to September 2017. During the first week of the block, the SII coordinator gathered consensus from the SLT students as to who would be interested in participating in the study. This served to further ensure that participants were able to show interest in taking part in the study without the influence of the researcher. Potential participants were contacted via email (when possible) to determine a suitable date and time to further discuss participation in the study.

All other potential participants were identified using snowball sampling (discussed in more detail in 3.7 Sampling method). There were a number of different intersecting networks of stakeholders involved at the SII, all of whom could potentially have participated in the study (depending on how the EPP developed and who the SLT students engaged with, refer to Appendix C). Potential participants were contacted via the SII coordinator in order to request their participation in the study. If these other potential participants were interested in participating in the study, a suitable date and time was arranged to discuss participation in more detail and to provide them with information letters and consent forms.

3.7 Sampling method

Purposive sampling was used in the study because it was important to obtain data from information rich individuals who are able to provide detailed accounts of their experiences (Onwuegbuzie & Leech, 2007). Specifically, maximum variation sampling was used to ensure that various stakeholders, with differing roles within the EPP were sampled. Sampling multiple perspectives from a wide range of individuals with different roles allowed for the complexities of the EPP to be illustrated (Onwuegbuzie & Leech, 2007). All of the SLT students completing their community block at the SII partner school were eligible for inclusion in the study. The SLT students were the

⁴³ It should be noted that during the observations and data collection, I only had the role of researcher.

primary participants of the study through whom I understood the EPP. As such, the SLT students were the first participants contacted. Other relevant stakeholders were identified who could offer further insights to the EPP (See Table 3) were identified through interviews and observations with the SLT students. In such an instance, “word-of-mouth” was used to identify relevant stakeholders, and, as such, snowball sampling was used (Hutchinson, 2004).

3.8 Selection criteria and sample size

For all the participants, a description of the inclusion and exclusion criteria are provided in the following discussion. Due to the fluid nature of the EPP, all potential participants could not be determined beforehand. Instead, participants were identified and included in the study as their importance became evident through the data collection process. SLT students were included in the study if they were completing their community block at the SII and there were no exclusion criteria. For all other participants, they were considered for inclusion in the study if they had engaged (e.g. collaboration, supervision, support) with SLT students in 2017 or previously (i.e. 2014-2016). There were no other exclusion criteria. I was alerted to additional participants directly from the SLT students. Using the data generated from observations, discussions and reflections with the SLT students, key individuals who were consistently discussed were asked to participate in the study. As the focus of the study was to document the EPP through the experiences of the SLT students, I did not directly interact with the teachers and learners at the school. Rather, the inclusion of the learner and teacher voices were mediated through the SLT students’ experiences. Table 5 provides a detailed list of all participants. A total of 20 participants took part in the study.

Table 5*Description of participants**

Participant pseudonyms	Role Description	Number of participants
Azraa, Grace, Vanessa, Thandeka, Victoria, Verneshley, Aliyah, Lesedi, Anike, Jamie, Saiyukthi, Becky, Claire, Kylie, Humara, Sarah	Fourth year student SLTs completing their community block at the SII, in a critical service-learning context	16
Abigail	SII Health and Community Development coordinator	1
Susan	Onsite clinical educator	1
Mr Ndlela	Principal of the SII partner school	1
Manyanani	Library assistant at the SII partner school	1
TOTAL		20

*Pseudonyms used

3.9 Data collection methods

Multiple methods of data collection were utilised to ensure a diversity of data points and to facilitate triangulation. A combination of five data collection strategies were used in order to generate that included document review, participant observation, participant interviews, artistic expression/experiential drawings, and photovoice. In the following section, I discuss how critical thinking shaped how I collected data. Thereafter, I provide the reader with a broad overview of the data sources and specifically detail the data collection methods.

3.9.1 Being critical. For each data collection strategy, I reflected about the role of being critical in the research process. While each data collection strategy may have required slightly different forms of engagement, I felt that critical engagement in the process as a whole, as opposed to each data collection method individually, was an overarching element of data collection. Before

discussing the specific data collection strategies, I discuss how I engaged throughout data collection, providing some examples of how the data collection methods were shaped and moulded using a critical lens.

In line with observations by Bhavnani, Chua, and Collins (2014), I have constantly negotiated multiple and shifting positionalities of power and knowledge. Positionality became a very important construct to be aware of for me. At any given point during the observations, I could occupy a number of social locations such as “coloured”, female, researcher, learner, teacher, and/or listener. Creating a space where shifting positionalities became a fluid process was important as it allowed me to move between giving and receiving knowledge to and from participants. For example, it was important for me to be acutely aware of structures of power within the research context. Being perceived as a researcher from the university with more experience and knowledge than the SLT students I was observing, created a power hierarchy. The challenge with this positionality was not necessarily the way in which I was perceived (i.e. more experienced, more knowledgeable), but rather the power that comes with such a position. This is why it was important for me to continually inhabit multiple social locations. When required (depending on the situation), I shifted from educator to learner, from listener to speaker. For example, positioning myself as a learner allowed other participants to become educators, helping to balance power within the relationships. In the photovoice discussion for example, students sought guidance from me about how the discussion should be structured. In response, instead of providing a solution, I redirected the question back to them as to how they would like the interaction to take place. In so doing, empowering the students to decide how they wanted the interaction to play out.

In addition, the shifting of positionalities allowed for me, as the researcher, and the participants to draw on different forms of knowledge. For example, during observations and interviews, I asked participants about their personal life history and, in those interactions, a participant became the educator. In doing so, we were both able to share our own experiences and knowledges (including contextual, social, cultural, linguistic, and personal knowledge). This also served as groundwork for balancing of interactional asymmetries.

As part of critical theory, critical questioning is a crucial aspect for liberation, including the epistemological foundations of my own knowledge base in relation to issues of therapeutic power

and social justice (Freeman & Vasconcelos, 2010). This questioning was important in the data collection process for two reasons:

(1) It allowed me to think about not only the power dynamics at play when conducting research, but also to explore the new ways of gathering data and understanding and representing data. By searching for data collection strategies beyond quantifying experience (as revealed in the use of arts-based methodologies discussed below), I was challenging a dominant positivist narrative for representing and valuing knowledge in SLT research and practice. In this sense, I began exploring the claims of Ndlovu-Gatsheni (2017) that one needs to question the very history of “re-search”⁴⁴ especially when working with issues of social justice;

(2) It also became an important research tool when conducting observations or interviews. Using the knowledge I was gaining from conducting the research, I asked critical questions of the participants around social, political, historical, and cultural factors shaping the nature of their work at the site. Questioning opened avenues for critical exploration and sense-making for the participants themselves, without imposing my own opinions and worldviews.

3.9.2 Data sources. Data were collected using the following methods: document review, photovoice, reflective reports, artistic expression, observations, and semi-structured interviews.

Table 6 shows a data matrix that highlights the data collection methods used during the study.

⁴⁴ Ndlovu-Gatsheni (2017) draws on the work of Smith (1999) when discussing the concept of re-search. The purpose of hyphenating “research” is to reveal what is involved in research and what research means. In this sense, he states: “[Re-search] underscores the fact that “re-searching” involves the activity of undressing other people so as to see them naked. It is also a process of reducing some people to the level of micro-organism: putting them under a magnifying glass to peep into their private lives, secrets, taboos, thinking, and their sacred worlds” (pg. 1).

Table 6

Data matrix detailing the types of resources, data collection sources, methods and data sets used to realise the aims of the study

Types of resources	Data sources	Data collection methods (n)	Data set Primary/secondary sources (n)
Educational resources	SLT students	Individual weekly reflection reports (54)	Written set, secondary source Weekly reflection reports (54)
	SLT students	Photovoice (138)	Graphic set, primary source Photos (67) Written reflections of photos, (67) Group conversation of photos (2) Collage (1) Researcher reflections on collage (1)
	SLT students	Practice learning observations (29)	Written data set, primary source Empirical observations (20) Informal discussion (1) Researcher reflections on observations (8)
	SLT students	Artistic expression (13)	Graphic set, primary source Experience drawing (10) Experience group discussions (3)

Table 6 cont. *Data matrix detailing the types of resources, data collection sources, methods and data sets used to realise aim*

Types of resources	Data sources	Data collection methods (n)	Data set
			Primary/secondary sources (n)
Educational resources	SLT students	Off-site supervision critical conversations (10)	Written data set, primary source Researcher reflections on critical conversations (4) Written data set, secondary source Critical conversations transcriptions (6)
	SLT students	Individual site clinical educator exit interviews with SLT students (12)*	Written data set, secondary source Exit interview transcriptions (12)
	SLT students	Group Interviews (4)*	Written data set, primary source Group interviews about practice learning (4)
	SLT students Researcher	Artistic expression (3)	Graphic set, primary source Experience drawing (13) Experience group discussions (3)
	Researcher	Interpretive Painting (2) as part of data representation	Graphic data set, primary source Painting of student experiences (1) Researcher reflections on paintings (1)

*Data collection methods marked with an Asterix provided information for practice resources as well

Table 6 cont. *Data matrix detailing the types of resources, data collection sources, methods and data sets used to realise aim*

Types of resources	Data sources	Data collection methods (n)	Data set Primary/secondary sources (n)
EPP-based artefacts	SLT students	Group Interviews (4)	Written data set, primary source Group interviews about practice (4)
	Documents (created by SLT students)	Handover documents (4)	Written data set, secondary source Handover document (4)
	Document (created by SLT students)	Library resource manual (4)	Written data set, secondary source Library resource manual (4)
Curriculum (teaching and learning) resources	Documents	Module descriptors (3)	Written data set, secondary source Joint objectives SLT/OT (1) Assessment guideline (1) Marksheet (1)
	Documents	Philosophical drivers (5)	Written data set, secondary source Schools Improvement Initiative (1) Occupation-based Community Development (ObCD) framework (4)

Table 6 cont. *Data matrix detailing the types of resources, data collection sources, methods and data sets used to realise aim*

Types of resources	Data sources	Data collection methods (n)	Data set
			Primary/secondary sources (n)
Community partner perspectives	School principal	Individual Managerial Interview (2)	Written data set, primary source Transcription of interview (1) Researcher reflection on interview (1)
	On-site clinical educator	Individual Supervisory Partner Interview (2)	Written data set, primary source Transcription of interview (1) Researcher reflection on interview (1)
	SII co-ordinator	Individual Partner Interview (6)	Written data set, primary source Transcription of interview (3) Researcher reflection on interview (3)
		Group Artistic expression (4)	Graphic data set, primary source Experience drawing (2) Experience discussion (2)
School library assistant		Individual Partner Interview (2)	Written data set, primary source Transcription of interview (1) Researcher reflection on interview (1)

3.9.3 Methods of data collection. Table 7 depicts the various data collection methods and sources and how each assisted in achieving the aims and objectives of the study. Following which, I provide a detailed explanation of each data collection method.

Table 7

Data collection methods in relation to study aims achieved

Data collection method	Participants	Study objectives achieved
Interview	SLT students	Practice method Educational and knowledge bases
	SII-coordinator	Practice method Educational and knowledge bases Underpinnings
	Clinical educator	Practice method Educational and knowledge bases Underpinnings (e.g. historical, contextual and philosophical drivers)
	School principal	Practice method Educational and knowledge bases
	Library assistant	Practice method Educational and knowledge bases
Photovoice	SLT students	Practice method Educational and knowledge bases
	SII-coordinator	Practice method Educational and knowledge bases
Observation	SLT students	Practice method

Table 7 cont. *Data collection methods in relation to study aims achieved*

Data collection method	Participants	Study objectives achieved
Document review	n/a	Practice method Educational and knowledge bases Underpinnings (e.g. historical, contextual, philosophical etc.)
Experiential drawings	SLT students	Practice method Educational and knowledge bases
	SII-coordinator	Practice method Educational and knowledge bases

3.9.3.1 Document review. Document analysis is particularly useful to qualitative case study research because it may help produce rich descriptions of the phenomenon under study (Stake, 1995). Through the use of document analysis, different types of information like written information, printed, electronic or visual media can be systematically reviewed and evaluated in order to derive meaning, deepen understanding and further knowledge (Bowen, 2009; Hurworth, 2005). For all documents analysed, a document extraction framework was developed (See Appendix D). For the study, documents provided a source of information in three instances:

1. Documents provided data on the context in which the EPP occurred (Bowen, 2009). The main source of data around the context of the EPP was the SII book, *Partnerships in action: University-school-community* (Silbert et al., 2018). The information obtained assisted in providing background to the development, values and progression of the SII (see Appendix E for a full list of documents used).
2. Because documents can provide information and insight into the background and history of the phenomenon under study, they can reveal changes in the development of a phenomenon over time (Bowen, 2009). For the study, documents from the previous years of 2015 through 2016 provided retrospective data. The data were collected from Vula (UCT's online information sharing platform) and Dropbox (an online mass storage website).

3. Supplementary research data can also be obtained from documents to add valuable additional information to the knowledge base (Bowen, 2009). In this instance, documents were collected to support, substantiate and/or refute data gathered from other research strategies involving observations, interviews, and photovoice. Documents included weekly reflection reports, handover reports and documents generated for the implementation of projects.

3.9.3.2 Participant observations. Observations provide an important source of information especially for case studies carried out in classrooms or schools as interaction cannot be understood without direct observation (Hays, 2004). Observation allows the researcher to gain a more complete picture of the research setting, which cannot be acquired solely through conversations with individuals. Documentation of events can result in detailed description and can provide a foundation for further analysis. Through participant observation I was able to immerse myself in the research context and have similar experiences as the participants being observed (Thyer, 2001). Participant observation allowed EPPs to be studied over time as opposed to a singular, isolated incident. Observations were conducted with the SLT students as they engaged in the EPP. Participant observations occurred during activities carried out at the school, during critical conversations between students and their off-site clinical educator; and during exit interviews between students and their onsite clinical educator following the completion of their community block.

3.9.3.3. Participant interviews. According to Seidman (2006), the purpose of interviewing is not to test a hypothesis or to evaluate, but rather to gain an understanding of the lived experiences of others and the meaning they attribute to those experiences. Interviewing provides researchers with access to the context in which behaviours occur and offers an approach to gaining insight into the meaning of the behaviour (Seidman, 2006). Interviews were conducted to better understand the context in which the SII project was built, to illuminate students' experiences, and to better understand the development of the EPP.

In-depth, semi-structured interviews provide several key avenues of enquiry to assist in defining a topic to be explored. In addition, they can create opportunities for divergent points of view to emerge in order to gain further insight into an idea or topic (Gill, Stewart, Treasure, & Chadwick, 2008). For case studies, interviews are a crucial part of data collection when investigating human

affairs. There were a number of key role players who were interviewed to better understand the EPP including 4th year SLT students, the SII project co-ordinator, the UCT student clinical educator, the SII partner school principal, and the school library assistant.

General open-ended questions were used in initial discussions (for example, topics explored participants own experiences as a means to facilitate discussion). Based on what the participants said, more focused questions were employed to probe their understandings. Open-ended questions were used to avoid imposing my ideas on the interviewees. Positionality (as discussed under 3.8.1 *Being critical*) was an important aspect of the interview process. Interviewing in familiar settings for students also created a more comfortable, relaxed atmosphere.

3.9.3.4 Artistic expression/Experiential drawings. According to research by Taylor, Kermode, and Roberts (2006), it may be appropriate to collect data from participants through direct or creative demonstrations of the participants' experiences. Artistic expression is useful when the researcher is interested in understanding the unique views of the participants' and their experience of specific conditions, in this case the EPP. Creativity can also aid in reflection. Experiential drawings were used in the study as a catalyst for group discussion. This activity provided participants with the opportunity to depict their experiences without mediation by questions asked by the interviewer (Kearney & Hyle, 2004).

In the last week of the community block, participants were provided with an opportunity to express their experiences and reflect on their block. Participants were provided with paper and materials (crayons, paint, material, stickers etc.) for the drawing. The only guidance provided to participants was to draw something that stood out for them during their time on site. Time was allocated for each participant to draw their experience of EPP. Once the drawings were completed, each participant was given the opportunity to discuss their drawing as a final reflection on the block. I participated in the activity along with the SLT students and the SII coordinator as I felt that I learnt alongside the students while they were on their block. I had spent a lot of time at the school with them and I felt I was also part of the process. While my own drawings and reflections were not used specifically in the analysis of the study, I think that making myself part of the research process alongside the participants assisted with minimising power differences between myself and the participants (e.g. researcher/participant roles; experienced vs novice etc.).

3.9.3.5 Photovoice. The combination of photography and group work, which allows the participants to record and reflect on their everyday lives, is the hallmark of photovoice (Lal, Jarus, & Suto, 2012). Cameras are used by people within the community to document their experiences through photographs. Photos can then be selected and discussed by community members to give voice, verbally and visually, to their experiences. This method provides the opportunity to identify potential areas for change within communities and serves to empower people in the community to be leaders of change instead of passive subjects (Wang & Burris, 1997). Photovoice was a valuable method of data collection for this study; a study of EPP in a community setting that sought to empower community members to be involved in change within their own community. For the current study, photovoice was a way for the SLT students to document their progress in developing the EPP.

Due to the flexibility of photovoice, the methodology was adapted to be aligned with specific participatory goals, different groups of individual or specific public health challenges (Wang & Burris, 1997). For the current study, the aims and methodology of photovoice were adapted to suit the research aims of the study.

There are three main aims of photovoice in general, namely: (1) enabling people to record and reflect on the strengths and concerns of their community; (2) promoting critical dialogue and knowledge about important community issues using photographs as a catalyst for group discussions; and (3) to reach policy makers by creating awareness of areas for change in the community (Wang & Burris, 1997).

With respect to this investigation, the aims of photovoice were as follows:

- (1) To enable SLT students to record and reflect on their experiences of being in a community and their engagement with the EPP;
- (2) To promote critical dialogue about key areas of learning using photographs as a catalyst for discussion. It must be noted that in terms of methodology, this study did not use photovoice in the same way as it was originally conceptualised because this study did not set out to promote community action (See *3.10 Procedure* for detailed explanation of the methodology used).

The analysis of the photos took place during a discussion when participants intuitively select photos and reflect on the meaning of their photos. The discussion with the group as a whole assisted in deepening reflection and understanding of the photos (Palibroda, Krieg, Murdock & Havelock, 2009). Each individual presented their photo. Following which a group discussion was initiated.

Before initiating photovoice, I trained the SLT students on the methodology. They were briefed on the power of photos, how to use a camera, style tips, and photo ethics. For example, all identifiable adult individuals must sign an acknowledgement and release form, no children should be identifiable in pictures, students required verbal consent from individuals in the photos. SLT students were asked to take photographs of critical moments for either one or two weeks. Students were allowed the freedom to interpret the meaning of critical moments for themselves simply as situations/events that stood out to them. Students were provided with disposable cameras, or used their cell phones to take pictures, depending on their preference.

Throughout the research process, it was also important for me to provide the SLT students with largely open-ended questions during data collection to allow them the freedom to express their experiences without constraint. I constantly engaged with the students to determine how they were feeling about the different data collection strategies. For instance, after one week of the photovoice method, SLT students indicated that they required more time to take photos. In the 6th week of block, I printed the photos and arranged to meet with the student on campus to share their photos. SLT students were asked to select a maximum of three photos they felt the most strongly about. Time was set aside for the SLT students to complete a written reflective report about each of their chosen pictures in preparation for the discussion. Some of the students chose to edit their photos (for example making all photos grey scale or cropping photos). During the discussions, I tried to stress the importance of open discussion, indicating that the students were free to engage in debate and discussion around the photos.

3.10 Procedure

Procedures will be discussed in relation to the phases of the study. Refer to Figure 6 where the procedures are presented as phases in a linear process for ease of reading. It should be noted that data collection, analysis and dissemination of findings occurred concurrently.

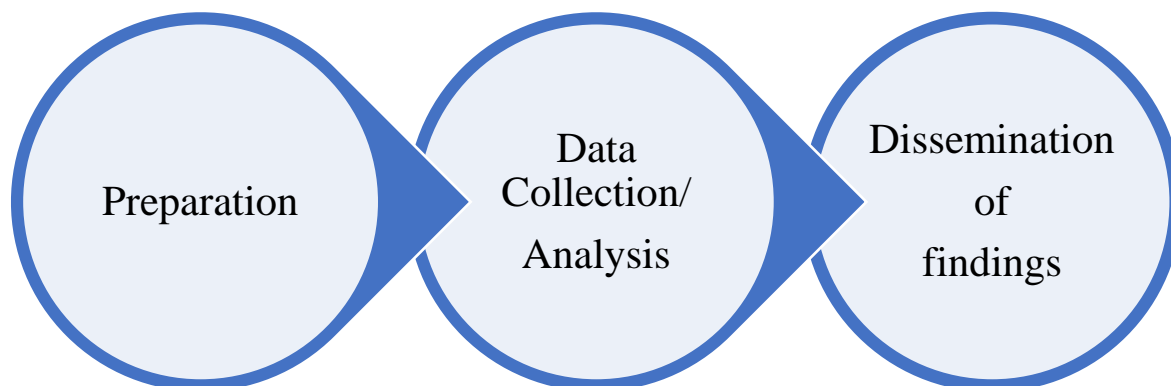


Figure 6. Phases of data collection

3.10.1 Preparation. The pre-data collection phase included: (1) informal observations of the EPP (from term 4 2015 – term 4 2016, see above discussion under *3.6.1 Gaining access and understanding* for more detail); (2) obtaining approval from: (a) Human Research Ethics Committee to conduct the research (See Appendix F); (b) the Western Cape Department of Education to access schools (See Appendix G); and (c) the University of Cape Town to access staff and students (See Appendix H). Following approval in December 2016, the school principal (via the SII co-ordinator) was contacted to determine whether research could be conducted at the schools.

3.10.2 Data collection and analysis. Both data collection and analysis were initiated in January of 2017. During the data collection phase, both retrospective and prospective data were collected. Permission to use retrospective data was obtained from the SII (personal communication, R. Galvaan, 6/5/16), as students had signed consent forms for SII-related research. Documents (written documents, audio, videos) from 2015 to the present, depicting the growth and progression of the SII project, specifically considering SLT, were reviewed (See Appendix I). Documents collected on Dropbox and Vula were collated and organised in chronological order. Each document was read to determine those organising types of information related to the objectives of the study (such as the key stakeholders, the practice methodology, the context).

Prospective data was collected in 6/7-week intervals over four terms when SLT students were on site. The data collection took place over four terms between January to October 2017.

To facilitate entry into the SII process, I made an effort to develop relationships with school staff, SII members and clinical educators, and familiarise myself with the school surroundings. Developing working relationships enabled me to make connections with relevant stakeholders. Observations also acted as a way for me to familiarise myself with the EPP and provided guidance on how to structure the research process (such as the selection of data collection tools etc.).

While the same general procedure was followed for all four terms, due to the flexible nature of the case study method, data collection methods changed depending on participant and researcher interest. The following provides a detailed account of the general procedure followed:

- (1) During the first week of the clinic, I arranged with the SII co-ordinator to discuss participation with the students. Depending on scheduling and time needed for students to signal interest, I met with the students either on campus or at the school to discuss their participation in the study in more detail. Once interest had been established, students indicated which of the data collection methods they would participate in (see Appendix J).
- (2) Prior to each data collection method, I discussed the details of the specific method with the SLT students. If participants were interested, they were provided with the information letter and consent form (see to Appendix K). As a group, we also discussed the scheduling of data collection strategies so as not to overwhelm the SLT students with too much extra work on top of their academic schedule.
- (3) The first and second weeks were only for observing SLT students. This was done to familiarise myself with the work the students were doing and to establish and nurture new relationships with them. Over the course of the 6 weeks, observations included general observations on site, meeting with SII co-ordinator and their onsite clinical educator, joint forums with the OT students facilitated by the SII co-ordinator, exit interviews (conducted at the end of the block, as part of their requirements, conducted by their onsite clinical educator), and critical conversations with the offsite clinical educator. The number and type of observations varied depending on the university term and the interest of the researcher (see Table 8 for breakdown of data collection methods across terms).

- (4) During the fourth week, once the SLT students had established themselves at the school and felt more comfortable with their clinical site, photovoice was introduced.
- (5) On the last day of the clinical block, one artistic expression group discussion was conducted with all of the participating SLT students.
- (6) At the end of each week, SLT students were required to submit reflections on their experiences as part of their curriculum requirements. SLT students were requested to send their reflection reports to me after the completion of their clinical block.
- (7) Depending on the term, and the number of observations completed, I conducted interviews with the SLT students. The number of interviews varied depending on the availability of the students. I met with students once a week when possible (due to scheduling) to discuss their progress and learning during the previous week.
- (8) Documents such as project outlines and handover documents⁴⁵ that were compiled for the EPP were collected at the end of the clinical block.

At the end of each clinical block, I conducted one *interview* with the SII coordinator and the onsite clinical educator. My purpose was to understand the progress of the SLT students and the development of the practice their points of view. Due to scheduling conflicts and difficulties getting in touch with participants, the number of interviews was limited. In addition, one interview was conducted with the school principal and one was conducted with the school library assistant over the course of the study.

⁴⁵ A handover report is a compiled document summarising the current projects and the progress made by student speech-language therapists while at their clinical placement. The document provides guidance for the next group of students on how to continue developing the EPP.

Table 8*Data collection across four university terms*

Data collection method	Term			
	1	2	3	4
Observations	17	9	7	5
Photovoice	1	0	1	0
Document review	26	16	14	5
Interview	0	4	5	1
Artistic expression	1	1	1	0
TOTAL	45	30	28	11

Note: Numbers indicate the number of instances when data was collected per method

Table 8 shows how data collection varied depending on the term. During the first term, observations formed a large part of the data collection process. As I was on site for the majority of the time and experienced and learnt alongside the students, no interviews were conducted as we continually had informal discussions. The students were all interested in taking part in the data collection strategies, so photovoice and artistic expression were both carried out. In term 2, I was at the school less often because I already had a good idea of what was happening at the school and therefore relied on interviews as the main source of information on students and their learning. The main observations carried out were those that were curricula related (such as observing exit interviews and critical conversations with the clinical educator). In addition, interviews were carried out with the SII co-ordinator and their onsite clinical educator. Photovoice was not conducted because none of the students expressed interest in participating in the data collection method. Term 3 followed a similar procedure to term 2, with interviews forming the main method of data collection. As some of the students showed interest participating, photovoice was conducted. In addition, one interview was conducted with the school principal, the library assistant and the SII co-ordinator. For term 4, I had discussions with the onsite clinical educator about including creative means of reflection in the curriculum because, through analysing the data, I felt that creative reflection helped with learning. The arts-based methodologies (i.e. photovoice and artistic expression) were included as part of their weekly reflection reports. Over the course of the 6 weeks, students were required to submit either written, photographic and drawn artefacts as part

of their weekly reflections. As such, only some formal observation of curricula activities was conducted in order to determine how creativity helped student learning. It should also be noted that obtaining information following the completion of the term (i.e. reflection reports, handover reports) became increasingly difficult, as such, the data sets are incomplete for most of the terms. In addition, getting into contact with participants for interviews outside of the term was also difficult due to scheduling clashes and difficulty with communication. Data collection was completed when saturation point was reached and no new themes were emerging.

3.10.3 Dissemination of findings. Following the completion of the study, participants were contacted via email (contact details were taken during the study), informing them of the completion of the study. Important findings from the study, or a copy of the report will be provided to the participants, upon their request.

The findings of the study have been disseminated to the wider research community through journal articles and conference presentations and posters. This will continue after the completion of this thesis. All raw data will be stored by the Principal Investigator on a password protected computer for 10 years after publication of this thesis. Storage will ensure that the researchers are able to access data for re-analysis and publication.

3.11 Data analysis

For the data analysis section, I discuss my search for a data analysis process and how I used reflexive interpretation (Alvesson & Sköldbberg, 2009) to inform the way in which I analysed the data.

3.11.1 Searching for a data analysis process for the study. Before data were analysed, all primary audio data were transcribed (Savin-Baden & Major, 2013). For all secondary datasets (detailed in the Table 6), a data extraction framework was developed in alignment with the aims of the research (See Appendix D). In addition, I used NVivo, a data management tool, to organise data into themes. I struggled for a long time to identify a data analysis process that I felt comfortable using. I think it is important for the reader to have an understanding of the challenges I faced before detailing the specific data analysis process I used.

For the data analysis process, a number of data analysis techniques were explored in order to make sense of the data. Initially, I used thematic analysis as a basis for interpreting the data. The analysis process was iterative in nature and the movement between steps was fluid depending, for example, on whether the data needs to be recoded. I used the following steps during the data analysis process:

- (1) Become familiar with the data: I immersed myself in the data. Transcriptions, audio recordings and data extractions were read, listened to and viewed numerous times in order to gain a sense of the data set as a whole (Savin-Baden & Major, 2013). Throughout this process, potential ideas for coding were identified (Braun & Clarke, 2006);
- (2) Code the information: relevant data were identified according to the research questions/objectives. NVivo was used to systematically store the data for analysis of themes;
- (3) Identify themes: codes were collated into themes;
- (4) Review themes: themes were refined;
- (5) Define and name themes: define what each theme is about and identify what parts of the data capture each theme (Braun & Clarke, 2006).

Table 9 provides an example of the coding.

Table 9

Example of data extracts with codes applied

Data extract	Coding
“...different with this block, also there was no supervisor and things so we were free to do whatever we wanted to do whenever we wanted to...”	Curriculum Assessment Supervision

Table 9 *Example of data extracts with codes applied cont.*

Data extract	Coding
<p>“...We had to completely change our activities and mind-sets (when we learnt the learners’ library sessions were in isiXhosa) and realised that enhancing English was not the only goal of the library manual. We were creating a resource that would enhance communication. And in the foundation phase that includes isiXhosa. We were able to come up with a new plan and a new way of creating the activities...”</p>	<p>Disruption EPP as disruption Assumptions challenged</p>

Although the identification of themes was helpful in providing an initial understanding of the case, I felt that breaking down the case into smaller, more manageable pieces decontextualised the data, taking away from the essence of the case as a whole (Kim, 2016). In narrative analysis, I was able to find a method which resonated with my experiences of the case. Narrative mode of thought, as asserted by Polkinghorne (1995), is about “the configuration of the data into a coherent whole.” (pg. 15).

Using the themes identified during the initial thematic analysis, I tried to develop individual stories using story mapping technique (Richmond, 2002). Using story mapping, I attempted to organise the experiences of each individual student into past, present experiences and future intentions, taking note of things like setting, events and themes. Through this process, I realised that many of the student stories had overlapping thoughts, ideas, and experiences due to the fact that students completed their community block in groups of four.

Riessman (2005) noted that thematic analysis, used as a model of narrative analysis, places more emphasis on the content of what is being said as opposed to how it is being said. A thematic approach is useful to help with theorising across multiple cases, finding common elements across research participants, and the events the participants discussed. As the students experienced the EPP in groups of four students, they would describe similar events (although they could have different learning outcomes).

The data analysis processes followed the levels of reflexive interpretation. Alvesson and Sköldberg (2009) advocate for reflection in research together with interpretation on several levels, also

referred to as *reflexive interpretation*. The authors discuss the meaning of reflexive interpretation: *reflexive* meaning the levels of interpretation are reflected in one another, acknowledging that reflections may overlap between levels or levels may interact with one another; and *interpretation* meaning there are no specific rules or procedures, but the process is rather guided by the researcher's judgement and intuition. When using reflexive interpretation in practice, the research shifted between the levels: the handling of empirical material, interpretation, critical interpretation and reflections upon language and authority. Using the reflexive interpretation as a basis, I developed the following data analysis framework, depicted in Figure 7.

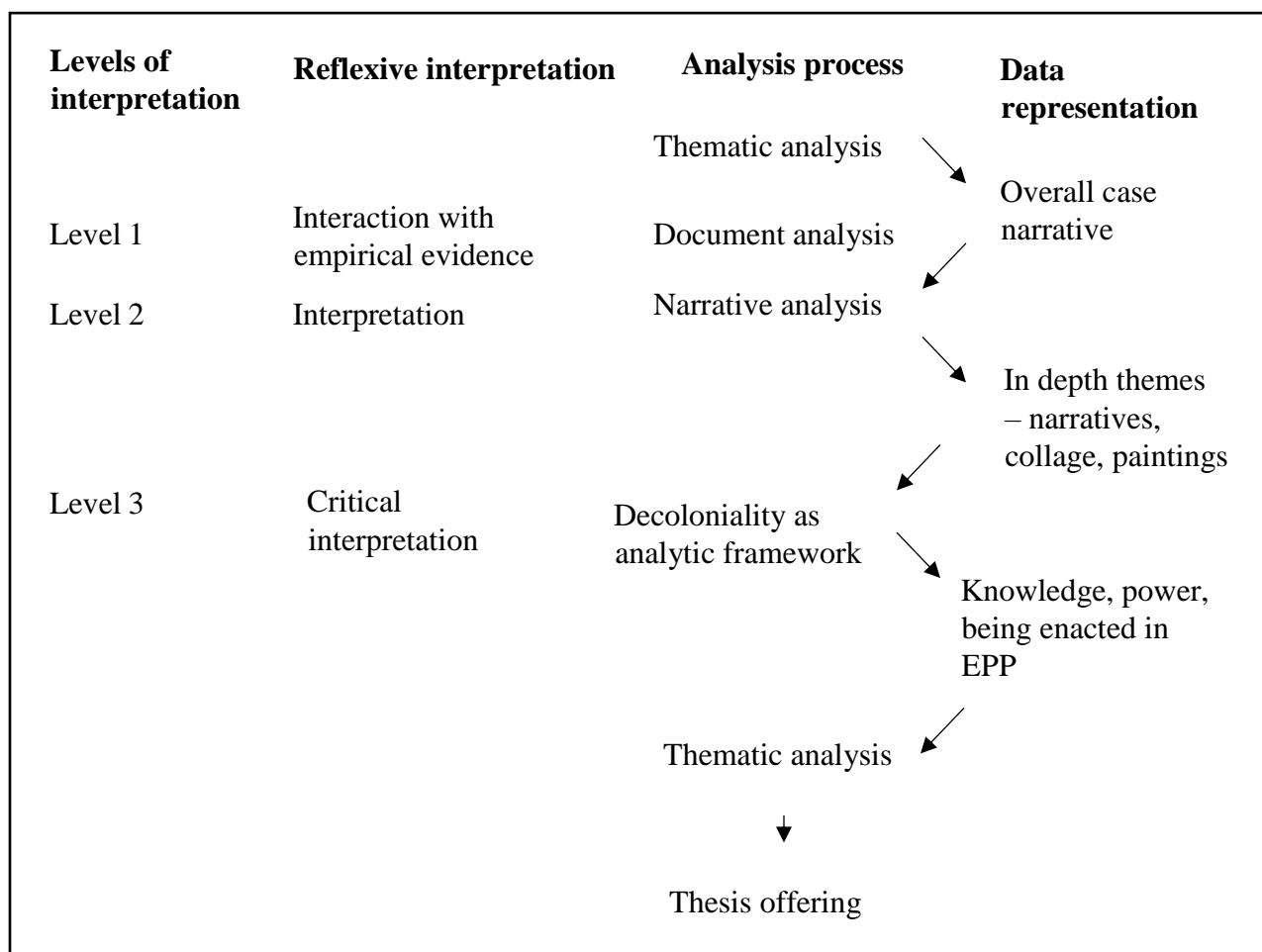


Figure 7. Data analysis process aligned with levels of interpretation

Using the data analysis framework, I analysed the data using three levels (as guided by the reflective interpretation methodology). In the following section I describe each of the levels and their subsequent analysis.

3.11.2 Interaction with the empirical evidence. For level 1 analysis, I conducted a document analysis and a narrative analysis with the aim of developing a narrative as a way to represent the first level of the data.

3.11.2.1 Document analysis. Document analysis was used in conjunction with the other data collection methods as means of triangulating the data in striving towards maintaining credibility of findings (Bowen, 2009). According to Bowen (2009), document analysis involves the following components: skimming, reading and interpretation. Skimming involved a superficial examination of the documents in order to identify the most meaningful and relevant information in the text. Documents such as journal articles, books, newspaper articles, student reflection

reports, handover documents, project documents, and curriculum documents were analysed. Once documents were identified, the process of reading was used to carefully re-read and review the data. The selected data were coded and categorised in order to identify emerging themes important to the phenomenon. Codes were predetermined as the aim of the document analysis was to provide supplementary data to enrich the description and understanding of the EPP. The codes were informed by the aims of the research described earlier in the chapter. See Appendix D for data extraction framework. The criteria for selecting documents was that they needed to provide a historical account of the development of the EPP and, in so doing detail the trajectory of the EPP. Table 10 provides some examples of the types of documents selected and the themes emerging from the data analysis process.

Table 10

A sample of documents selected, and data analysed

Documents selected	Data analysed
<i>Partnerships in action: University-community-school</i> (Silbert, Galvaan, et al., 2018)	Historical and contextual background to the development of the SII, and SLT components
<i>Weekly reflection reports</i> (developed by students)	Student learning experiences and reflections; project related activities carried out
<i>Project related documents</i> e.g. library manual	Development of specific project
<i>Handover report</i> document developed by students	Development of EPP over the term

3.11.2.2 Narrative analysis. As a first layer of analysis, the narrative aimed to help the reader understand why and how events happened, and why and how participants acted while participating in the EPP. The narrative is seen not only as a description of the data, but also as a means to show the reader the significance of the lived experience of the participants. Narrative analysis made the final overall narrative, *Navigating through Discomfort*, congruent with the data,

while bringing to light narrative meaning not explicitly stated by the data itself (Kim, 2016). Using the themes that emerged from the thematic analysis (using NVivo) discussed above, and drawing from all of the data sources, actions, events and happenings were documented in chronological order to construct a coherent story as the outcome of the analysis. A case narrative, highlighting some of the specific experiences of SLT students and interactions with various stakeholders, was developed by combining the data from the interviews, photovoice, experiential drawings and observations (as such I had both auditory and visual data), together with the contextual and philosophical information I gained from the document review. The narrative analysis involved an iterative process, where I experimented with length of narrative, voicing, foregrounding of events and fictional writing techniques to draw attention to key themes (Kim, 2016).

In terms of voicing, I chose to collective first person voicing for the narratives. I had made this decision for two primary reasons: (1) many of the students experienced the same events; and (2) there were many convergent thoughts about their experiences. As such, I chose to use a collective 'we' in writing the narratives to show the commonality in experiences and the group nature of the EPP (as the students always worked in groups of three or four). In addition, I also chose to differentiate the narratives from the rest of the thesis by using a different text font to represent the student's perspective.

Narrative smoothing is also used to fill in gaps between different events, to create a sense of coherence, engagement and interest (Kim, 2016). Narrative smoothing in this context was influenced by my observations and experiences during data collection. In addition, to ensure the trustworthiness of the narratives, I made use of member-checking and triangulation (further discussed under 3.12 scientific rigour).

The analysis of the data was represented as a case narrative. However, I soon realised that the narrative had become too laden with information and, therefore, I needed a way of making the narrative more coherent and readable, without losing the richness of the story. I conducted a thematic analysis of the case narrative to extract key themes for exploration in more depth. Once themes were identified, I explored different methods of data representation. I also explored alternative forms of data analysis, including forms of analysis linked to arts-based research. I used a combination of collage, paintings and narratives to represent each of the in-depth themes. As a

result, the case narrative was shortened and information was presented by using these other forms of representation.

3.11.3 Interpretation. For level 2 analysis, I used arts-based analysis in the form of collages, paintings and narratives to provide the reader with a more detailed account of the key themes that emerged. Drawing inspiration from the work of Morgaine (2018) and Gerstenblatt (2013), I explored how the process of creating art, in the form of collages and paintings, could be used as a method of data analysis and representation. I felt quite drawn to the idea that visual imagery could evoke emotions and interpretations, which, at times, may be evident to a lesser degree with more traditional forms of data analysis (Morgaine, 2018). During the interpretation phase, I document how I worked through the data and how I included myself into the analysis of the data.

3.11.3.1 Using collage. Morgaine (2018) documented her process of developing collages as a form of data analysis to represent the experiences of participants in her study. She discusses the process of collecting, immersing, sifting, choosing, cutting/arranging/rearranging, gluing/layering, stepping back, and integrating. Using a similar process, I drew inspiration from photographs taken during the photovoice component of the data collection. I printed the pictures and listened to or read the participants' explanations for why they wanted to share the picture with the group. I went through the process of cutting, arranging and rearranging the photos until I came up with an appropriate layout. The process was instinctual and, as a researcher, I largely followed my instincts when making choices about the picture selection, layout and representation. However, even when I had finished the collage, it still felt incomplete. Listening to the student voices, there was a learning/change, and I needed to come up with a way to make that evident in the collages. I thought about colour, contrast, positioning of photos throughout the process and used these different mediums to convey meaning visually.

3.11.3.2 Exploring painting. Gerstenblatt (2013) used collage portraiture as a method of supporting narrative thematic analysis. I drew inspiration from the fact that a number of new/innovative arts-based methods are being combined to build and disseminate knowledge. I used collage making as a basis for developing paintings to represent the EPP. I chose to use paintings as a form of representation, as I was intrigued by the fact that paintings are open to interpretation by the viewer, which I thought mirrored the participants experiences of engaging in

the EPP. I followed a similar process conducted by Morgaine (2018) as detailed in *3.9.3.4.1 Exploring Collage*. After re-familiarising myself with the data, I searched through magazines and cut out pictures that I thought resonated with the data. Using the magazine cut outs as inspiration, I planned and sketched out the painting, taking note of colour palate, storyline, and underlying meaning. Once I had a clear idea of the painting, I painted design onto canvases (see Appendix L for graphic representation of the stages of creating the painting). It should be noted that this was an iterative process throughout, constantly going back and forth between the data and the different stages of developing the painting. The painting served as a means to convey the key themes from the narrative. I specifically linked the painting to the sections of the narrative from which the inspiration was drawn. The paintings were therefore intended to portray the students experiences of the EPP.

In this sense, the painting were seen as a visual representation of the student narratives, much like the use of diagrams or charts. In addition, I specifically used the students' raw data to guide the decision-making process for the paintings. For example, in the painting, one student had referred to herself as a bird and as such I had used this analogy to depict all of the students as birds. Similarly, I used the concept of the dove to represent peace, akin to one participants discussion around the peace sign and developing her own professional identity.

3.11.4 Critical interpretation. For level 3 analysis, I used decoloniality as a means for critical engagement with level 1 and 2 findings. In the following section I detail my own understanding and use of decoloniality as a lens to deepen my understanding of the findings of this thesis.

3.11.4.1 Using a decolonial lens. Following the level of interpretation, a deeper level of reflection was required. Critical interpretation involves exploring concepts such as ideology, power and social reproduction (Alvesson & Sköldbberg, 2009). In order to initiate the critical interpretation level, I required a critical framework as a lens to sharpen my focus. I used the critical social theory of decoloniality [through the three concepts of coloniality (Dastile & Ndlovu-Gatsheni, 2013) as an analytical tool]. Here I present a brief overview of the three concepts of coloniality. In chapter 5, these concepts are explored in more depth, with specific examples from the literature and data. The notion of decoloniality used here is one offered by Maldonado-Torres (2016):

If coloniality refers to a logic, metaphysics, ontology and a matrix of power that can continue existing after formal independence and desegregation, decoloniality refers to efforts at rehumanising the world, to breaking down hierarchies of difference that dehumanise subjects and their communities and that destroy nature, and to the production of counter-discourses, counter-knowledges, counter-creative acts and counter-practices that seek to dismantle coloniality and to open up multiple forms of being in the world (pg. 10).

Coloniality of power acknowledges that colonial world views continue to dominate, despite the demise of colonialism and highlights the continued cultural, social and political power relations between the Western World and the Global South (Ndlovu-Gatsheni, 2013b).

Acknowledging that knowledge is often a social construct that is not neutral, the concept of coloniality of knowledge questions how colonial knowledge production has superseded African modes of knowledge production (Escobar, 2007). Dominant Euro-American knowledge, techno-scientific and positivist in orientation, masquerades as universal truth, displacing disciplines, and replacing knowledge from the Global South. As a consequence, epistemicides⁴⁶ continue to plague Africa as it becomes saddled with knowledge which disempowers individuals and communities (Lebakeng, Phalane, & Dalindjebo, 2006). Finally, coloniality of being, addresses the physical and psychological predicament of colonised beings. It “speaks directly to the dilemmas of invasion of imagination and colonisation of the minds of Africans” (Dastile & Ndlovu-Gatsheni, 2013, pg. 111).

Using thematic analysis, I reviewed the level one and two data representations (i.e. narratives, collages, paintings) as a means to understand how power, knowledge and being were being enacted. I developed key themes emerging out of the data through the concepts of power, knowledge and being. In order to determine my thesis contribution, I searched for key themes emerging out of the critical interpretation.

⁴⁶ Boaventura de Sousa Santos is a Portuguese sociologist who coined the term epistemicide meaning the destruction of ways of knowing, particularly of those colonised societies (de Sousa Santos, 2018).

3.12 Scientific rigour

There has been ongoing debate about establishing quality criteria for qualitative studies (Rolfe, 2004). Morse, Barrett, Mayan, Olsen, and Spiers (2002), for example, align credibility of qualitative research alongside positivist terminology of reliability and validity. On the other hand, Lincoln and Guba (1985) have argued that the issues in qualitative research are fundamentally different to that of quantitative research and as a result, qualitative research requires alternative terminology to describe concepts of rigour. Guba (1981) puts forward trustworthiness in qualitative research using the following elements of scientific rigour: transferability, credibility, dependability, and confirmability. Rolfe (2004) questions the appropriateness of predetermined categories for the judging of quality in qualitative research. He argues that if there is no unified qualitative paradigm, then the use of generic criteria for the judgement of quality makes little sense.

I concur with Rolfe (2004) in saying that due to the uniqueness of each qualitative research study, quality cannot be assured by applying a set of predetermined elements. Rolfe (2004), Sandelowski and Barroso (2002), and Koch and Harrington (1998) argue that the quality of a research study is subject to the judgement and insight of the reader. Koch and Harrington (1998) argued that if the research output is well signposted, its reader will easily be able to travel between the worlds of the participants and the maker of the text (i.e. the researcher) and draw their own conclusion about the plausibility of the findings. For this section, I will therefore explore the concept of transparency in the research process as advocated by Gibbert and Ruigrok (2010), where the researcher relays to the reader concrete research actions taken, ensuring the reader is able to understand the purpose and the logic of the action in the context of the specific case study.

As part of the research study, I took the time to become accustomed to the culture of the participating site before the commencement of data collection. As detailed in the research procedure, preliminary observations at the schools and consultation of the literature about the SII were conducted before and during data collection. In addition, I spent time in the research context and with the participants to ensure that sufficient information was obtained. Prolonged engagement with the SII assisted in establishing rapport with participants, developing mutual understanding and ensured that I obtained multiple perspectives (Baxter & Jack, 2008).

The use of multiple sources and multiple methodologies allowed for the triangulation of data. Multiple perspectives were used to corroborate the findings of the study. NVivo was used to assist

with the process and provided a means to cross-check data to ensure multiple sources and methods were used to develop themes (Baxter & Jack, 2008).

I took on the responsibility to provide the reader with a complete picture of the research context so that the reader was able to determine whether the findings could be transferred to another context (Jensen, 2008c). Morrow (2005) advocates for striving toward thick description of the research.

Rolfe (2004) and Koch and Harrington (1998) stress the importance of ongoing self-critique and appraisal during the research process that includes examining the moral, social and political perspectives of the researchers themselves. Using such reflexivity provides a critical gaze into the self and the making of the research output (Koch & Harrington, 1998). Throughout the data collection process, I kept a reflective diary to document thoughts, feelings and insights into the emerging themes/patterns (Koch & Harrington, 1998; Shenton, 2004).

Participants were asked to corroborate findings from the data analysis to ensure accuracy and consistency (Jensen, 2008b). Member checking allows the researcher to share their interpretations of the data with the participants and subsequently provide the participants with an opportunity to discuss and clarify (Baxter & Jack, 2008). Due to the nature of the data analysis process where I cross-referenced data from all participants to create a collective story, it was difficult for me to ask every participant to verify the findings. As such, I asked three participants (i.e. two SLT students and the SII co-ordinator) to provide feedback on the findings of the study. I specifically asked them to provide feedback on whether they thought that the narratives provided an accurate account of their experiences of the EPP. Based on their feedback, I modified the findings accordingly.

Transparent research practices—such as clear descriptions of data collection and analysis and providing examples of coding—are discussed earlier in this chapter help confirmability of the findings. In addition, an audit trail of how the research was carried out and how the data was interpreted is provided (Jensen, 2008a). The use of audit trails helps the reader understand the events, influences and actions of the researcher (Carcary, 2009; Lincoln & Guba, 1985). Using the work of Carcary (2009) as a guide, both an intellectual and physical audit trail were developed. The intellectual audit trail is represented in my reflections as a researcher on how my thinking evolved throughout the research study. The physical audit trail is presented in Figure 8 through the

different stages of research study, from the initial research problem to the development of the theory (Carcary, 2009).

3.12.1 Intellectual audit trail. The intellectual audit trail highlights some of the internal struggles that I faced throughout the research process. The research process was very intuitive for me and many times I had to follow my instincts with choices I was making during the research process.

(1) In the beginning: I was well versed in positivist research when I started my PhD, having completed my undergraduate thesis and my Master's thesis using positivist research methods (I worked closely with a statistician who assisted me with analysing the data using inferential statistics such as Chi-squared and Fisher's exact). As I was writing up my Master's study, I began to see the limitations of such an approach to truly understand people's lived experiences. On completing my thesis, I still had so many questions left unanswered. I came into this study largely questioning the relevance of our work as speech-language therapists. I began realising that we are continuing to struggle with meeting service delivery needs, especially for previously marginalised communities. From my own position as a practitioner, I was largely focused on what we could do differently to reduce the equity gap. In this sense, my focus was on the level of activity.

(2) Developing my research proposal: Starting my PhD, I explored different types of philosophies and methodologies. I decided to use critical social theory because it allowed for the political and social history of the country to be considered when understanding the phenomenon under study.

In addition, acknowledging the limitations of quantitative data collection methods, I explored alternative methods of obtaining data and looked to creative, arts-based methodology. From the research, I could see that creative methodologies enabled rich experiences to be uncovered.

(3) Shifting philosophical position: While working on my PhD, I developed a heightened sense of awareness about decolonisation due to the social and political climate at UCT campuses. Reviewing the literature and attending a summer school course gave me a deeper understanding of decoloniality, by giving me a view on the world that I understood in a way I could relate to. Decoloniality spoke to the importance of historicity in understanding how the world is structured. I needed to understand how the profession came into being to understand why we are currently

struggling with equity, so I looked at past articles, newspapers and newsletters, that led me to understand how professions were constructed. The concept of decoloniality taught me the value of questioning and evaluating my own beliefs about who I am in relation to the world and a large part of this process was “unlearning.” I needed to think critically about my professional practice, what I was taught, and in many ways unlearn things that had become normalised. For example, through this process I learnt that I can’t only rely on academic texts to give me all of the answers (which professional education teaches you to value), but you can also learn through experience by engaging with the context. It is important to regard indigenous knowledge, contextual knowledge, and experiential knowledge as equally valuable sources of information. This insight helped me deepen my own reflections throughout the research process.

By the time I was working on data collection, I was in a space where I was becoming more acutely aware of power, knowledge and being as discussed in the decoloniality discourse. This awareness led me to trying to strategically position myself as a participant as much as the research participants were participants in the study. In this way, I saw myself just as integrated in the learning process alongside the SLT students. Throughout, I tried to allow for the exchange of ideas, trying not to restrict but rather open up avenues. For example, I tried to provide broad guidance on expectations for data collection like asking the students to draw their experience which could be anything that stood out for them.

In addition, there was this constant reflection about what data collection method I should be using. I had a feeling of discomfort through my data collection and I had to largely rely on my intuition.

I wasn’t necessarily guided or bound by the methods I had chosen, but there was a sense of the unknown because I couldn’t tick any boxes (like with my quantitative research previously). I constantly asked myself whether I was getting all the relevant information I needed and if I was asking the right questions. I needed to reflect on which methods I was using during different stages in the research process and what it should look like across the different university terms.

Data analysis was the most difficult part and I struggled for a long time trying to figure out which data analysis strategy would be the best. Although thematic analysis was useful in providing some structure, it did not really capture the whole experience of the students because it broke the experience up into small discrete parts. I realised that the whole needed to be greater than the sum

of its discrete parts, and that the parts alone were not sufficient – everything taken together was what really counted. I needed to find a method of representation that allowed for the full experience to be expressed and I decided to use narrative analysis.

At a point, I also realised that within my own profession I was limited in what I could learn. I had to explore different disciplines that could help me tap into what I was seeing through the research process. Using my own professional lens wasn't sufficient, I had to read extensively on different subjects for a holistic understanding. I drew from sociology, nursing, OT and education literature to draw inspiration and to develop understanding. Expanding my scope of knowledge opened up new space for inquiry and understanding beyond what my professional boundaries would allow. I had to question the general positivist lens through which our profession conceptualised challenges and ask what it allowed me to see. Looking to other professions, who were starting to conceptualise problems from other vantage points provided a different outlook on societal issues.

While it wasn't something that I intended to do from the outset, learning about the profession and how entangled SLT, society and education systems are in coloniality, helped me to understand what the research was telling me. It made sense to look at the research through those lenses in order to understand what I was seeing. And through that I was able to conceptualise a theory.

3.12.2 Physical audit trail. Figure 8 provides a detailed explanation of the physical audit trail, showing how the different stages of the research were realised. It should be noted that while presented separately, the intellectual and the physical audit trail influenced each other. My learning about positivism for instance, shaped the way in which the research was conceived.

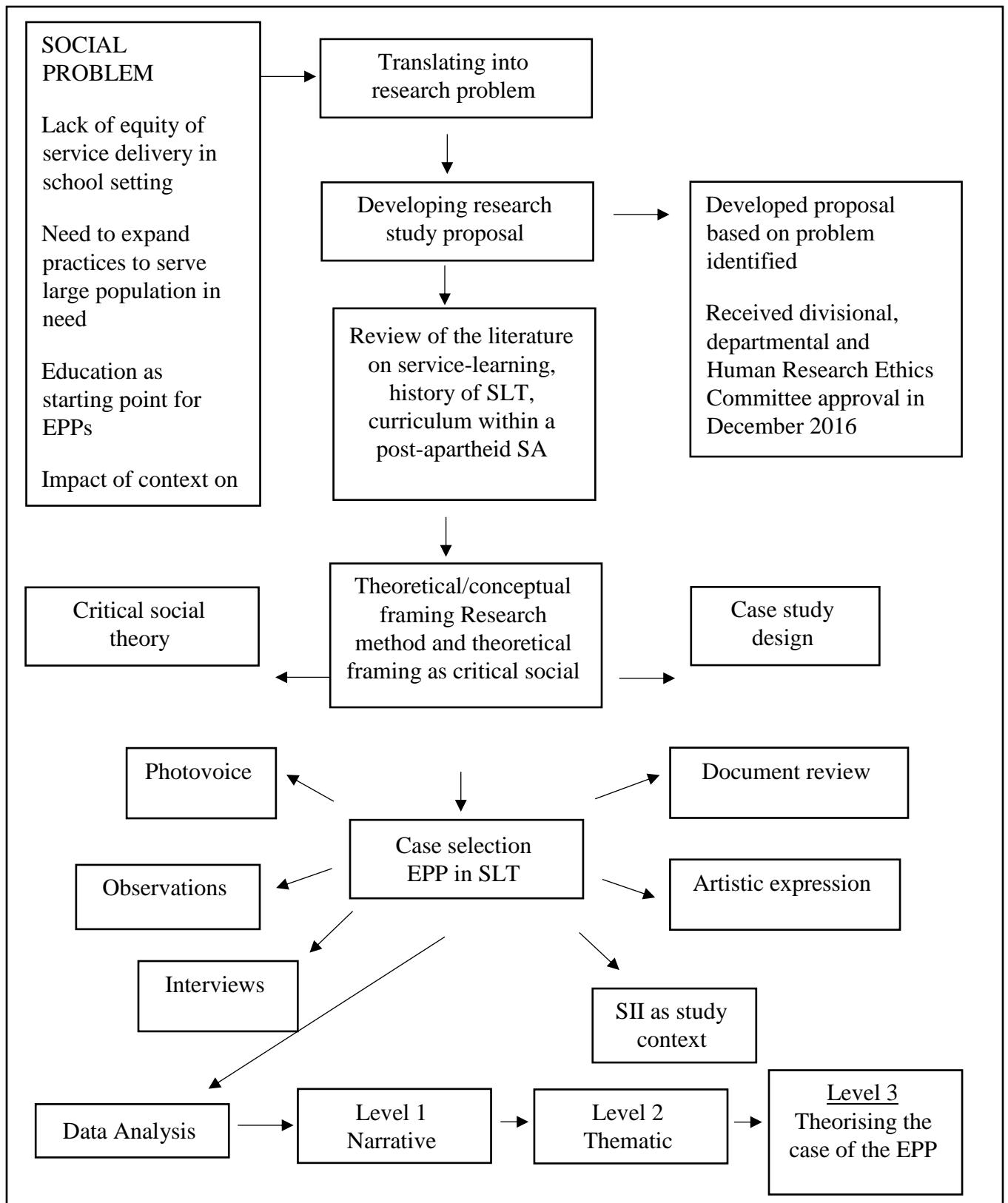


Figure 8. Physical audit trail

3.13 Research ethics

The following ethical principles (World Medical Association, 2013) were taken into consideration throughout the research process as the dignity and well-being of the respondents are of greater importance than the outcomes of the research (Durrheim, 2006; refer to permission to conduct research from the Human Research Ethics Committee to conduct the research in Appendix F):

3.13.1 Autonomy and respect for the dignity of participants. Before formally meeting with the potential participants, the SII co-ordinator inquired whether the potential participants would be interested in learning more about the research project, to ensure autonomy of the research participants. I requested the participation of individuals in the study and therefore their participation was on a voluntary basis. No participant was forced to take part in the research. Information letters were provided to each participant describing the nature of the study and the expectations for research participants. I strove to respect all participants as human beings capable of making their own decisions. All participants were informed of their right to withdraw from the study at any time, without any explanation or repercussions. Confidentiality was maintained and, once participants' contact details were taken for member check (see *3.12 Scientific Rigour*) and verified, all identifying information was removed. Codes/Pseudonyms were used to further ensure confidentiality and participants will not be identified in any publication. While the best efforts to ensure confidentiality were made, it must be noted that complete privacy and confidentiality could not always be ensured. Through reading the findings of the study, participants may be identifiable through contextual information such as the description of the programme. When a research assistant was used, they were briefed on the importance of maintaining confidentiality and asked to sign a consent form. In terms of retrospective data, consent was obtained from the SII (who have received consent from students to use data collected for SII related research). In terms of data collection strategies which require group participation (i.e. photovoice, artistic expression), it was acknowledged that I could not guarantee that confidentiality would be maintained as the other participants may disclose information. With this in mind, I requested that all participants in the group respect the confidentiality of others and not speak about what was discussed.

3.13.2 Beneficence. There was no direct benefit for the participants of the study. However, through their involvement in the study participants may assist in deepening the profession's

understanding of an EPP. Through reflections related to the study, participants may have learnt more about themselves. The community may have also benefitted through their input and ownership of the process of community development. The SII seeks to ensure sustainability of practice, which may further benefit the larger community. The findings of the study may also help to inform the SII and could therefore also inform the work happening across SII partner schools – which may further benefit the community as a whole. With regard to the SII coordinators and the clinical educators, their participation in the study could assist them in further understanding the development of the EPP, areas of strength and areas for improvement or adjustment in order to progress the practice in South Africa.

3.13.3 Non-maleficence. It was not foreseen that any participants will be exposed to harm (direct or indirect) as participants provided opinions. SLT students were informed that the study would have no impact on their academic outcomes and that they would not be placed at a disadvantage by providing feedback about the progress of the practice. In order to ensure no impact on academic outcomes, the following was discussed with the participants:

- (1) As I conducted the data collection, the clinical educators who evaluate the students' performance would not have access to the data;
- (2) All data would only be analysed after the completion of the clinical block thereby reducing the risk of victimisation for the student;
- (3) Students would be asked if they had any concerns related to taking part in the study. Any perceived risks would be taken into account and steps would be taken to reduce risk;
- (4) Names and specific details (e.g. dates, specific activities carried out, demographic information such as gender) which could identify students would be anonymised so that no participants were identifiable. There was the possibility that deep reflection (e.g. about identity, belonging, failure, etc.) could result in feelings of emotion or discomfort and a referral process to UCT's student health support facility was put in place.

Participants from the community and school were also informed that they would be able to express their thoughts and feelings about the SII practice without jeopardising the SII input provided to

the school or the community. Each participant was informed of the research process and no deception was used.

3.13.4 Justice. I aimed to treat all participants fairly and equitably and sought to report findings accurately in the final document. Participants were provided with the transcriptions to verify their responses. A detailed record was kept of participants' contact information so that if they graduated before data analysis was conducted, they could still be reached for verification. Contact details were also kept in case a participant wanted to be notified of the findings of the study when completed (indicated on information letter). In the information letter, participants were informed that their contact details are required for verification of transcripts. Once verification was completed, all identifying information was removed. A copy of the final report will be made available to the participants if they so wish.

3.14 Conclusion

The chapter provided a detailed account of how the case study was used as a methodological framework for the study. Due to the flexible nature of the methodology, I was able to use a number of different philosophical and methodological techniques when conducting the research. In the following chapter, the findings integrate the various data collection strategies into a case narrative of the EPP.

Chronicles of an EPP

LIVE LEARN LOVE SLP ⁴⁷

4.1 Introduction

The findings are presented according to the analytical framework discussed in Chapter 3. There are three interconnected levels of analysis which I use to understand the central concept of the EPP. In this chapter, the first two levels of analysis are presented with the third level of the thesis presented in Chapter 5. The levels of analysis can be likened to the development of a painting. The first level of analysis, the overarching narrative, provides broad brush strokes of colour, painting the background on the canvas. The second level of findings, the in-depth themes, draws into focus the key themes emerging from the narrative, akin to bringing key elements of the painting into sharper focus. Finally, the level 3 analysis (in Chapter 5), draws both level one and two together, creating the final image of the completed painting, as a basis for thesis building.

In this Chapter, the findings are represented as a series of stories, collages and paintings. First voice student narratives are used as a way to connect the reader to the visual data. The narratives are presented in first person as it describes the experiences of the SLT students as a collective (See explanation in Chapter 3, 3.11.2.2 narrative analysis, for further detail).

The findings are presented in two interconnected parts: (1) overall case narrative and (2) in-depth exploration of the key themes emerging from the case narrative. The case narrative entitled “Navigating through disruption” introduces the reader to the findings, providing broad brush strokes to engage the reader with the EPP. The philosophical underpinnings of the EPP are then discussed in relation to the overall narrative. From the case narrative, four themes are extracted that drill deeper into key findings. The findings are written from both collective and individual perspectives by drawing on the experiences of multiple stakeholders involved in the EPP. Before discussing each theme, an overview of the theme is provided. It should be noted that due to how the findings are presented, repetition across the case narrative and themes is unavoidable.

⁴⁷ SLT is also known as Speech-language pathology (SLP).

4.2 Part 1 – Case narrative

Navigating through discomfort...

The year was 2017. We were in our fourth year, studying SLT at the University of Cape Town (UCT). Our names are Azraa, Grace, Vanessa, Thandeka, Victoria, Verneshley, Aliyah, Lesedi, Anike, Jamie, Saiyukthi, Becky, Claire, Kylie, Humara and Sarah. Unlike previous students, our journey to our fourth and final year of undergraduate studies was fraught with interruptions. During the final term of our third year, we could no longer attend lectures or our clinics⁴⁸. For the second time in two years, university students across the country were protesting. The #RhodesMustFall and #FeesMustFall⁴⁹ movements at UCT, and nationwide, drew attention to the challenges facing higher education. Classes throughout the country were shut down. All of the disruptions to our university routine in 2016 meant that we started off our final year under a large cloud of uncertainty.

We all completed our community block⁵⁰ at a school in Khayelitsha. Previously, in second and third year, we had clinics at schools and crèches, but this block was different. Although the school was the site for our clinic, we were expected to work with the community. Our work at the school formed part of a larger project – the Schools Improvement Initiative (SII). The SII, we were told, looked at how the university can work toward developing partnerships with the community to create positive change in classrooms and the broader school community (Silbert & Bitso, 2015). For each of the four school terms of the year, we were placed on a 6/7-week clinical rotation⁵¹ where we worked in groups of four. We were at the school for four full working days. On one of the days of the clinical block, we would rotate to a community health centre (CHC) in Mitchell's Plain in groups of two, where we saw outpatients at the facility.

This is our story. Our collective narrative. Our experiences as a group, and as individuals are reflected in its pages. It was our our first glimpse into working in community...

Driving to the school, as our university transport took the offramp, we began our drive into the township.

⁴⁸ Informal term used by students to describe their clinical practice placements

⁴⁹ See 1.6.1 *Historicising the profession of SLT* for more detail on the #RhodesMustFall and #FeesMustFall movements.

⁵⁰ Term used to describe the clinical practice placement whereby students are provided with facilitated opportunities to practically implement their learning by providing SLT services. Used interchangeability with clinic (discussed above in footnote 45)

⁵¹ Throughout the year, students complete different clinical practice placements in order to improve their clinical skills and reasoning. The community block at the SII is one such rotation. Students that come into the block in the 2nd, 3rd and 4th terms would have completed other blocks such as Learners with Special Educative Needs (LSEN) schools, and adult and paediatric communication and swallowing disorders. The blocks are based at schools, hospitals and clinics.

For most of us, it was our first time in Khayelitsha. As we made our way into the onto the school ground, we looked across the courtyard – where was the grass? The field? The school hall for the assembly? (See Figure 9).



Figure 9. Photos taken by participant as part of photovoice

We met with our onsite supervisor, Susan. She asked us: ‘What do you think your role is in the community?’ We said: ‘Screening. Assessment. Individual therapy. Group therapy. Classroom intervention. The usual.’ But she told us that we would need to design and implement projects to help address the challenges we identified in the community. Suddenly, it was like, “you’re not seeing patients. Remove yourselves from that picture”.

In one fleeting moment, everything became foreign. For the first time, we needed to do everything ourselves. No supervisor would assign us to patients. Becky said: “I think there is a place where I am comfortable and that’s what’s inside the SLT box, so seeing individual patients, that’s something I feel comfortable with. And now we are not doing any of that.”

As confused as we were, we followed the instructions of our supervisor. The first step was to immerse ourselves in the community to understand the barriers and opportunities to participation – not really knowing what that involved. We reviewed our only tangible lead – the handover report. Usually, we would gather information from progress reports⁵², or medical files to guide assessment and therapy planning.

In these handover reports, we read about many projects – the Ukhanyo⁵³ Programme, the teasing and bullying project, and the high school recruitment project (See Appendix M and O for more details on

⁵² Progress reports detail the progress made by patients while attending therapy

⁵³ Ukhanyo is a homework programme designed to assist primary school learners with Mathematics and English

these projects). Once we were somewhat familiar with the different projects, we decided to spend some time meeting different people to establish relationships and to identify challenges and opportunities for participation in the community.

We tried to set up meetings with the vice principal and some of the teachers. However, it was difficult because we had to work around not only our own schedules, but also the demands of the school. Teachers would say: “Something has come up that needs my attention, I need to reschedule.” The school was a living organism, growing and changing all of the time, so everything was unpredictable. It was SO frustrating! We just really wanted to go back to what we normally did. We missed that.

However, once we were able to meet with the teachers, the discussions were very informative. Teachers indicated that almost all of their learners were struggling with learning in English. As per the language policy of the school, the language of learning and teaching (LoLT) changed in Grade 4. When the learners started school, they were taught in their home language, isiXhosa. In Grade 4, they were expected to learn in English. One teacher told us that many of the learners had very limited exposure to English outside of the classroom setting. The teachers revealed that many of the learners were failing the Annual National Assessments⁵⁴ each year because many could not read or write *well enough* (in English) to be able to answer the questions in the test or even in the classroom.

Earlier in the week, we sat in on one of the lessons, of a Grade 4 teacher, Mrs. Siko. During our observation, we noticed that while most of the class was conducted in English, Mrs Siko would code-switch⁵⁵ between English and isiXhosa, when she felt it was necessary. When the learners did attempt to speak in English, they would use simple sentences which were often not grammatically correct, or they would code-switch into isiXhosa to get their point across. We could see the challenge starting to emerge, but we were still confused about our role.

At the beginning of week two, walking into the school gates, we felt a sense of dread creeping over us. Azraa commented: “I felt like I achieved nothing during the first week and nothing constructive was being done besides talking about ways to help or improve projects.” When we spoke to the other fourth year students on their community blocks⁵⁶, they were seeing many patients each day and gaining much needed

⁵⁴ Annual National Assessments are standardised national assessments for languages conducted in senior, intermediate and foundation phases. In the foundation phase, the focus is on literacy and numeracy (Department of Basic Education, DoBE, 2019).

⁵⁵ Code-switching refers to the switching between languages/dialects during the same conversation (Slabbert & Finlayson, 2002). In the story, it is used to refer to the practice of communicating in both isiXhosa and English.

⁵⁶ For their community block rotation, students are allocated to different clinical sites. As such, the whole cohort of students will not attend the SII schools

experience before community service⁵⁷ next year. While we saw no one. We really couldn't see how we would get enough clinical hours⁵⁸ and exposure before graduation. While we could see some elements of SLT in what we were doing, it didn't look or feel like SLT fully, not the SLT we were used to.

But what happened next was a turning point for us! First thing in the morning, we had a meeting with Mr Mawisa, the vice principal. The meeting was completely different to what we expected it to be. His talk came at the right time for us. Mr Mawisa's words were:

“Integrate yourself into the community. You need to make the most of the opportunity you have and learn as much as possible. Involve yourself with the different things happening at the school, even if you go and help out at the feeding scheme⁵⁹, or interact with the learners. Take the time to get to know the school, it has lessons to teach you”.

Afterwards, as a group, we reflected on the meeting. We realised that we all felt inspired, but to different extents. Like Vanessa, this happy butterfly, just lived for this kind of work. From day one, she had a different perspective compared to everyone else. She was motivated and excited by Mr Mawisa's talk. She tried to motivate us too. She said: “Come on guys, we need to try to make the most of the situation we're in.” And maybe that wasn't a bad thing. Azraa on the other hand, who was quieter, more reserved, felt the complete opposite. She said: “I'm not feeling as motivated like Vanessa. Mr Mawisa is asking me to do something completely outside of my comfort zone.” Together, we concluded that even if we couldn't work with individual patients, we could still make a difference in the greater scheme of things. And that was exciting!

Okay, Mr Mawisa – challenge accepted!

Mr Mawisa's words felt like a necessary rite of passage, words we needed to hear to truly allow ourselves to go and explore the school and discover the stories it had to tell. We had been so concerned about not overstepping boundaries that it had stopped us from really taking the time to immerse ourselves in the community.

Inspired by Mr Mawisa's words, we thought: “What could we do to be more involved in the community?” Outside of the staff room, we could hear the learners talking, shouting and having fun. We could hear their conversations. All the learners spoke isiXhosa to each other. They didn't seem to have a problem talking to one another. We decided to spend break time outside, leaving our safe and comfortable SLT bubble. As

⁵⁷ Community service is a year-long compulsory programme for health professionals (implemented by the government), requiring recent graduates to provide service in public institutions once they have formally completed

⁵⁸ The HPCSA policy stipulates that in order for students to graduate, they are required to complete a certain amount of contact hours with patients (HPCSA, 2012).

⁵⁹ The National School Nutrition Programme is a government initiative which aims to enhance the learning capacity of learners by providing nutritious meals at school (DoBE, 2018a).

we sat down on the steps, the learners gathered around us. They were eager and excited to see us. We tried to interact with each other. The learners would say: “Hi”, “How are you? Hi”. We could see they were trying (see Figure 10).



Figure 10. Photos taken by students during photovoice depicting their interaction with the learners.

And then it dawned on us, if the learners were struggling to speak in English socially, and academically, what was really going on? Trying to understand this challenge more deeply, we looked to the curriculum policy for guidance. We learnt that the learners were expected to progressively learn English and get more exposure⁶⁰ from Grade R to Grade 3. Reading through the Curriculum Assessment Policy Statement (CAPS)⁶¹, we were shocked to see what the CAPS expected of learners. For example, the curriculum assumed that learners would acquire sufficient language and literacy skills in English by the time they reach Grade 4 to be able to continue their learning solely in English. We knew that prolonged exposure to a language, in multiple environments, was essential for learning any new language. We knew, from our observations and discussions with the school staff, that sufficient exposure to English wasn't the case at the school.

We began piecing the puzzle together, drawing on our experiences, observations and discussions. We were beginning to formulate an understanding of the challenge within the community. It wasn't something we were familiar with. While we felt like English seemed to be at the centre of the problem, it wasn't our textbook definition of a language disorder. We couldn't remedy it with therapy. We needed to find another way to *fix* the problem and so we asked ourselves questions like: “What can we do to facilitate language and literacy

⁶⁰ The CAPS policy states that a maximum of 3 hours in grade 1-2 and 4 hours in grade 3 in class, should be spent of English as an additional language.

⁶¹ CAPS is the policy statement outlining learning and teaching in South African schools (DoBE, 2018b).

development in English so that the transition from Grade 3 to 4 is more supported? What can we utilise in the environment to help strengthen language learning in the class?" With all of our questions, we needed more information.

We remembered that the school had a library. We thought it would be a good idea to learn about how the library was utilised at the school. We observed some of the sessions that the library assistants did with their learners. We specifically remembered observing Tumi, the library assistant and the way she interacted with the class really caught our eye. It was interesting to see how she elicited literacy skills from a different perspective, because she's not a speech-language therapist, she's just the library assistant.

We decided to set up a meeting with Tumi, Lunga, Manyanani and Lisakhanya, library assistants from different schools in Khayelitsha. From our discussions, we soon realised that the library assistants were already doing such great work – developing their own library sessions and creating learner dictionaries and story boxes to encourage reading, writing and spelling. The library assistants told us that the libraries were fairly new and many of the surrounding schools in Khayelitsha did not have libraries. As such, the library was seen as an accessory to the school. Tumi said that she wished the library could be included in the curriculum. She felt that if the library was included in school policies, it would help the library become recognised as an important asset at the school.

We were really excited to think about how we could work together with the library assistants. We began to brainstorm ways that could facilitate language learning in the library. How could this be done? What would it look like? How could we align language learning with the CAPS document objectives? It was then that we came up with the idea of a library manual to equip the library assistants to introduce English earlier to support language and literacy development. Exciting! We were finally going to do something.

With our offsite supervisor, Minerva, we discussed the different activities that we had done. She challenged us to think more deeply about what we were doing at the school. We didn't realise that what we were actually facilitating was communication! Vanessa commented: "It's actually communication therapy. It's not compartmentalised like just working within specific domains like articulation, or dysphagia." That was so exciting! But why didn't we think about it like that? Leaving the meeting with Minerva, with a fresh perspective, we began to ask ourselves, what does a focus on communication mean for the way we work as speech-language therapists?

Slowly but surely, we began developing the library manual. We brainstormed ideas – what to include – book knowledge, literacy, phonological awareness⁶², how to make it fun and interactive. From our ideas, we

⁶² Phonological awareness is the knowledge of sounds, syllables, and the sound structures of a word, such as syllabification and segmentation. It is considered the precursor to literacy

started to develop session plans that could be piloted during the library sessions. When we went to consult Lisakhanya about the books she used for her library sessions she told us that she only read isiXhosa books for the learners in the foundation phase⁶³. She said the Grade 3 library sessions were the only sessions which were based on English books. We had just ignorantly assumed that she would be using English books for all the learners in the foundation phase!

We had made the mistake of assuming all lessons were done in English, but there was no one to give us direction. There was no supervisor there to tell us how to fix the mistake we had made. This time the responsibility fell squarely on us to think about alternative solutions. It was difficult and uncomfortable; feelings that had all too familiar to us by now. We had to think about what is best for the community and not what we wanted the library manual to look like. We had to remind ourselves that we were creating a resource to enhance *communication, language and literacy*. And that included isiXhosa. We needed to figure out how we could do this. We needed to think beyond English toward supporting the development of all languages – toward thinking about additive bilingualism⁶⁴.

With our new perspective, we began the process of developing new sessions plans. We got an isiXhosa book from the library. The story was about a chicken, “*Isikhukhukazi*”⁶⁵. The aim was to introduce phonological awareness as part of the lesson. We wanted to use some of the words in the book to teach the learners how to segment words into syllables. /isi/khu/khu/ka/zi/? /isi/khu/khu/kazi/? But how do you segment the word? We had only learnt about how to teach phonological awareness in English. Luckily, one of the teachers was sitting nearby doing her work, so we asked her for help. She showed us how. /i/si/khu/khu/ka/zi/. That was different to what we thought. That made us think, how do you do word segmentation when one ‘word’ in isiXhosa is a whole sentence? Like with /Ndiyaphila/ – I am fine. Why was it so difficult for us?⁶⁶

The following week, once we had come up with the library activities, incorporating our knowledge of language learning into fun, interactive activities, we began piloting the library activities. We had showed Lisakhanya our session plan and provided her with some guidance on how to conduct the session.

⁶³ Primary schools in South Africa are separated into foundation and intermediate phases. Foundation phase refers to Grades R to 3 (Department of Education, 2003).

⁶⁴ Learning an additional language while maintaining/reinforcing your first language (Roseberry-McKibbin & Brice, 2019)

⁶⁵ Isikhukhukazi (pronounced /i-si-k^hu- k^hu -ka-zi/) – IsiXhosa word meaning female chicken)

⁶⁶ The characteristics of the isiXhosa language differ to that of English. IsiXhosa is an agglutinating morphologically rich language (Pretorius & Bosch, 2009). There are prosodic and phonetic differences between isiXhosa and English. IsiXhosa is a tonal language, with many phonemes not present in English (Nielser, Louw & Roux, 2005). As such, the awareness of the phonological awareness segmentation may be outside of the linguistic consciousness of the students who have limited academic focus on linguistic differences between languages.

Watching her, she was amazing! (See Figure 11). That is when we realised the true meaning of a community block.

In that moment, Mr Mawisa's words, echoed at the back of our minds: *Take the time to get to know the school, it has lessons to teach you...*



Figure 11. Photos taken by participants as part of photovoice. Photos blurred by researcher.

His words reminded us that we needed to stop thinking in a box, stop thinking about our profession as just a one-dimensional entity. It's like we're made to think that we are needed as speech-language therapists. We come in, a knight on horseback, doing everything, responsible for planning and implementing, dictating the rescue mission and how it should play out. But today, releasing that power felt good – we didn't have to be in charge of the implementing intervention. We needed to stop expecting that we were going to teach everyone something. In fact, the community was teaching *us* and *we* were learning.

After piloting some of the activities, we asked the library assistants for some feedback. Lisakhanya said: "I liked doing the activities and I learnt a lot about book awareness and how to teach it, and how to break up a word for the learners and now I can use what I learned today in the future." Manyanani had a different perspective: "For me, working with students has been great, it gave us direction. But for me, like there are cultural things, like one activity was about learners need to save water so they mustn't use the shower or bath. But the learners first need to understand what is shower before you can say turn off the shower because where most of us are staying we are using the buckets, use the kettle to boil water. So before the students create the activity, they need to engage with us more about 'how about this activity?' instead of 'Manyanani, this is the activity you need to do it now'. The meeting with the library assistants gave us a lot to think about.

One afternoon we sat with Abigail and Susan. As a way to debrief from our rollercoaster of learning, Abigail asked us to think about how we were feeling. It was a difficult question to answer, we still couldn't really fathom all of the emotions we felt during this block. Like after watching Lisakhanya pilot the session plan,

we felt so much pride. Other times, we felt defeat. Inspired. Guilt. Optimism. Sadness. Excitement. Anger. Disappointment. But most of all we felt a sense of hope and determination. Vanessa said, “For me, it is a strange feeling because for the longest time, I felt that we had to close that emotional box. There was no space for feelings and now I’m starting to feel differently”.

Susan shared with us her own learning experience: “At first, this didn’t make sense for me...if this was my first year, it would be a complete disaster because that first year I was learning so much from Minerva and listening to her considerations and trying to understand the thinking because if you were left to do that thinking on your own, I wouldn’t have arrived at the same conclusions. It’s important for you to be here at the school to understand it, to kind of go through that deep thinking process and questioning a lot of things before you get to the point of understanding.”

Abigail provided her perspective on our learning so far: “Coming from an OT perspective, if you look at the picture (see Figure 12), this person (in the middle of the picture) represents the individual, any individual in the community. And I’ve noticed when students first come to block, they get a bit of tunnel vision of the school, the classes, the actual physical school and what is done here, and you get kind of get caught up in ‘what can I do? ‘how can I help?’ ‘what do / think community needs?’ and you kind of just come in wanting to help (with a top down kind of approach). I guess the picture shows this whole thing of us (as health professionals) trying to fit a person into a society which we think is right, like trying to make them the same instead of looking at what makes them *them*.”



Figure 12. Drawing created by participant during experiential drawing data collection. The first picture shows the overall drawing. The second picture draws closer focus on centre of the drawing discussed in by Abigail.

While we still had so many questions, we left the conversation feeling like maybe nobody has the answers, and that we are all working towards creating something more tangible in the future.

Once we had piloted activities for all of the grades, the library manual began to take shape. We began to work diligently on adapting the format, adding some lesson plans, simplifying – to ensure that the manual was easy to access, understand and implement, taking into consideration all that we had learnt. In order to begin to pilot and implement the newly named Manual of Language and Literacy Development (MLLD) in the SII schools, we had set up a meeting with the UCT’s School Development Unit, NGOs and the library assistants to introduce the manual. It was then that we realised the magnitude of the project. There were discussions of translation, making the manual available to all schools. We hadn’t even thought that far! It was just supposed to be a clinical block requirement.

During the meeting, there was one moment that really stood out for us. We had used the term “culturally appropriate” to refer to the MLLD. One of the audience members correctly interjected, saying that the correct word to use would be “contextually appropriate”. We definitely didn’t see that coming! We had never been challenged like that before. And she was so right! In our weekly reflective report, we wrote about our experience. The word *culturally appropriate* was something that was just thrown around in our degree. We use it all the time. You don’t think about the meaning more deeply. That moment really highlighted for us that we aren’t part of the community and when we tried to come in and promote something, it came across like “I know better. My way is best”. And that hit a nerve. But that wasn’t our intention. We were so unaware of it!

To celebrate five years of partnerships with schools in Khayelitsha, the SII invited us to attend a community event (SII, 2017a). The aim was to discuss insights and lessons learnt that showcased the work of the university-school partnership (SII, 2017b). Grace and Azraa, attended on our behalf as student representatives. The opportunity gave us the chance to share our views, experiences and learning over our six-week block. More than that, it was an opportunity to hear from all the different stakeholders involved in the SII, from principals who had constituted a community of practice, to first year UCT students discussing their experiences as participants in the 100Up programme (See Appendix B for details).

The on-site supervisor, Susan, said: “In the first year, we were just faffing around because we were...“gosh we’ve talked so much but we haven’t done anything’ um so I think there is a point where the kind of community entry should develop into doing something. I think now we’ve actually gotten to the point of establishing a little bit of where we going and what we want to do.” One of the principals, Mr Ndlela, spoke of his experience: “For the school, I wish the impact can be felt more by learners and by parents. And sometimes, follow these learners, if we pick up learner in Grade R, we need to follow the learner to grade 7 to see the progress. Students come for six weeks, leave then next students come so we need to build from inside the school, within staff to sustain the programme so that we see development and feel the impact of the programmes.” Attending the event gave us a broader perspective of the work of the SII and the links to community engagement.

The final day at the school was bittersweet. After six weeks, we were finally starting to feel comfortable with what we were doing, and now it was coming to an end. The principal arranged for the staff to come in to the staff room to bid us farewell. Staff were thanked for opening their minds, hearts and classrooms to us. There were lots of mixed emotions. On the one hand, we were happy to have had an amazing block at the school together. On the other, we were sad to see it all coming to an end. We all wished we had more time at the school. Not only to continue and see the projects come to life, but also to keep learning and growing as clinicians and as people.

Riding on the bus, on our way back to university, we realised that our learning and growth wasn't a perfect science. There was no model to follow or paradigm to adhere to. It wasn't like the theory we learnt in lectures. It didn't fit into neat subjects that we could compartmentalise in our minds. Grace concluded: "learning and growth isn't a perfect science. There is no model to follow or paradigm to adhere to. It is a convoluted and disjointed experience. My mind was opened to so many different ways of thinking and it reminded me that it is okay to question and challenge yourself."

4.3 Contextualising the case narrative

In order to create a clearer picture of the EPP as documented in the case narrative, the following section provides contextualisation of the case to provide some deeper understanding mechanisms informing the development of the EPP. The contextualising is specifically located in the findings section as it provides detail and clarity about the structural and philosophical drivers supporting the EPP. Figure 13 provides the broader structural context in which the EPP is situated.

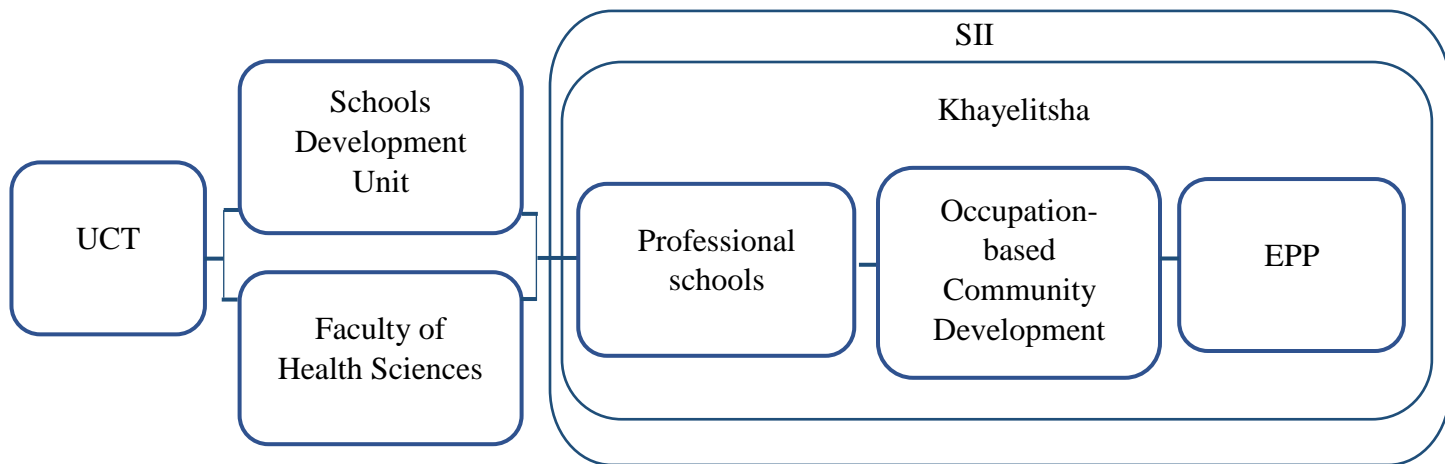


Figure 13. Diagram of structures supporting the EPP

The following sections explore the key structural mechanisms supporting the EPP as presented diagrammatically in Figure 13.

4.3.1 Structures supporting the context for learning

4.3.1.1 SII. The Schools Improvement Initiative (SII) is a university-school initiative (as discussed in Chapter 3) that acknowledges the importance of implementing a holistic approach to school collaboration. This is highlighted by a number of organising principles which extend beyond the desire to positively impact teaching and learning within the classroom context (Silbert & Bitso, 2015). Beyond seeking to address the needs of the school, five objectives (See Figure 12) foreground the central tenets of the SII, namely the university-school partnership, interdisciplinary collaboration, professional development, service learning, community engagement, and engaged scholarship (Silbert et al., 2018).

The second objective, the establishment of “Professional Practice Schools” is directed toward creating mutually beneficial and reciprocal relationships between the partner school and the university. The concept of professional practice schools is intended to be inclusive and involves students from different disciplines such as SLT, Occupational Therapy, Audiology, Physiotherapy, and Social Work) who complete their practical learning at the partner schools. Service learning is considered a key part of professional practice and therefore establishing professional practice schools was directly linked to service learning (as outlined in Objective 3, Silbert et al., 2018). The EPP speaks directly to both objective 2 and 3 presented in Figure 14.

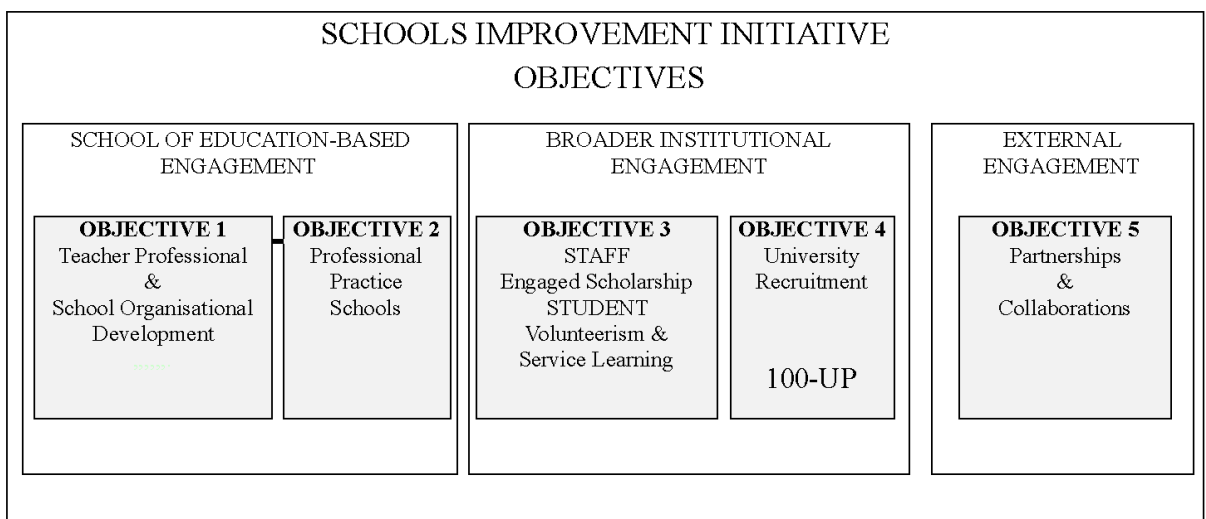


Figure 14. Schools Improvement Initiative objectives – adapted from Silbert et al. (2018)

Service learning in the context of the SII is conceptualised using a critical service learning approach, where the traditional service learning model of providing a service without considering the systems of structure and power that create inequality is disrupted. Critical service learning is conceptualised as a form of disruption, creating a space for disciplines to disrupt traditional practice, question and reimagine traditional methods of research, practice and teaching through interrogating the factors (historically, socially, politically, economically) influencing the lived experiences of the people that the students engage with (Mitchell, 2008). Within the critical service learning strategy, power relationships between the university and the communities are disrupted, and instead the SII aims to strive toward forging mutual reciprocal partnerships (Silbert et al., 2018). For example, in the narrative, the student SLTs were required to be part of the school ecosystem. As such, they did not have the power to dictate the of nature of the relationship. This

is in contrast to their traditional role where the SLT controls the nature and focus of assessment and intervention.

4.3.1.2 Educational/practice design using Occupation-based Community Development (ObCD). In this section, I discuss the utility of the ObCD model in guiding the development of the EPP. With both SLT and OT students placed at the same SII partner schools, there was an opportunity to draw on the theoretical and practice knowledge from both disciplines (Abrahams, Kathard, Mostert, Walters, & Galvaan, 2018). Such engagement provides an interdisciplinary focus to the site. The Occupation-based Community Development (ObCD) framework served as the basis for developing the SLT curriculum (Galvaan & Peters, 2017). ObCD is value based and emphasises that goals are developed and achieved through communities – with communities being both the means and end (Galvaan & Peters, 2017). The change process requires that the everyday practices, discourses and power dynamics are understood and challenged as a basis for achieving more liberated forms of occupational engagement (Galvaan & Peters, 2017). The approach is focussed on building the capabilities of people while increasing their choices and resources in the contexts of their structural disadvantage (Galvaan & Peters, 2017). Students are positioned as active participants in the knowledge generation process, acknowledging the situated nature of knowledge, and realising that many contributions to the generation of knowledge are possible. As such, community engagement and participation are viewed as central to the process of advancing human rights and social justice (Galvaan & Peters, 2017). ObCD specifically targets marginalised groups and communities and how they draw upon collective resources through partnerships (Galvaan & Peters, 2017).

Although dominated by traditional practices framed by a positivist scientific paradigm and informed by the medical model (Kathard et al., 2007)], ObCD applies a critical perspective when engaging with the community (Galvaan & Peters, 2017). The students are required to shift from a linear, predictable process to a dynamic, iterative process. Figures 15 and 16 depict the shifts in practice method that the students need to negotiate.

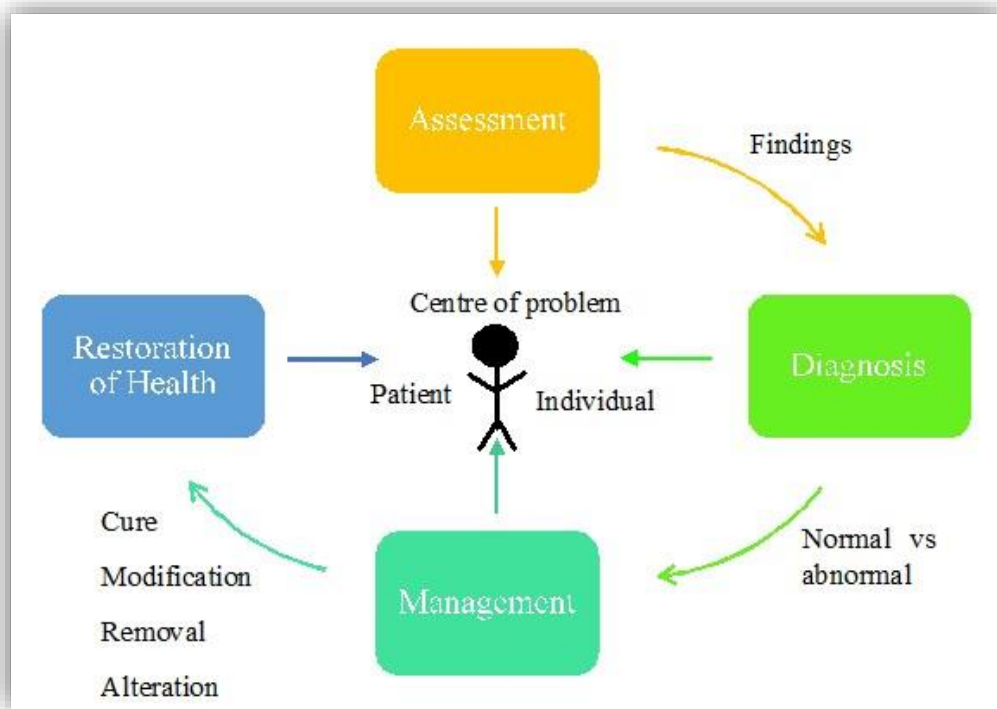


Figure 15. Researcher's understanding of medical model

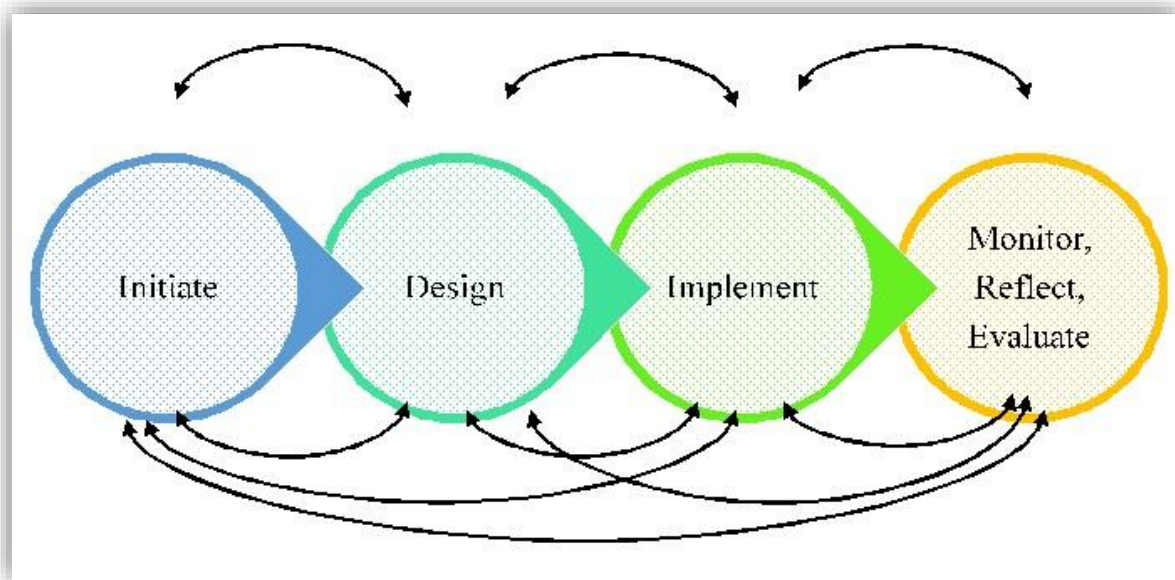


Figure 16. Researcher diagrammatic understanding of ObCD (Galvaan & Peters, 2018). Arrows representing interaction and iterative nature of process.

The phases of initiation, design, implementation and monitoring, and reflection and evaluation (described in Figure 16) are explored in the case study narrative presented the previous section of the findings (see Section 4.2). In the following section, I discuss each phase and draw links to the case narrative.

During the initiation phase, the challenges and possibilities for communication participation were identified – in discussions with their off-site supervisor, Minerva. The ObCD process placed emphasis on establishing relationships and developing a deep understanding of the community in terms of cultural, linguistic, economic, and political factors (Galvaan & Peters, 2017). Students began a process of engagement – listening, observing, participating, and asking critical questions – in order to create a space for developing shared meaning. In the narrative, SLT students engaged with different stakeholders such as teachers, the vice principal and learners to be able to understand the context. Students began to deepen their understanding through a process of reflection (Galvaan & Peters, 2017). Critical reflection facilitated a conscientising to intersectionality (i.e., to the position and privileges each person holds) and how that might influence their interpretation (Galvaan & Peters, 2018). For example, the students start to compare and contrast their experiences to the experiences of the individuals from the community. Throughout the case narrative, the students were seen to reflect individually, with their peers, the supervisor, and the SII co-ordinator, respectively. Developing and maintaining partnerships is considered to be a key platform for co-creating sustainable campaigns in the community such as the collaboration with all stakeholders (including other health professionals, school staff, NGOs, community member and learners). The initiation phase facilitated the evolving understanding and interpretation of what participation in occupation of learning looked like in the community, from which the design phase began to build (Galvaan & Peters, 2018).

The design phase involves the creation of projects that are responsive to a particular context. Establishing partnerships with key stakeholders or groups (identified in the initiation phase) was essential for collaboration. The design phase can be seen in the case narrative when the students began to plan and design the library manual. Their choice of project was shaped by their collaboration with the key stakeholders at the school including the teachers, learners, principal, and library assistants. Through brainstorming, researching and developing session plans, the students decided what was to be incorporated into the library manual.

The implementation phase can be seen in the piloting of library sessions in order to adapt and adjust the library sessions in the case narrative. Though consultation with all partners, students engaged in questioning the best way to effect change, the implications of power dynamics, and how to promote sustainability.

The monitoring, reflection and evaluation phase occurs throughout the ObCD process. It is important that outcomes and indicators of change are identified, monitored and evaluated throughout the process to ensure that gains are made (Galvaan & Peters, 2017). The monitoring, reflection and evaluation phase can be seen through the constant discussions, reflections (through different means i.e. as a group, through reflective journals etc.), and re-evaluations. For example, while in the design phase, the students learned that they had not considered the language of instruction for the library sessions. As a group, they had to return to the initiation phase and reconceptualise the core of the challenge to supporting communication as a whole. In this sense the phases were dynamic, where the students moved between and across phases as the projects developed.

4.4 Summary of case narrative – Part 1

Part 1 provided the reader with a broad outline of the activities making up the EPP including the initiation, design, implementation and monitoring and evaluation of projects. In addition, the findings provided insight into the structural mechanisms supporting the EPP, including the SII and ObCD framework. Part 1 therefore highlighted the complexity of the context, showing how the EPP is uniquely situated in the community and served to introduce the reader to key themes which follow in the part 2 below.

4.5 Part 2: Delving deeper – exploring key themes

Using narrative analysis of the case, four key themes emerged: (1) being in context; (2) blurring the boundaries between professional and personal self; (3) supporting the freedom to learn; and (4) entering through the gate of communication. Part 2 will discuss each theme in more detail.

4.5.1 Theme 1: Being in context: Learning from seeing and doing. The theme explores the context in which the student SLTs found themselves, and how they came to learn from seeing and doing in this new context. The theme is narrated in the student voice and supplemented with collages. See Figure 17 and 18.



Figure 17. Collage of pictures created by the researcher using pictures taken by participants during photovoice

For us as SLT students, just being at the school was a complete adjustment compare to our expectations coming into the community block. Walking into the school, the first thing you see is massive fences and locks surrounding the school. Everything is bricks. So much concrete everywhere. Endless paved cement. Rubbish and stones littered around. It wasn't appealing. At the back of the school, in a small corner, is the jungle gym, the only play facility at the school for so many children. It was completely broken with pieces of wood hanging from it. On the other side, there was a mobile classroom with women making food for the children waiting in line. There were children sitting in a corner eating their food. It didn't feel like a school. Jamie shared: "When I thought back to my own school experience, when I was growing up, school was a safe space where I could be with my friends, I could wander around anywhere and I knew I was going to

be looked after. I remember there were gardens, green grass, sandpits and fields. Everyone brought their own lunch. It was a complete shock to see that not all schools were like that”.

Working at the school as an SLT was completely different to what we were used to. We missed doing therapy and wondered why we couldn't do both – work on projects and do individual therapy. We missed the structure it brought and the routine it brought as well as the almost immediate effect of therapy displayed by a child when they are not able to use pronouns, and then can after three sessions. But we got used to it being like that where you learn that this is what SLT is and you don't go beyond that. And so we thought that's all we have to do. And now, in this new environment and context, everything was uncertain and unstructured. Coming here, we didn't know what to expect, and realised we would just have to see how it goes. The next thought was that maybe we can miss doing therapy but still make a difference in the community.

But it took the time for us to look more closely... there was more than we initially saw...

It is so interesting how we come in with these preconceived ideas really knowing. Ideas about a township, about the school, about the learners, about what we do as speech-language therapists. On the outside, you see the bare desolate kingdom, those negative connotations, but there was so much life in this place, so much more than we initially thought – a hidden treasure trove that was bare and desolate on arrival but transformed to be bright, vibrant, and full of life. The beauty was there, we just needed to really open our eyes to truly see it.

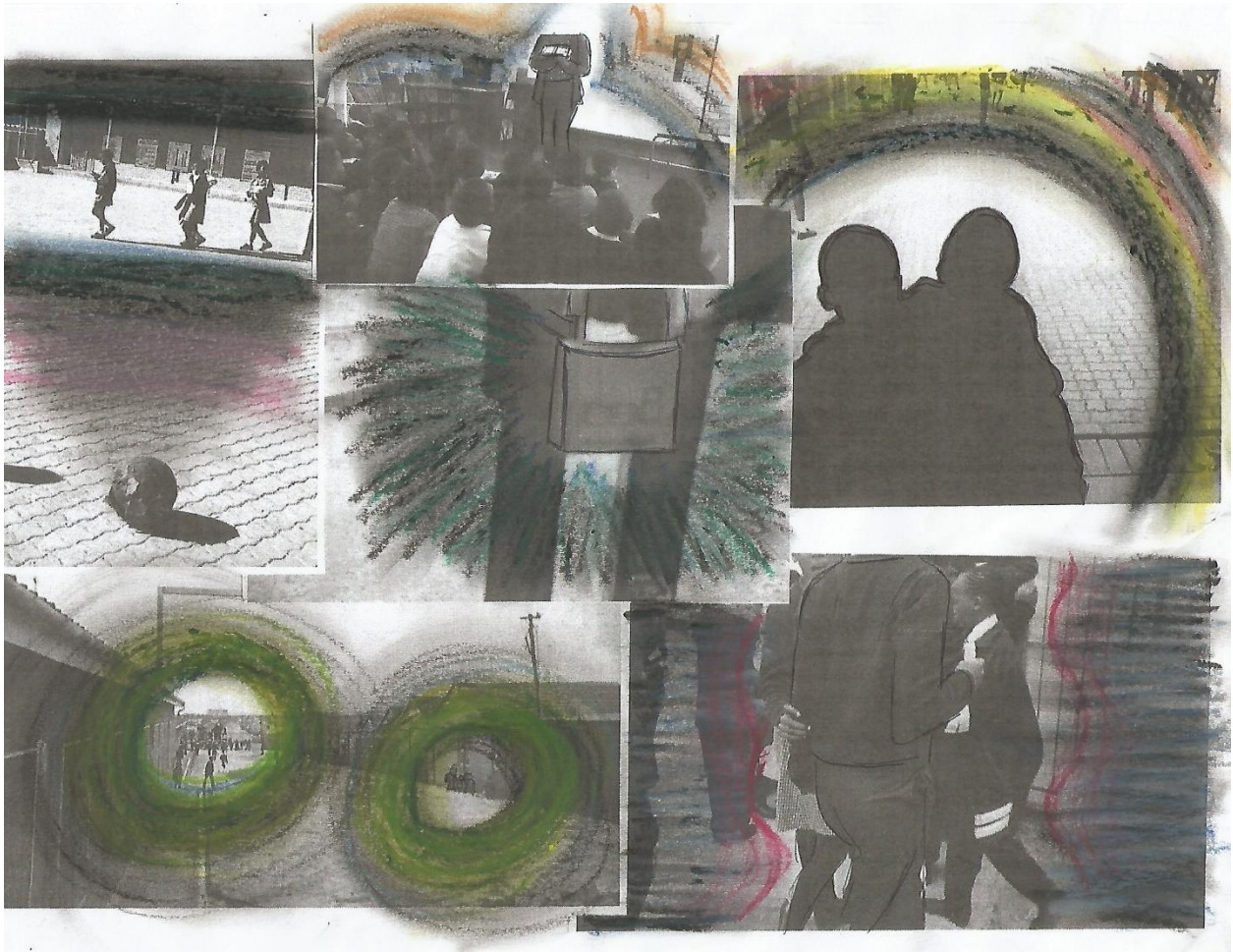


Figure 18. Collage of pictures created by the researcher using pictures taken by participants during photovoice. The researcher used colour to highlight specific aspects of the photos, discussed in the student narratives below.

Just look over in the corner, you can see there are kids sitting, they had just gotten food from the feeding scheme, which means that they probably didn't bring food with them for lunch. They were sitting together and there were small dogs with them that they were sharing their food with. It was so beautiful to see children who seemingly don't have a lot, but even what they do have they are sharing.

Claire shared her thoughts: Not every school in South Africa will have greenery and look nice. To me, the photo was not appealing and it would not entice me to play there. However, the children in the community do not know of anything else as they have probably grown up in this community their whole life and have frequented this school. Furthermore, the children in this community make the most of what they do have – a school where they learn and grow.

In the background of the picture with the two circles, you can see the jungle gym play facility. Saiyukthi told us: “Even though it might not look the way *I think* it should, you can see everyone looks happy. You can see that the children make up their own games and it shows that you don’t need to have crazy elaborate play facilities, because children can have fun anywhere. And thinking back to talking to parents when working in a hospital for our clinical block, telling them that it was important to play with their child, like “let him play with the toy car and the ball”. Now reflecting on that, maybe toys aren’t a priority, maybe having food on the table each day is more important.

We often come with all of these fancy toys, but a lot of the children don’t know to play with them as it is the first time that they are being exposed to anything like that. It makes one wonder how beneficial the sessions with those children are and whether they would gain more from using toys and objects that they are used to and see in their own contexts.”

Anike gave her perspective: “I can now see that there is so much more that I need to consider. It is important to think about the context from which people are coming. I remember I was at a hospital, and it would be so frustrating, the patient I was seeing would always come late, or too early. We would have to book off two hours because we were never sure when they would arrive.

And one day, my patient’s son, who would bring her, came up to me and said, “Could you please just tell me what time you want us to come here because I can’t read”. It was an eye-opening shock to me as we would always just write the dates down on the appointment card and never thought about it.”

Saiyukthi reflected on the drive to the school: “One day the bus took a different route and we drove to the town clinic. Opposite the clinic were informally built housing structures called shacks. People were doing their laundry by the road side and walking with buckets to fetch water. There was a man in mud, drinking water from a tap at the side of the road. It wasn’t like anything I had ever seen before. It was different from what we saw at the school, where the neighbourhood looked more like a suburb. You hear about people living in such terrible conditions but seeing it first hand was very overwhelming. Many thoughts ran through my mind about the health and safety in such an overcrowded informal space. People could quickly become sick and, due to their socioeconomic circumstances, they may have limited access to healthcare. Lecturers always mentioned that we live in a diverse country, but these circumstances were something I would never be able to forget. It was a true revelation of what an unequal society we live in. It was so overwhelming. I felt guilty and ashamed of myself and the inconveniences I complained about like a slow Wi-Fi connection and the bus arriving late”.

Jamie told us: “Looking at the lock on one of the gates at the school, I realised that it speaks to who I am. You can see the photo is focused on one small thing, the lock (see Figure 18). I like working with individual patients rather than community, to zoom in on one person. And, like the lock, I learnt that I was so closed off to any other thoughts. I can now see the issues within our context for myself. A lot of it was disheartening

but I believe it was important to be aware of. I realised how blinded I was to issues occurring around me and how my privilege prevented me from seeing the bigger picture, especially when it came to the SLT practice. I experienced guilt and frustration for not seeing these inequalities for myself. It was even more disheartening realising how big the communication problem is and knowing that so much needs to be done. I do believe awareness of the issues around us is a good catalyst for change. It was so enlightening to me to have discussions about our context and how the past still influences our present. I experienced a shift in my thinking and began questioning everything. I think this is important for my growth because it means that I am no longer thinking according to the way I have been taught, rather I am beginning to ask myself “why” and develop my own thinking.”

4.5.2 Theme 2: Blurring the boundaries between professional and personal self. The theme speaks to the students’ experiences of learning to become professionals and how the EPP began to reshape their professional identity. As a means to represent the theme, I created three paintings as a way of graphically depicting the experiences of the students. The paintings developed portray the student reflections on their experiences (1) before, (2) during and (3) after engaging in the EPP. The paintings particularly attempt to show the different experiences of the students across the community block and present different student perspectives and learning throughout.

It should be noted that as the paintings are open to interpretation of the reader, no descriptors are provided. The students’ reflections are used as a way to guide the reader in understanding the paintings and therefore the students’ narratives below each painting are intended to trigger thought and understanding. The interpretative nature of the representation additionally portrays how each individual student experienced the same EPP but exited with different outcomes, learning and growth. In Appendix O, I have included my own inspiration for developing the paintings so that the reader is able to compare and contrast their own thoughts and ideas with my own.

4.5.2.1 Students’ reflections on their experiences before entering the EPP. The first painting (Refer to Figure 19) discusses the students’ university experiences before entering the EPP. Students reflect on how they felt throughout their university journey.



Figure 19. Painting of student experiences created based on university experiences before EPP

Comments contributing to the development of the painting in Figure 19:

Thandeka shared: “From first year, in lectures, we learnt all of this academic knowledge such as child speech, language learning and literacy, fluency, voice. For each course, we learn about disorders, how to assess them and manage them. As students, you are taught what to do and how to do it. Students learn about what SLT is and you don’t go beyond that, as if one move outside of that box, one will fail, so one becomes that box.”

Grace added: “During our adult neurology block, I had a really difficult session that left me very emotional. I mentioned how tough it was in my feedback after the session. I said: “yoh that was tough” and my supervisor was like “Okay cool but you did this right. You did this wrong. What do you think would be better?”

The response from my clinical educator was a critique of my performance. Sometimes you just want to tell someone that that was difficult or that was really amazing. I also remember once observing someone do therapy. She was a fourth year and I was third year and the student kept on asking the patient something they did not understand. I saw the fourth-year student become frustrated with the patient, so I started speaking to the patient in Afrikaans. The patient started crying because she was so happy that someone could speak to her in her own language. It made me so emotional but I had no one to speak to about that experience. It is tough in that we see so many difficult cases and I am an emotional person but it feels like we are told that we can't become emotional. I still cry when Mufasa (from the movie *The Lion King*) dies! But that's how I am! But it feels like you are told that you can't do that. With a focus on clinics and marks, you get lost in the mess and you kind of become this professional box."

Vanessa said: "There is no way to be something else. So you learn to be this person, this professional. This box. I think through all of that you then get moulded into these SLT robots. The perfect speech-language therapist, like your supervisors, your lecturers. You start to think: I want to be like that one day."

4.5.2.2 *Students' reflections on their experience of the EPP.* The following section presents the second painting (refer to Figure 20) which explores the students' reflections on what they learnt through immersing themselves in the EPP.



Figure 20. Painting of student experiences of EPP created based on data extracted

Azraa shared her experiences and likened it to being in a box (see Figure 21): “Throughout the block I realised what a different person I had become. In the pictures, you can see it’s a box made up of four smaller boxes. I liked that the boxes were equal because that represented how I was before entering the block. Three years of being at university, we were taught this academic knowledge. It was like equal. Everything was the same size and fit neatly into its box. I remember that, coming into the block, I wasn’t happy and did not want to be at the school (or in the community, working on projects). I just wanted to do

therapy. I was boxed and stuck in this way that SLT could only be in hospitals and clinics and schools (as we had always done)".

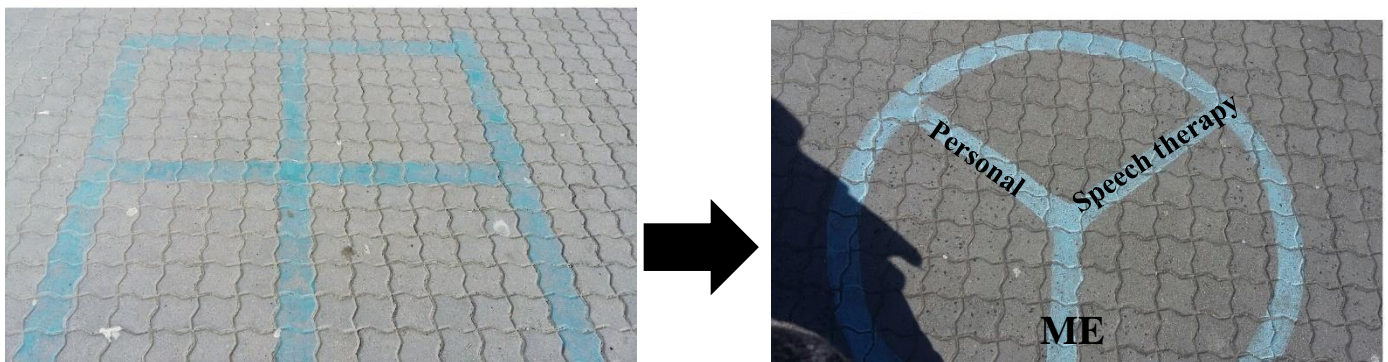


Figure 21. Azraa’s depiction of her experience of the EPP taken during photovoice. Wording on photograph included by researcher to supplement student narrative.

Azraa continued: “I remember, in my third year, I was doing my first ever adult neurology block at a rehabilitation centre. It was a really scary prospect in and of itself. Just a few weeks before, my grandfather passed away. He had had a stroke and had dysarthria. I was assigned my patient and he also had dysarthria. It was something close to home and took me by surprise. I told my clinical educator that I just needed five minutes outside of the ward and I would come back again as I needed time to compose myself. I came back into the ward and it was fine and I started my assessment session with the patient. But then the patient next to us was dying and I could still hear the family crying, but I had to close the curtain around my patient’s bed and carry on. Throughout the session, I was so close to losing it, but I continued and couldn’t wait for the end of our clinic day. As soon as I walked out, I burst into tears. In that moment, when I was doing therapy, that’s when I became that box, and then when the clinic was done, could I be me again. I could be Azraa.”

Azraa concluded: “After experiencing this block, I think I became like this picture (see the photograph of a peace sign in Figure 21). On the one side of the circle, you can see my personal attributes and on the other side that’s my SLT attributes. In the block I realised that I kind of forgot who I was. I felt like it was just me as a speech-language therapist which excluded my personal attributes from the situation. I always thought that I only know how to give therapy, but throughout this block, I realised that I am important as well. I am Azraa first and then I’m a student speech-language therapist. It’s not just about all of my SLT knowledge, I have my own knowledge and attributes that I bring in to therapy with me. And that’s important too. I learnt that you need to put a part of yourself into SLT and in doing so I found myself within the profession. That’s what the picture of the peace sign represents. By focusing on myself in relation to my

profession, it allowed me to reflect and evaluate myself and in so doing, it allowed me to rediscover myself and my strengths and abilities in relation to SLT. It taught me to never conform to a person or a curriculum. Before this community block, I would measure myself against our lecturers and strive to be them. Through this block I found myself again and now, the only person and therapist I want to be is myself.”



Figure 22. Thandeka’s drawing of her experience of the EPP.

Thandeka reflected on her own experience using the phrase “live, learn and love SLT” as depicted in Figure 22: “I learnt that it is important to just live as a speech-language therapist and to let SLT be part of you. For example, if you are a person who is chatty or who is compassionate, or emotional, that has to link to your profession.”

“So, as I live SLT, I continue to learn and this block taught me that there is always more to learn. For example, I learnt about the history of SLT stretching back to the times of colonisation. I realised that while formal colonisation may be over, the beliefs still exist in people’s minds. This encouraged me to think about the things I base my beliefs on as I work with different people. I could see how we can change the world as speech-language therapists. I never thought about that before. This opens up a channel for transformation, with the view that SLT should be taking part in transformation and advocating for people. If speech therapists do not advocate for the people, they will be forced to work in a manner that supports colonial effects.”

“I want to be the speech-language therapist that also brings transformation and change into the field in South Africa. SLT is a different thing elsewhere in the world and when we try to copy what SLT is in England, for example, our context is different, so it will never be the same. As an African living in South Africa, how can I actually bring transformation into the field? My background, where I grew up, what I was exposed to – and bringing that with me into the field of SLT should make a difference and should be seen. I now see

that there is actually a lot that needs to be done and we are the people that can change the world and as a result I think I love SLT.”

4.5.2.3 Students’ perceptions of their professional self, following their engagements with the EPP. The final painting is a combination of the previous two. The painting explores the students learning as a result of their experiences of engaging with the EPP. They discuss how they see their learning affecting their professional and personal self in the future (see Figure 23).



Figure 23. Painting of student experiences of EPP created based on data extracted

Grace reflected: “In the last few weeks of the block, I got really close to my patients I was seeing at the community health clinic (CHC). I learnt a lot more about them as people and I realised that it was actually so much more beneficial for them and for me. My therapy was working a lot better because we had formed a relationship. In one of my patients who had a stutter, I initially focused on easy onsets and addressed the physical symptoms. Then he told me that he was worried about being bullied because he would be going to high school the following year. That only happened after three weeks of seeing him. It made me realise that when you go in thinking you know exactly what to do, you do not realise that there is a broader context than just the physical symptoms. And it was the community that made me aware of that broader focus.”

Victoria contributed: “The only SLT practice we really did was on the Thursdays at Mitchell’s Plain CHC. I really enjoyed that, and I assume that is what community service will be like – working with the community and then doing some therapy as well.”

Becky added: “I think that this block will prepare students well if they go into a low resourced or rural area for community service where they won’t necessarily just be seeing patients full time and you will have to do more community work and get involvement from the members there and do the whole needs analysis process. Most of the sites that we will go to (for community service) will actually be areas that are not going to have resources, they aren’t going to be like private practice so this experience will be helpful for wherever we go, but I think that the block will be more helpful particularly if you are going to go to more rural areas. I think that if students end up at Groote Schuur Hospital⁶⁷ for community service this block wouldn’t be helping them as much.”

Grace said: “I’m excited to be able to apply what I learnt during this block to my individual cases. In the beginning I thought that the CHC patients I saw were my individual cases and the school was the community experience. But now I think I can apply what I learnt in the community to individual cases. For example, we always learn about the ICF⁶⁸ and applying it to our patients and I honestly always thought that I had been doing that because I was thinking of them in their home setting or them and their family. I never thought broader than that. I now see that my views were skewed and narrowed. I never thought about the community where they came from. I think it was very much focused on the individual interaction whereas now I see that it’s so much more than that, like going into community service next year, students are not going to be able to just work with patients one-on-one but are going to have to work with the community. I finally see the bigger picture. I realise now that the principles of the community block can be used every day and can be applied to all our different scopes of practice. I cannot wait to share these valuable lessons with my peers.”

Susan shared her thoughts from the perspective of a clinical educator on her experiences supervising students at the community block: “You worry about the students. Where are they going to end up? What kind of therapists are they going to be in South Africa? Will they be prepared to cope with stuff I learnt only after (I graduated)? In terms of language barriers, too many patients, high case load, all of those difficult things that I had to cope with and wondering if we are preparing them for that. I think listening to the students, I just actually found a little place where I felt that they are going to be okay because they are going to go to community service and they are not going to battle as much as I did.

⁶⁷ Groote Schuur Hospital is a tertiary level academic facility in Cape Town

⁶⁸ ICF – International Classification of Functioning Disability and Health is a classification framework for measuring health and disability focusing on body structure and function and environmental factors (World Health Organisation, 2018)

This block opens SLT practice up to policy development, working for the Department of Education, working in SII, working in all of these things in terms of jobs creation because there aren't enough jobs for these students so now you have more options and having them thinking about it now."

4.5.3 Theme 3: Supporting the freedom to learn. This theme speaks to how teaching and the curriculum of the EPP was structured in such a way that allowed the students the freedom to think about their roles as speech-language therapists more broadly. The theme uses both student and clinical educator narratives to share thoughts and perspectives.

4.5.3.1 SLT student perspective. As a group, we had discussed how different the block was for us. It made us think about our previous clinic experiences compared to our experiences at the school.

Saiyukthi reflected on her experiences of clinics: "Usually when we went into clinics, everything was already prepared for us. We would be allocated to a clinical block, assigned a clinical site and assigned patients. We never had to go and look for consent or go and look for patients. We were given our cases, did our therapy session and left. We didn't have to think twice about how our day would play out. We were so spoilt. Whereas this block took a completely different format, we had to think from outside the box. There was no supervisor fixing it for us. It helped me to develop a sense of independence. I had to take responsibility and not rely on those above me to tell me what to do. I see how boxed in I was and how I stuck to my to-do list rather than thinking out of the box and allowing space for creativity."

Becky felt differently to Saiyukthi during this block. She said: "I kept wanting to have sort of a checklist like 'Today we are doing these five things and the reasons we are doing these things is for this'. That was what I am used to so I was afraid of doing it another way. I even want to get a mark for my reflection reports because I want to know if I was doing it right. So on the first day when we met with Susan, I found it very difficult. I wanted her to tell me exactly what we must do in the block, but it was totally up to us to do anything."

Azraa added: "Originally, when we would see individual patients, there was a rubric that we had to follow. There was a list of things that you had to tick off. You only have 45 minutes with the patient, so you need to make sure you get everything done. If you don't actually get the time to do all of the things on your checklist, it will obviously come back to you in your feedback and your marks. Whereas in this block, the rubric didn't give you set expectations. You begin to really focus on what *you* think, so it's more freeing and you don't feel like it's either right or wrong. It's your own learning and personal growth. Learning isn't perfect and that's okay. You don't get marked down because you aren't thinking like this immediately, so you feel more free to express how you actually feel."

Thandeka concluded: “It felt like after each meeting, or after each and every conversation that we had with anyone, I would start thinking differently. Reflecting on what I learnt, how I felt and asking myself how I could do it differently. I also reflected on how I was being changed in each situation and how I could use what I learnt and apply it to SLT. The focus was different. The focus was on you. We were able to reflect on our experiences through our weekly reflective journals, but I started questioning whether it was wrong not to mention anything about the library manual and if it is okay to just speak about how the experience made me feel.”

4.5.3.2 Clinical educator’s perspective. Susan shared her thoughts about the community block and its developments: “I supposed the thing about a new practice is that there is no recipe. UCT expects you to have a teaching recipe in terms of these are the ingredients, I am turning in this product. They all look the same and if you don’t look the same, we just kind of flatten you a bit and when you look like the others.”

“We have been working on adapting and changing curriculum as we go along. Like last year, the students were just at the school in Khayelitsha. And then our division⁶⁹ thought that maybe the students aren’t getting as much from that experience as they could compared to what the students are getting at Vredenburg and Vanguard (at the other community block sites) in terms of a health care setting. So the SII students are getting the education part of it and that’s great but maybe we need to give them a health care exposure as well – which I suppose was an attempt to pull back to the traditional way. We thought that it makes this jump into SII a little bit easier because you still get to do a little bit of traditional stuff and then get to do the “way out there” stuff for the rest of the week.”

“On top of that, there are also departmental perceptions, in the way we set up the curriculum, the way we do, I mean even the staff refers to it as the “weird block”. And it just comes from something being new, not malicious, it’s something new and we weren’t quite sure what it is.”

“In addition, we have been working on adapting the assessments of students. It was a big issue. The assessment was a mess because the school site in Khayelitsha is a different block compared to the other community blocks. But there should be consistency across community blocks. How do you do this? How do you actually mark students on essentially the same thing in terms of consistency but also how do you measure the things that we are trying to attain at SII? There are different outcomes for each student so how do you quantify that down to a number? What are the intended outcomes of the block? Like what are we

⁶⁹ The word *division* and *department* used interchangeably by the participant. This is in reference to the specific division in which the participant was working. The university is structured as follows: faculty, department, division. For example, the University of Cape Town, Faculty of Health Science, Department of Health and Rehabilitation Sciences, Division of Occupational Therapy.

trying to teach the student in terms of black and white skills, soft skills or hidden curriculum or all of those things but what does it actually mean in terms of this is my mark?”

“I feel a little bit uncomfortable with the assessment, from a curriculum point of view, because we haven’t nailed that. We are trying. We have changed the mark sheet this year and it now includes need analysis, community entry, communication as themes on there but they mean different things at different community blocks. They also mean different things for different students so it’s still not a standardised way of assessment in terms of the reliability.”

“And then I think is 6 weeks really *enough* time?”

4.5.4 Theme 4: Entering through the gate of communication: Developing communication consciousness. The theme illustrates how critical conversations were used as a pedagogical tool for learning. The theme narrative that follows involves a conversation between the off-site clinical educator Minerva and the SLT students. It details how the SLT students repositioned their work through a communication lens. It further explores how the students began to deepen their understanding of communication to see how political, social, societal, and linguistic forces influence communication in the society as a whole and the community specifically.

4.5.4.1 Repositioning our work through communication. As groups of SLT students, we each got an opportunity to meet with Minerva to discuss our learning and experiences on our community block. We remember one incident in particular. We were all sitting in Minerva’s office, struggling to answer her question. She wanted to know what the role of SLTs was supposed to be at the SII school. Although uncertain, we formulated our responses based on the activities we had been carrying out. Thandeka suggested that the school was already doing work around literacy development and, therefore, our role was to look at how we can work together to strengthen speech, language and literacy, and make it more “amazing” and “beautiful”. Vanessa and Azraa, agreed, indicating that SLTs can help to incorporate different ways of learning such as using play as a medium to facilitate learning.

Minerva prodded us to think more deeply about our role. She said that although we were discussing their role, we weren’t naming it: “What experience are you bringing? What is your value add?” she asked.

Initially, we all sat in silence, quite confused. Like ‘*what do you mean? We just told you what we are doing*’. We began searching through the textbooks in our mind...Early intervention? Child speech? Child language?

Communication?

Minerva: “YES!”

And that's exactly what it was. Our minds were blown! We were so focused on thinking about speech, language and literacy disorders, not thinking about our work as SLTs in communication more broadly. Even though we weren't seeing individual patients at this school, what we were doing was still related to communication. And communication is at the core of what we do as speech-language therapists.

Thandeka replied: "You know, when I thought of SLT, everything was compartmentalised. Each in its own neat box. I never thought about it as communication. It was speech or language. Simple. But we need to stop thinking of our profession in boxes, otherwise we won't see communication." Grace also said: "Now that I think about it, communication, it's everywhere, in everything we do as humans. I mean we could find our role in anything if you really think about it. That opens up a whole new world of possibilities."

Once we realised all of that, everything just kind of fell into place. In that moment, it completely disrupted everything that we have been taught, and everything we knew to be true; but at the same time it cultivated and provided us with a platform for new ways of thinking about our profession. Something that would never have happened if we weren't pushed to question things.

4.5.4.2 Deepening our understanding of communication. Continuing our conversation with Minerva around communication, we spoke about the communication challenge we were seeing at the school. The discussion brought up many emotions for us. Jamie said: "It's really so upsetting. The whole school system. It really drives me insane! Grade 6 learners who can't even do Grade 2 work! Meaning, fewer children make it to Grade 12, even fewer go to university. And you hear things like: 'The learners aren't working hard enough.' 'This school isn't good enough.'. But actually, it's not the school, it's not the learners. They are struggling because they are being disadvantaged from the get go. It's all so frustrating!" We questioned why was the school choosing to change the Language of Teaching and Learning to English and what was really happening.

This made us think about the library at the school. There is an isiXhosa Fiction section, which is tiny compared to the English section (see Figure 24). It sends a powerful message about how society is structured – depicting what society values. We went into the school thinking that there was something wrong with the school and that there was something we needed to fix. We saw the bare desolate environment and were there to help it become colourful and vibrant. On the surface, we could clearly see that the learners were struggling with English so naturally that was our focus. But when we looked closer, we realised that *everyone in the community speaks isiXhosa*.



Figure 24. Photo taken by participant as part of photovoice

We all concluded that the challenge we were seeing was just so much bigger than just a school problem or an educational policy, but that it is society's view. Subconsciously one just thinks that English is superior. You need English to go to university and to get a good job. English seemed to be the language of opportunity. The decision of the school made sense then. English was necessary.

But, if English is so dominant, what happens to all of the other languages?

That made us think back to sitting together at the school. We had been reflecting on our own experiences of learning English. Thandeka told us that she had learnt English in a similar way to the learners at the school – “In my community, everyone speaks isiZulu. I would only hear English while I was at school. At home, I knew that I wouldn't have any English exposure, so I tried to learn as much as I could at school. In my spare time, I would watch cartoons, or I would sit with an English dictionary to try and learn the language. When I got to university, I only knew how to speak in English in an academic sense, I couldn't joke with everyone and so it was really difficult for me socially.” Anike spoke about her transition from moving from an area where her schooling was in Afrikaans and the whole community spoke Afrikaans, and coming to Cape Town to an English university. She said: “At some point, I had to remind myself that I do speak Afrikaans, because I will lose it completely because I just didn't use it anymore.” She told us it affected her not just academically but socially as well. We could see it for ourselves, in our own experiences and we knew what it was called – subtractive bilingualism.

We always thought of English as a universal language. But how did English become so dominant in a country where the majority of the population speak an African language?

Becky shared her thoughts: “It’s a difficult question. I think in South Africa there was mostly an oral tradition and an oral language and then with colonisation we came in and we had a written language. So we transferred the African language into a written text I guess. I kind of think it was like us coming here, to South Africa, and saying ‘We are making a written form of your language and we are still going to teach you our language’.”

As a group we discussed colonisation. British colonisation in Africa. Using their power, they enslaved many Africans through oppression and violence. We learnt that it wasn’t only physical enslavement, but enslavement of the minds of Africans. It made sense. If you are continually being told that your thoughts don’t count, your language doesn’t count, you don’t count, you start to believe it. You give up your power and lose yourself. What then becomes silent and what becomes dominant? Coloniser knowledge, culture, language. English.

Communication is multifaceted, influenced by many interconnected factors. English itself wasn’t the problem, speaking many languages is wonderful but when one becomes so dominant that it silences the rest, then there is problem. We realised what was happening was language loss. But what if we had good literacy in all of our languages? Was that possible?

We reflected on our own experiences of work with patients.

Becky: “And I have still given majority of my therapy in English even though it’s not in my patients first language”.

Grace said: “I remember, I had a kid [patient]. He was seven years old and English was his second language and I had to assess him in English using the RAPT⁷⁰ and the TACL⁷¹. I had a full-on fight with my supervisor because she wanted to me write that he is performing on a three-year old level because that’s what the results of the RAPT said. In my mind, I felt like this was an unfair assessment, because when I spoke to him, he didn’t speak like he is on a three-year-old level but the RAPT says these are the norms. But the norms are not even South African based! We are scoring him lower because he didn’t say “post box”. He said something else. And you know, there wasn’t time to assess any other language. Do we now say that he has an impairment or a disability when we haven’t even considered all his languages? It’s such an injustice! Are we creating problems or deficits where there might be none at all?”

Sarah: “Throughout this talk, I just realised that while I might have made some adjustments to my sessions when working with people who speak a different language to my own, but I am not sure that was enough. Could I have done more? It makes me feel quite guilty, like that guilt that just sits at the bottom of your gut. I should have done more. I could have been more dedicated and put more effort into making my sessions

⁷⁰ RAPT – Renfrew Action Picture Test – Assessment testing expression of language

⁷¹ TACL – Test for Auditory Comprehension of Language – Assessment testing understanding of language

more linguistically appropriate for my patients. At the very least, it was up to me, to us, as the individuals, as the profession, to change and adapt our language of instruction, or our therapy materials to make it more linguistically and culturally appropriate, so that we can provide adequate care. That at least would be a start. It was in our hands.”

Minerva challenged us to think about how we could address the communication challenge differently. She questioned what our role was as speech-language therapists in policy as the policy is influencing the outcomes we were seeing.

Grace: “This is so frustrating because I think in my first or second week reflections, I wrote about how I felt after reading the CAPS document. I felt like we needed to do something about policy, so I questioned, who we talk to and what can we do. But then you are told that there’s nothing you can do and you need to focus on what you can do right here at the school, you can’t go up and challenge policy. And now you are saying the opposite. But why can’t we challenge policy? If we don’t, then who will?”

Minerva responded: “Okay, so now we have more work to do. We have different work to do. Now that you have a different frame of reference, it’s not about feeling paralysed but perhaps energised. There are other things we could do that could make a difference and saying, ‘I see where my work is here on the tip of the iceberg, but I see other things that could be done underneath the iceberg and maybe we need to act differently as professionals’. We need to act with other people instead of thinking of practice just in the clinical way.”

We were expressing many different emotions – anger, sadness, guilt, but at the same time, hope, inspiration, and optimism –in our discussion.

Becky: “It just kind of makes me think that you can just act in another bubble and never think of the bigger picture and it’s extremely important to think of the context you are working in. I guess I never thought about other ways of doing things. I’m very limited. So it makes sense here. So if I’m stuck somewhere for community service, it makes sense if you want to get to know the context, you would talk to community members but I never linked that to SLT. SLT always came to me naturally. I always did well. It never occurred to me to question it. But I don’t think being in the community will influence the way I conduct my therapy. Although I would like it to, I don’t see how it would besides for why I would want to know about the bigger picture. Besides for that.”

Lesedi: “I was just paralysed by thoughts and lots of questions that are unanswered because there’s simply not a quick solution to complex matters that our country faces currently. I now see the political aspect of language, communication, identity, culture, education, learning institutions, and more. I think we all left Minerva’s office as different people than those that entered because she challenged our mind-set.”

Jamie: “This is me. I’m the bird (see Figure 25). The white background shows how I am so separated from everything. The bird is looking toward the bright and beautiful colours. It’s the false idea of the ‘rainbow nation’, that everyone is getting along, everything is absolutely fine.

Behind the bird, is the reality of what is happening in South Africa. The colours are quite negative.



Figure 25. Drawing created by a participant during experiential drawing phase of data collection.

Throughout this block, the bird changed directions, seeing the world for what it really is. Unequal. Unfair. The block helped me to realise that I’m very caged in. I thought that I was very open-minded, but I really wasn’t. I didn’t think about how I as a speech-language therapist, as someone who was supposed to be doing good, could still be feeding into a system that continues to oppress, by doing something as ‘innocent’ as providing therapy in English. Now, I stand at a cross roads. I have a decision to make. Do I keep on looking at the real world, and walk with that picture into the future? Or am I going to turn my back on it and ignore it and continue living in the ‘rainbow nation’⁷²?”

4.6 Conclusion

The chapter takes the reader through a journey of an EPP and starts by illustrating how the SLT students navigate through an EPP – specifically detailing the practice method. The structural mechanisms – namely the SII and ObCD framework – are introduced to show how they guide and support the EPP. Finally, this chapter demonstrates ways in which education and knowledge

⁷² The term ‘Rainbow nation’ was coined by Archbishop Desmond Tutu to capture the diversity of the country

sources open up possibilities to discover new ways of thinking, doing and being a speech-language therapist such as a focus on population-based, community-focused care.

Disrupting our labouring affinities: Synthesis and Conclusion

5.1 Introduction

The previous chapter of findings provided the reader with the initial two levels of analysis. Level one provided a representation of the findings in the form of a case narrative and level two provided an in-depth exploration of key themes emerging from the case narrative. The findings of level one and two provided the reader with insight into the EPP. This chapter builds on chapter 4 by presenting the third level analysis – synthesising the findings and the offering of the study thesis. The reader is orientated to how the concept of decoloniality (Dastile & Ndlovu-Gatsheni, 2013; Ndlovu-Gatsheni, 2013b) and the Relationships of Labouring Affinities (RoLA, Pillay, 2003) enabled me to understand the case of the EPP. This chapter does so by exploring how coloniality of power, being and knowledge are brought to the surface as the students engaged in the process of developing the EPP. The concept of critical dialoguing is introduced in this chapter as a tool for developing EPPs. This chapter concludes with recommendations for research, policy and clinical practice.

5.2 Using RoLA and coloniality as lenses to understand the EPP

As a means to synthesise the data, I used the concepts of the Relationship of Labouring Affinities (RoLA, Pillay, 2003) and decoloniality (Ndlovu-Gatsheni, 2013b). Here, I will introduce each concept to the reader and highlight how the concepts interact and inform each other.

In RoLA, “labouring” refers to the concept of work as continually transforming. “Affinities” refers to the attachments professionals have to their dominating ideologies, which have created a specific professional identity. “Labouring affinities” is about working through our attachments to our dominating ideological identities as a means toward developing changing practices (Pillay, 2003).

Coloniality (as discussed in Chapter 3) speaks to the forms of domination in the world today (Quijano, 2007). While formal colonisation may be over, coloniality survived. Maldonado-Torres (2016) defines coloniality as follows:

“coloniality and decoloniality refer to the logic, metaphysics, ontology, and matrix of power created by the massive processes of colonization and decolonization. Because of the

long-time and profound investment of what is usually referred to as Europe or Western civilization in processes of conquest and colonialism, this logic, metaphysics, ontology, and matrix of power is intrinsically tied to what is called ‘Western civilization’ and ‘Western modernity.’” (pg. 10).

In other words, while colonial administration is over, populations continue to endure exploitation and domination today (albeit in other forms, discussed in this Chapter). Using the three concepts of coloniality – power, knowledge and being (Ndlovu-Gatsheni, 2013b) – the confusion and deception that coloniality perpetuates can be unmasked (Maldonado-Torres, 2016).

Coloniality specifically drew my attention to the structure of the current world system and provided me with three key concepts (i.e. power, knowledge, being) to explore as means for understanding change. RoLA provided a means to deepen my engagement with the three concepts. In the following sections, RoLA provides a means for thinking through how we can shift from a colonial to a decolonial perspective by challenging our affinities to power, knowledge and being, as a point of leverage for changing practice.

5.3 Balancing power in relationships

Coloniality of power speaks to hierarchal relationships as a continued manifestation of the domination and exploitation of Africa during colonisation (Ndlovu-Gatsheni, 2013a). The concept of coloniality of power helps illuminate how hierarchies of power are enacted in everyday life. Individuals are continuously negotiating and inhabiting different relational positions – abled/disabled, male/female, rich/ poor [see Grosfoguel (2007) for a discussion on the nine forms of coloniality of power which inform the current world order. Such relations of power inform ways in which individuals are positioned in society]. In the following section, I specifically focus on two relationships – teacher-learner and professional-patient. I detail how we work through our labouring affinity to our professional identity as the powerful expert.

In their previous clinical education experiences, the SLT students were supervised by qualified speech-language therapists, who, through observations and feedback, provided directive guidance on the students’ management of patients. For example, chapter 4 (4.5.3 Supporting the freedom to learn section) illustrates the structured nature of the previous clinical experiences of students: “Usually when we went into clinics, everything was already prepared for us. We would be

allocated to a clinical block, assigned a clinical site and assigned patients”. From these comments, the dominant ideology informing their learner identity involved replicating the idealised professional. Vanessa provides one such example: “I think through all of that you then get moulded into these SLT robots. The perfect speech-language therapist, like your supervisors, your lecturers. You start to think: I want to be like that one day.”

In the EPP process, the curriculum required the students to play a significant role in guiding the development of the practice. Because there was no “cookbook of recipes” to follow that clearly detailed the expectations for professional practice [See Peña and Kiran (2008) for a rationale supporting such recipes], the curriculum of the EPP required the students to “let go” of their attachments to their learner identity. In response to the EPP approach, discomfort was evident in students’ confusion, disbelief and, in some cases, resistance to change. The curriculum was intended to provide a context for shifting power in the learner-teacher dynamic, requiring the students to take control of their own learning. This shift required the power to be mediated differently; the clinical educator had to release some of her power and position the SLT students as agents of their own learning experience. In 4.5.4 entering through the gate of communication, Minvera, the clinical educator, facilitates the students through a critical conversation, where the students are the drivers of the conversation.

Support systems such as the multiple stakeholders (i.e. onsite clinical educator, off-site clinical educator, SII co-ordinator, school staff) and EPP curriculum provided broad guidance to support students. For the student assessments for instance, Susan, the onsite clinical educator, introduced in Chapter 4, explained how the assessment criteria had continued to change and evolve with the EPP. The assessment marksheet was focused on broad areas of engagement through the phases of ObCD, without providing strict guidelines for how to achieve outcomes. The flexibility and dynamism of the assessment was intended to provide a platform for free, imaginative thinking about the possibilities for the EPP without being restricted by curriculum expectations.

Action learning became a key driver of the EPP, where knowledge and understanding was gained through doing. Making mistakes or assumptions provided the students with the opportunity to learn how they could view their work differently. For example, when the students misused the term “culturally appropriate” the action learning cycle required them to ask questions of themselves and reflect on the power of expert knowledge (see the overall narrative in Chapter 4). Critical reflexive

practice required the exploration of alternative ways to understand the context. Forming relationships, understanding the perspective of community members and observing the everyday contexts through the lens of communication became important learning tools. The search for alternative means of understanding and working in the context, challenged the students' conceptualisation of their own professional identity. Grace detailed her experiences working with a child who stuttered and how her therapy changed and adapted throughout the course of the community block when working patients at the CHC. She said: "It made me realise that when you go in thinking you know exactly what to do, you do not realise that there is a broader context than just the physical symptoms. And it was the community that made me aware of that broader focus."

5.3.1 Challenging the power of the professional self. Traditionally, in their interactions with patients, students emerging professional identity is moulded by their status as developing experts which affords them the power to assess, diagnose and intervene in the individual lives of their patients (Montigny, 1995). In their professional capacity, students assume and work within the positional role of expert; a role informed by a medical model of treatment. However, in the context of the EPP, the SLT students' roles were still emerging in that there were no visible patients and no set parameters for working. This new context required a redefining of professional identity within a broader context of community beliefs, values and expectations. In this way, the new learning context disrupted their traditional ways of being a professional where the focus was on fixing deficits contained within the individual. This reframing of the context of practice disrupted how students had been socialised to think of themselves as professionals and required them to step outside of their comfort zones.

In the EPP, deep questioning of personal and professional identity and privilege within the community was required to develop mutually reciprocal relationships in which each individual's contribution was equally valued. Learning required traditional normalised practices to be questioned (Mitchell, 2008). Interrogating practices provided a basis for developing a sense of awareness of how traditional practices continue to perpetuate a hierarchy of power. Through engagements with multiple stakeholders, a more nuanced view of their professional identity as a partner in collaboration began to develop, extending beyond the therapist-patient dynamic. This shifting positionality of the student therapist from expert to stakeholder partner challenged the students' power in terms of their relationship with the community. For example, in the overall

narrative, students discuss their experiences of piloting the library sessions. They speak about the fact that the community was a key teacher. The balancing of power was enabled through the values of the structural support (i.e. SII, ObCD, curriculum). As noted by hooks (1994), the educational structures which forward the notion of a mind-body split, reinforce the separation of public versus private, and encourages both teachers and students to delink their personal lives and ways of being from their roles as professionals. In contrast, the EPP supported the inclusion of both personal and professional selves as essential for reimagining ways of doing and being a learner or a professional.

Undoing cognitive damage⁷³ that results when the students are unable to perceive the ways in which they may have been marginalised (Amin et al., 2016) involves a continuous process of engagement with forces of power and domination that have created a misperception where the imbalanced social world is viewed as neutral. It requires the unmasking of structures of power, knowledge and being through conscientising (Amin et al., 2016). Although students were beginning to learn about the power of partnerships as a leverage for change, traditional power dynamics were perpetuated in other ways. For example, through releasing their power as the main figure in the implementation of intervention (through their work with the library assistant), students began to re-imagine what was meant by collaboration. In the same instance, however, the expert-patient paradigm was perpetuated when the library assistant played a passive role in the development of the library sessions where the students were developed the sessions. I argue here that placing the students in a context which allowed for new and creative ways of doing and being a SLT was not sufficient.

The perpetuating of dominating ideologies was not only seen in the actions of the students, but that of the clinical educator as well. While wanting to allow for openness in the EPP, Susan struggled with the unpredictability the EPP created for standardised assessment. In 4.5.3.2 Clinical educator's perspective, Susan discusses the differences between the community blocks in Khayelitsha, Vanguard and Vredenburg. She states: The assessment was a mess because the school site in Khayelitsha is a different block compared to the other community blocks. But there should be consistency across community blocks. How do you do this?'. The differing expectations between the community block sites proved uncomfortable when straddling the line between the

⁷³ Cognitive damage refers to the inability of individuals to perceive the ways in which they are marginalised, giving into practices which continue to act to oppress. See Amin, Samuel, and Dhunpath (2016) pg. 5 for detailed definition.

requirement of the institution and the EPP. Embracing change is risky – in the EPP, all stakeholders were exploring unchartered professional practices. As such, all stakeholders were positioned as learners.

“Letting go” of their learner identity opened up the possibility for the students to reimagine their professional identity as future speech-language therapists. Azraa, for instance, discussed the following realisation about her professional identity: “In the block I realised that I kind of forgot who I was. I felt like it was just me as a speech-language therapist which excluded my personal attributes from the situation.... I learnt that you need to put a part of yourself into SLT and in doing so I found myself within the profession.” Similarly, Thandeka spoke about her expanding role as a speech-language therapist into transformation of the profession. Labouring through their affinities to their dominant learner and professional identities required students to constantly question their assumptions and biases with the support of the curriculum and discussions with key stakeholders.

5.4 Learning the value of knowledges

Through the concept of coloniality of knowledge, I was able to understand how Euro-American forms of knowledge superseded African ways of knowing (Ndlovu-Gatsheni, 2013b). In the overall narrative, the students discussed the challenges they faced when attempting to segment a word in isiXhosa. The students began to question: “How do you do word segmentation when one ‘word’ in isiXhosa is a whole sentence? Like with /Ndiyaphila/ – I am fine. Why was it so difficult for us?” Such learning highlights the dominant educational practices – with its focus on English language and literacy, without adequate focus on other indigenous languages.

Positioning knowledge as rational, neutral truth, results in the destruction of indigenous knowledge systems and the adoption of Euro- and American-centric practices (Dastile & Ndlovu-Gatsheni, 2013). Positioning knowledge as situated, Haraway (1988) emphasised that knowledge is influenced by the context in which it is produced, constantly being shaped by such factors as culture, language, geography, gender, race, and ethnicity. (Grosfoguel, 2006). For me, coloniality of knowledge speaks to the importance of all knowledge. The concept showed me that many peoples, contexts, and cultures have rich and diverse knowledge and how drawing from only one source of knowledge is limiting.

In order to illustrate, I draw on the work of Airhihenbuwa (2007). In Airhihenbuwa (2007), Achebe (1988) draws the analogy of a gate. Achebe (1988) cautions that no one should enter his or her house through someone else's gate. Airhihenbuwa (2007) draws links to how research on African health and identity should not be undertaken through someone else's identity. In drawing a parallel, the SLT students enter through the gate of the community with their own biased lens (influenced by their own worldview and acquired through the curriculum of their training programme), and in so doing, perpetuate their own Western ideologies onto the school. Saiyukthi for instance shared her learning about the school's play infrastructure: "Even though it might not look the way *I think* it should, you can see everyone looks happy. You can see that the children make up their own games". Affinities therefore speak to our attachments to our dominant knowledge sources – both academic and personal.

For example, many of the students' images of a settlement were framed through the lens that represented the area as one that was burdened with disease and despair (see Chapter 4 – *Being in context*). A westernised preconception of what a school should look like and how a school should work, was challenged in real life contexts of many South Africans. Through being in context, worldviews were brought into focus. In so doing, students were required to question their own gaze and challenge their preconceptions. For example, the socio-economic privilege associated with coming from a university, never having experienced the types of hardships of those they serve, was brought to the fore as their assumptions were challenged. In the overall narrative Manyanani, the library assistant, discusses the lack of consideration of the experiences of the community when developing the library sessions stating: for example one activity was about learners need to save water so they mustn't use the shower or bath...where most of us are staying we are using the buckets, use the kettle to boil water". As the students began working through the phases of ObCD, they began to engage the community and the context more deeply. Learning more about the community and the communication assisted in shifting ideas and assumptions about the community and the school. For example, Saiyukthi stated: We often come with all of these fancy toys, but a lot of the children don't know to play with them as it is the first time that they are being exposed to anything like that. It makes one wonder how beneficial the sessions with those children are and whether they would gain more from using toys and objects that they are used to and see in their own contexts."

The examples illustrate how the idea of neutral and universal knowledge was challenged. Through engaging with the library assistant, students learnt about the importance of cultural and contextual knowledge in the community. Labouring affinities required the students to draw on knowledge from different sources. Learning about the importance of knowledges provided a platform to question traditional knowledge and opened a space for appreciating other knowledge holders. Transitioning through the disruption of their traditional forms of knowledge was supported through interactions with the community (teachers, managerial staff, learners, library assistants), SII, clinical educators and their peers. In the following section, I discuss how different sources of knowledge and ways of knowing fostered learning in the EPP.

5.4.1 Engaging with critical conversations. Together with their clinical educator, students explored the historical, political, and social factors impacting the lived realities of learners in relation to communication (see Chapter 4 – Entering through the gate of communication). As students reflected on their observations and interactions in the community, they were required to come to terms with the realities of inequalities within their world. Through their learning about how social inequalities were created and maintained, awareness of social injustices was fostered. As a group, the students and their clinical educator explored the concept of communication as political by considering how English became the foundational norm on which the profession is based. Students questioned how they too may be complicit in further entrenching the marginalisation and devaluing of African languages. Sarah, for instance, discussed her previous therapy sessions with multilingual individuals: “I just realised that while I might have made some adjustments to my sessions when working with people who speak a different language to my own, but I am not sure that was enough. Could I have done more?... I could have been more dedicated and put more effort into making my sessions more linguistically appropriate for my patients.” Such learning shows how Sarah she may have inadvertently been devaluing language through the way she conducted her therapy sessions.

5.4.2 Knowledge generation supported by nurturing partnerships with community. Through their engagement with teachers, library assistant, the vice principal and the learners, the importance of partnerships within the community became more apparent. Learning from the community members about the communication challenges highlighted the value the community brings. For example, Tumi, the library assistant, provided the students with the context to understand why the library was being underutilised at the school when she made them aware of

the lack of libraries in the surrounding schools. Engaging with different sources of knowledge, showed the limitations of solely relying on academic knowledge. In the overall narrative, the students learn from different individuals in the community, such as the vice principal, the teachers and the library assistants. One such example is students' engagements with the learners. From their social interactions with the learners, they could see first-hand the learners' proficiency in isiXhosa and the communication breakdown when they attempted to speak English. This process of knowledge generation – as opposed to knowledge transfer (Kwo & Fung, 2014), lead to exploring policy, school curriculum, and the school ecosystem (vice principal, teachers, learners). While the students had the academic knowledge of language and literacy, they learnt about the importance of contextual knowledge. In Chapter 4, in the overall narrative, the students were able to utilise the teacher's knowledge of the isiXhosa language to understand segmentation.

5.4.3 Learning from peers. As the students worked together closely as a group of four, they began to see their peers as sources of knowledge and support. Constantly reflecting as a group provided a space where discussing thoughts, feelings and learning could happen freely and allowed for personal engagement. Students shared their own experiences of learning language and their experiences of their university careers with each other. For example, both Thandeka and Claire discuss how they learnt English as a second language. As they went through the same experiences during the block, they were able to relate to one another while providing their own perspectives of the experience. In the overall narrative, Vanessa and Azraa shared contrasting views based on their meeting with Mr Mawisa. Azraa stated: "I'm not feeling as motivated like Vanessa. Mr Mawisa is asking me to do something completely outside of my comfort zone." As a group they concluded that it would be important to see how they could make a difference in the community despite the fact that they could not see their individual patients. Learning was facilitated through actively listening to the thoughts and feelings of their peers, which helped to shape and reshape their own perspectives. Through this type of engagement, some students noted that their relationships with their peers began to shift, from a largely work orientated relationship toward friendship – as indicated in the conclusion of the overall narrative.

5.4.4 Value of knowledges: Opening up space for developing communication consciousness. Drawing inspiration from Ramugondo's (2015) work around occupational consciousness, a level of communication consciousness (Abrahams et al., 2018) was fostered.

Critical conversations, discussions, reflection, written reflective reports, and engaging with the context allowed the SLT students to develop an awareness of the dominant practices in shaping everyday communication. In 4.5.4 entering through the gate of communication, students partake in a critical conversation with their clinical educator, Minerva. In the conversation, the students learn about colonisation and its links to the dominance of English in society. Jamie for instance discusses her realisation of how unequal the world is. She states: “I didn’t think about how I as a speech-language therapist, as someone who was supposed to be doing good, could still be feeding into a system that continues to oppress, by doing something as ‘innocent’ as providing therapy in English. Now, I stand at a cross roads. I have a decision to make. Do I keep on looking at the real world and walk with that picture into the future?”. In this sense, the seeds for developing skills for epistemological vigilance were planted. Airhihenbuwa (2007) discussed the concept of epistemological vigilance [put forward by Mudimbe (1988)] as the need to critically question the assumptions underlying theories and models that inform research questions. SLT students began to develop skills for epistemological vigilance (through communication consciousness) when they began to critically question the foundations of their beliefs in relation to the realities they were now seeing first hand. For example, during the critical conversation, Lesedi concludes: “I was just paralysed by thoughts and lots of questions that are unanswered because there’s simply not a quick solution to complex matters that our country faces currently. I now see the political aspect of language, communication, identity, culture, education, learning institutions, and more.”

5.5 On the process of be(com)ing⁷⁴

Coloniality is not only a matter of subordination of other cultures to European ideals, but also of a colonisation of the imagination of the colonised – it’s both external and internal (Quijano, 2007). In other words, colonisation was not only physical in nature, it was also the colonisation of the mind (Maathai, 2010). Coloniality of being refers to how the minds of the colonised were conditioned into internalising their oppression and learning to strive toward the ideals (forms of governance, agriculture, education etc.) set out by the coloniser. Coloniality of being provided me

⁷⁴ Be(com)ing is a play on words. It uses the concept of coloniality of being and the fact that the SLT students are still learning to become SLTs.

with a way to articulate the processes of becoming a professional enacted within education in general and the EPP more specifically.

In order to understand the links between coloniality of being, the process of developing a professional identity, I specifically used Lo's (2005) concept of social embeddedness. Social embeddedness considers professions as embedded in race, ethnicity, gender and other social categories (Lo, 2005) as discussed in Chapter 1 under "Professions as socially embedded". For example, speaking from medicine, Cruess, Boudreau, Snell, and Steinert (2015) drew attention to the influence of race, gender and religious factors in the shaping of professional identity of the physician due to the dominance of white males in the profession. Professional identity informed by social constructs (such as race, gender, and religion) may, therefore, act as an exclusionary mechanism to individuals on the margins of the defining constructs. For example, Walker (2005) unpacked how gender and race intersected when she analysed the professional struggles of white female doctors during apartheid. She argued that while whiteness ensured white women's access to the profession, their gender served to marginalise them in a male dominated profession. In the following section, I will use social embeddedness to explore the implications of an idealised professional image on the students' developing professional identity.

In their narratives, students detailed their experience of learning to assimilate to the normative values and practices of the profession. The SLT students' detail how their professional identity was shaped and moulded to fit the standards of the ideal professional. For example, Azraa reflected on her experiences of being in the community: "It taught me to never conform to a person or a curriculum. Before this community block, I would measure myself against our lecturers and strive to be them. Through this block I found myself again and now, the only person and therapist I want to be is myself".

The binary distinction between reason and emotion (Kovarsky, Snelling, & Meyer, 2005; Wear & Castellani, 2000) is one such example of how the students learnt to assimilate to the idealised professional image. Health professions, informed by the medical model, position objectivity and rationality, as central to professional competency as the dominating affinity. Through their training, students learned to sever their emotion from their professional rationality (Lo, 2005). As they learned to remove their emotions from their professional identity, they silenced their personal identity (i.e. emotions, subjectivities) to suit the idealised mould of a speech-language therapist.

As Vanessa put it: "...you then get moulded into these SLT robots. The perfect speech-language therapist, like your supervisors, your lecturers. You start to think: I want to be like that one day." This can be seen in their discussions where the students spoke about feeling conflicted about feeling an emotional connection to their patients while trying to maintain the rational perspective of the professional (See Chapter 4 – Entering through the gate of communication). The students further spoke about how the curriculum (through assessments measure, reinforcement and practice models) promoted assimilation to the idealised professional identity. For example, the students spoke about the role of marks in reinforcing and discouraging certain attributes: "With a focus on clinics and marks, you get lost in the mess and you kind of become this professional box."

In the EPP, the students' professional identity within the community was not established since their role within the community was still emerging. An immediate reaction to the disruption of their traditional practice was resistance, evidenced by Azraa expressing "I don't want to be here. I just want to get it over with. I want to go back to doing what I am used to doing". While the majority of the students felt apprehensive, for Vanessa, the uncertainty of their work was met with optimism as she found the idea of working in community exciting. Navigating through disruption was facilitated through acceptance. Openness to learning was achieved through reflection (through different means, including discussions, reflective reports, critical conversations) on themselves as individuals and as a group. Through this process, personal experience became centred in the learning process. This process of centring the self in learning and work allowed for conscientisation to the role of formal curriculum in moulding students into professionals.

As students began to engage deeply with the EPP, they were required to draw on their own personal resources to be able to navigate the practice. For example, Azraa discusses how she now views her professional self as a peace sign: "I realised that I am important as well. I am Azraa first and then I'm a student speech-language therapist. It's not just about all of my SLT knowledge, I have my own knowledge and attributes that I bring into therapy with me. And that's important too.". Deep questioning drew up many emotions – from anger to optimism, guilt to excitement, reigniting their emotions in relation to their professional identity. I was specifically drawn to the following quote by Skidmore (2006): "We have no choice but to evoke emotion as an aspect of learning, for feeling is incorporated within knowing." (pg. 512). The quote specifically highlights the importance of emotion and learning, and its links to knowledge. The students began to see how they could include

their personal selves in their professional identity – a process that included humanising the self. Thandeka for example, spoke about how she developed an understanding of her professional identity that included: her work in the community, who she was as a speech-language therapist, and who she was as a person. She stated: “I learnt that it is important to just live as a speech-language therapist and to let SLT be part of you. For example, if you are a person who is chatty or who is compassionate, or emotional, that has to link to your profession.” In this way, the students laboured through their affinity to rationality – realising the importance of emotion and self in their learning and being a professional.

Identifying with the community provided a platform to shift the students’ frame of reference from a focus on assessment and marks toward asking themselves what the right thing was to do for that specific community and school. This realisation nurtured a sense of agency within the students, as they found their voice in their learning (Adam, Zinn, Kemp, & Pieterse, 2014). Students began to question how they could act and work differently to be part of a larger social change. Through the lens of communication, the work of SLT is extended beyond traditional practice and into uncharted territories of policy and transformation as part of their everyday practice. For example, Susan discussed how the focus on communication in general helped to expand the scope of practice of the profession for the students: This block opens SLT practice up to policy development, working for the Department of Education, working in SII, working in all of these things in terms of jobs creation because there aren’t enough jobs for these students so now you have more options and having them thinking about it now.” In a study by Adam et al. (2014), the researchers utilised student voices in the redesigning of the curriculum. As the students were positioned as a researcher in the study, they could be freed from the constraining university elements that might have silenced them. The students recognised their own authority in creating critical dialogue about curriculum. For the SLT students, the EPP became a site for the emergence of professional identity reformation as they began to include themselves within their conceptualisation of their professional self. Azraa reflected: “In the block I realised that I kind of forgot who I was. I felt like it was just me as a speech-language therapist which excluded my personal attributes from the situation.... By focusing on myself in relation to my profession, it allowed me to reflect and evaluate myself and in so doing, it allowed me to rediscover myself and my strengths and abilities in relation to SLT.”

5.6 EPP as a dynamic process of disrupting traditional practice

In this chapter, exploring RoLA and coloniality of power, knowledge and being, and the links to the EPP, shows that working toward changing practices was not an easy process. Disrupting, as the interruption of traditional ways of doing, being and knowing, became an integral process for developing the EPP. In creating spaces for contestation of accepted rules of the world, disruption draws attention to the underlying (sometimes invisible) social, political, economic, racial and linguistic structures influencing the lived experiences of people as a means to search for ways for redress (Burke, 2016; Mpofu, 2017). I position the EPP as a process of disrupting – the suspending of the traditional, in order to make the traditional visible (Koch, Nanz, & Pause, 2018), rather than the destruction of traditional (normalised) forms of professional practice and learning. Labouring through our affinities involves a constant interplay between developing awareness of our traditional practices and searching for ways to shift and develop EPPs.

5.6.1 Creating awareness of labouring affinities through disrupting. In the context of the EPP, the support structures acted as an enabling factor for making visible the traditional practices. In this sense, the School Improvement Initiative (SII) and the Occupation-based Community Development (ObCD) framework enabled traditional ways of learning (through the curriculum) and working (i.e. clinical practice) to be disrupted. Through these support structures, the process of disrupting was enabled – from challenging assumptions of school environments, to power relations and knowledge constructions (as demonstrated when I explored coloniality of power, knowledge and being). In this way, I understand the process of disrupting as creating a level of awareness of our affinities to our dominant ways of working – as a platform to rethink and reimagine.

5.6.2 Negotiating discomfort: Labouring through our affinities. In her book, *Regarding the pain of others*, Susan Sontag (2003) analysed the images of war. She argued that we see through our own lens of prejudices and assumptions (our own worldview, as discussed above). Our lens has the potential for both intimacy and dissociation (Groundwater-Smith, 2011). The process allowed for both intimacy and dissonance as we labour through our affinities to our traditional ways of knowing, doing and being. Disrupting the traditional forms of education and professions pushed the students outside of their comfort zone. Negotiating discomfort (experienced as the

disruption of the status quo) opened up a space for evaluating whether to engage, or resist (Burke, 2016; Campbell, 2014).

Participation in the EPP required an openness and willingness to engage in deep reflection. Confronting their own assumptions and indoctrination brought up many emotions within each individual. The process of learning associated with disruption was not easy. As the students uncovered more truths, they went through the process of disruption and repositioning their practice as they learnt. As such, the shift between action and reflection was iterative. The nature of learning can be seen through the ObCD framework, where the SLT students had work through their learning and mistakes in order to create appropriate and sustainable projects (for example, in the overall narrative the students learned about the importance of valuing all languages by having their assumptions of English challenged). Intimacy in the EPP was a process of learning to become comfortable in discomfort (Chiumbu, 2017).

While allowing space for intimacy, there was also the potential for dissociation in the EPP. I understand dissociation in two ways: through resistance and “pre-conscientisation”. Resistance was evident in the lack of critical engagement with context. Resisting critical reflection on their own positionality in relation to the context in which they work, their learning cannot fully be develop. For example, Becky stated: “I think that this block will prepare students well if they go into a low resourced or rural area for community service where they won’t necessarily just be seeing patients full time and you will have to do more community work.” According to Brandt and Reyna (2017), the resistance to social change, may be attributed to an orientation toward maintaining the current societal practices. Resistance may therefore be from individuals who subscribe to the values and ideals of the profession and the larger social and political context. Such understanding is typified in the following quote discussing how English became a dominant language in South Africa: “I think in South Africa there was mostly an oral tradition and an oral language and then with colonisation we came in and we had a written language. So we transferred the African language into a written text I guess. I kind of think it was like us coming here, to South Africa, and saying ‘We are making a written form of your language and we are still going to teach you our language’.”

I understand the concept of “pre-conscientisation” to be a lack of awareness of how we continue to perpetuate colonial forces. Working through our attachments to our dominating ideological

identities (Pillay, 2003) is not an easy process. It is a process that requires constant engagement and reflection to unearth the ways in which power, knowledge and being are enacted. When working in collaboration with the library assistant, for instance, the students were able to gain valuable contextual information to assist with understanding the communication challenge and developing the library sessions. However, Manyanani, the library assistant, noted that he was not consulted about the specific content of the library sessions. In this instance, it highlighted how knowledge can simultaneously be valued and devalued. Constant monitoring and evaluating of our ingrained ways of practicing is required to unearth ways in which knowledges are silenced. In addition, the process of conscientising becomes essential so that unconscious biases are brought to light. Conscientising then becomes a means for thinking and doing differently.

5.7 The role of dialogue to navigate the process of disrupting

Dialogue became a crucial form of engagement toward change as students navigated through their own disruption. The concept of dialogue in educational practice is by no means new. Yakubinsky, Bakhtin, Voloshinov, and Freire for instance, have all contributed to the development of theory on dialogue and its relation to learning and cognitive development (Skidmore, 2006).

Dialogue, as a process of joint meaning making, forms the foundation for developing critical consciousness and innovative thinking (Taylor & Kent, 2014). As students engaged in the EPP, dialogue became central to sharing ideas and developing understanding. Through dialogue, multiple voices come together to shape understanding (Collier, 2006). This process of joint meaning making requires that people spend time together and interact in order to understand the perspective of others (Taylor & Kent, 2014). In the EPP, dialogue with various groups of individuals (including peers, the vice principal, library assistants, school learners, and teachers), provided multiple perspectives to enhance understanding. Students drew on multiple perspectives to navigate through disruption. Peers, for instance, became a source of compassion and support as students could relate to each other's discomfort, finding solace in their shared experience. For example, in the overall narrative, Vanessa and Azraa compared and contrasted their feelings about the meeting with Mr Mawisa. Together they came to the conclusion that they should engage more actively in the community.

In other ways, peers acted as a source of contextual, cultural and linguistic knowledge. Discussions with community members (such as learners, teachers and the vice principal) created a foundation for understanding cultural, linguistic and contextual knowledges within the context. For example, Chapter 4 detailed how the students learnt with and through the library assistant. In the overall narrative the students discuss the following: “When we went to consult Lisakhanya about the books she used for her library sessions she told us that she only read isiXhosa books for the learners in the foundation phase... We had just ignorantly assumed that she would be using English books for all the learners in the foundation phase!”

Giroux (1976) further emphasises the need to develop critical consciousness as fundamental to meaningful dialogue. By participating in dialogue, differences may be highlighted in a way that reveals the rich fabric of human society (Shields, 2004). Through discussions of difference, assumptions about the world can be challenged and interrogated in order better apprehend the complexity of social and cultural reality (Freire, 1970/2005). Critical dialogue encouraged the students to expand their thinking beyond their traditional ways of knowing, to interrogate the beliefs, creating spaces for deep reflection (Shields, Guyotte, & Weedo, 2016). Critical dialogue is broader than the conversation itself, it encompasses a process of discussion and reflection for deeper learning.

Their learning was supported by critical dialogues (such as their discussions on communication, talking with their peers, or their interactions with the vice principal), which acted as a means for critical reflection. The process of reflection was deepened through the exploration/critique of the social, political, historical, economic, and linguistic factors influencing their work on communication. Lesedi commented: “I was just paralysed by thoughts and lots of questions that are unanswered because there’s simply not a quick solution to complex matters that our country faces currently. I now see the political aspect of language, communication, identity, culture, education, learning institutions, and more.”

Through discourse, power relationships can be mitigated so that the contributions of different participants may be treated as meaningful and important (Brinn, 2016). In this way, each member plays an active role in the discourse (Skidmore, 2006). For example, in conversations with their clinical educator, dialogues were facilitated through the mitigation of teacher-learner power

dynamics in favour of teacher-student, student-teacher relationships⁷⁵ [as discussed by Freire (1970/2005)]. In their critical conversation with Minerva, the students were actively engaged in contributing to the discussion, with Minerva acting as a facilitator of the conversation. Dialogue therefore created a space for a deeper self-understanding of the challenges and possibilities for communication within the context.

Critical dialoguing⁷⁶ emerged as a central theme and core feature of the EPP; something that involved a continuous, iterative process between conversations and reflection. Dialogues are never complete – it is a continuous process of uncovering truths and re-shaping our reality. In the EPP, dialogues allowed the students to engage and think about themselves and the world more deeply. Developing an understanding of the context they were in, formed the foundation for critical dialoguing. Dialoguing has the potential to embrace the diversity of society, acknowledging the rich understandings all individuals bring to our world – that our understandings are equally valid and important. For example, Jamie concluded: “It was so enlightening to me to have discussions about our context and how the past still influences our present. I experienced a shift in my thinking and began questioning everything. I think this is important for my growth because it means that I am no longer thinking according to the way I have been taught, rather I am beginning to ask myself “why” and develop my own thinking.” It allows for new knowledge and insight to be uncovered and allowed for new ways of thinking about and being a speech-language therapist to begin to emerge. In this way, dialoguing challenged coloniality of knowledge, power and being. Dialogues are only the beginning. They provide the possibility for transforming our consciousness and thinking. In this way, critical dialoguing could pave the way for new learning and understanding and, in so doing, provide the basis for changing professional practice.

⁷⁵ In this type of relationship, both the teacher and the student can inhabit the role of teacher or student. In the dialogue process, the teacher is not only the one who teaches, but is also taught by the student and vice versa. In this sense, both teachers and students are jointly responsible for teaching and learning (Freire, 1970/2005).

⁷⁶ The concept of *critical dialoguing* has been used previously by Matusov, Pease-Alvarez, Angelillo and Chavajay (2000). The authors define the critical dialoguing as: “a spiralling and spinning trajectory rather than a linear from here to there, process to product, means to ends pathway. As we spiral and spin, we loop forward yet backward in circular motions so that we reconsider a past concern from a different vantage point, thereby rendering a multifaceted and unpredictable spin on the way our participation in the project transforms. We consider the progress in our practice by comparing new and old problems, by pondering consequences of our actions for us and other people, and by reevaluating our priorities—in other words, our new ways of being. (p. 11). For my thesis, I took into consideration the specific meaning of the word *dialoguing*. According to the Merriam-Webster (2019) dictionary, *dialogue* is an exchange of ideas or opinions. The present participle *-ing* denoting the continuous tense representing the continuous and ongoing nature of talks, discussions, conversations using a critical lens.

5.8 Concluding remarks

Disruption has the ability to open up new space for new possibilities (Burke, 2016) and facilitate our labouring through our affinities. Structural and curriculum-based tools facilitated and supported disruption. Deep engagement in the EPP resulted in growth (Shields et al., 2016) and the development of students' professional practice through the learning process. As students laboured through their affinities, it became increasingly clear that working toward changing practices is by no means an easy process. The EPP provided a glimpse into the possibilities for the profession when we are willing to (re)consider, (re)create, (re)imagine our ideas about our profession and the way in which we work. Critical dialoguing allowed students to search for other freedoms, and to subtly transform dispositions (Burke, 2016). For example, Azraa commented: You begin to really focus on what *you* think, so it's more freeing and you don't feel like it's either right or wrong. It's your own learning and personal growth. Learning isn't perfect and that's okay. You don't get marked down because you aren't thinking like this immediately, so you feel more free to express how you actually feel". The thesis findings showed the possibilities for professional practice when we open up a space for (re)thinking and (re)imagining our clinical practice. Critical dialoguing provided an avenue to nurture a critical understanding of our world and, in so doing, provided the platform for (re)imagination. The EPP opened the minds of the students to thinking critically of their work. It leaves me with the following question: *What are the possibilities if students begin thinking differently, knowing differently and wanting to be part of a bigger change?*

5.9 Recommendations/Implications

Recommendations, limitations and implications are discussed together as they speak directly to one another. These are discussed in relation to research, clinical practice and policy.

5.9.1 Research. As a researcher critically reflecting on the study, I felt that the concept of positionality within decolonial thought was a very important perspective. Ndlovu-Gatsheni (2013b) discussed the notion of the zone of being and zone of nonbeing. Depending on one's positionality within these zones, it may provide different perspectives toward the EPP. Understanding student's views in relation to their race, gender, ethnicity, socioeconomic status, culture, religion, language, educational background, professional ethics, and personal background/history, could provide further insights into their development and understanding of

the EPP. As such, I think it would be important to document the bio-narratives of participants (and that of the researcher) to gain a deeper understanding of who they are on a more personal level. In addition, I think there is a case to consider the university as a site (and for future research in general) to explore how the personal understanding students hold can be used as a basis for curriculum design. In other words, as with the work done by Adam et al. (2014), there is space for students to be part of curriculum design and construction. Research could explore ways in which the EPP could inform curriculum design based on the input and experiences of the students.

In addition, it would be of interest to me to follow up with recently graduated speech-language therapists (who completed their community block at the SII) to understand how their experiences of EPP impacted their practices in community service. Alternatively, it would be of interest to understand transgressive practices within the profession, similar to a study conducted by Sunday (2016). She considered how occupational therapists negotiated their changing roles in education.

The study also provided further evidence to support the use of qualitative, arts-based research methodology in order to understand the lived experiences of individuals. It assisted in providing rich, visual representations of student experiences, which helped to substantiate verbal and written data. It provided students an alternative approach to be able to express their thoughts. The collages and paintings developed from the research will be considered for an exhibition – as a way to disseminate and share the findings of the study.

Mitchell (2008) advocated for a diversity of experiences in critical service learning. She explained that experiences facilitated through multiple mediums, such as reflections, classroom discussions and experiential activities, recognised that knowledge and understanding can be developed in many ways. The use of alternative forms of expression is highlighted as an important avenue of exploration in the process of learning. The thesis therefore provided the impetus for exploring the use of multiple modes of reflection (drawing, painting, collage, critical conversations, written reflection) in the learning process. In addition, research could explore the use of arts-based methods in clinical and classroom settings.

Jones and Kiser (2014) noted that most faculty members (as a result of their disciplinary training) may not be prepared to conduct critical social analysis with their students. I think it would be important to analyse the critical conversations the students had with their clinical educator (as

discussed in Chapter 4 under the theme “Developing communication consciousness”). The analysis of the interaction may be able to help build the capacity of teachers, lecturers and clinical educators to engage critically with students.

As the overall aim of the research was to describe and analyse the EPP, it was outside of the scope of the research to conduct an in-depth analysis of specific themes. For example, I think that additional analysis of the visual data, or exploring specific concepts in more depth, such as that of resistance would be beneficial. In depth analysis of specific concepts will be pulled out and considered for papers or other forms of publication. In addition, I also acknowledge my own limitations in conducting and analysing the data. As the research progressed, I could identify the limitations in my own data collection such as the lack of probing of responses and understandings as part of the interview process. Such learning became evident during the data analysis process where I was unable to discuss students’ reasoning of their experiences.

5.9.2 Clinical practice. In terms of clinical practice, I would like to emphasise that by no means is the study a solution for more contextually appropriate clinical practice but, rather, shows the potential when we broaden our thinking around the way we practice. The study does highlight some important contributions to how we could envision clinical practice. For example, the importance of working in partnership with communities to identify and address their needs, exploring and understanding multiple knowledges, and the value of critical reflection throughout clinical practice, to name a few.

The study highlights how solely thinking about practice in a traditional way can be limiting. It highlights how a deficit-based reductionist model may overlook the true essence of human experience. As such, the study reinforces claims by Pillay and Kathard (2018) that including a critical perspective can provide innovative ways of educating and practicing as speech-language therapists. The study provided one example of how the model of education and practice can be expanded to provide students with a platform to develop new and innovative practices within the South African context. The study is working toward developing a critical SLT practice – in a way that acknowledges the social, political, economic, historical, and linguistic forces that influence our daily lives and the way we work. The study further draws attention to the inclusion of traditional and non-traditional clinical placements.

In addition, there is a need to consider the role of non-traditional placements and their timing and sequencing in relation to their traditional counterparts (Baxter, 2004).

The study highlighted the importance of positioning the profession and communication within the realities of our context. It pointed to the importance of the inclusion of historical, political, social, racial factors within curriculum discussions. Extending this notion, it is argued that it would be important for the profession itself to acknowledge these factors in order to work toward a more socially just society.

As the students were only on site for 6-7 weeks, the sustainability of change needs to be explored. The challenges around returning to their traditional ways of practicing therefore need to be considered. Although the EPP provided the students with a space for breaking from the mould of a traditional SLT, the students still returned to their traditional block rotations. It brings into question the extent to which students would continue to develop emerging practices following re-institutionalisation. This may provide an interesting avenue of exploration in future research.

In addition, I think it would be beneficial to explore critical dialoguing beyond that of education, into other aspects of professional practice. For example, I would be interested to consider how dialogue could be used to engage graduate professionals in critical thinking toward developing new and EPPs.

5.9.3 Policy. In terms of curriculum policies in higher education, the study asks important questions of our higher education system and our professional practice. Although the study does not provide answers to the challenges that are encountered, it posed important questions that need to be addressed. It highlights how coloniality of knowledge, power and being, continue to be enacted in education and professional practice. Airhihenbuwa (2007) acknowledged that while the many health issues in Africa are not contested, what has been and continues to be an issue, how health issues are conceptualised – e.g. through whose experience and traditions knowledge is produced. The study therefore provides a way to address epistemic violence through introducing new ways of knowing and generating knowledge and practices into the curricula, especially from marginalised communities such as Khayelitsha (De Lissovoy, 2010). It provides one avenue for curriculum review and planning to engage with community so that an African voice can be heard.

Mkhize and Balfour (2017) discussed the challenges of realising multilingual education in South Africa. They argue that universities need to interrogate the language ideologies informing language policies in order to promote the right for students to learn in their own language. Similarly, the reflections of the students draw attention to the need for policy review at a primary education level.

In conclusion, the thesis provided the profession of SLT with a platform to reimagine clinical education as a site for developing emerging practices in the face of stark service inequity. The thesis offers a challenge to the profession to begin to explore other ways of thinking, being and doing SLT.

...The journey documented in these pages, tells a tale of my growth and development - as a student, a researcher and clinician. It documents my struggles, triumphs, and achievements. Most of all, it signals a new beginning, a new way of thinking, and a new me. I believe it opens up a treasure chest of endless possibilities for myself, the world and our work as speech-language therapists.

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Appendices

Appendix A

List of potential clinical education articles unable to access

- Johnson, M. A., Coles, H., Keough, L., King, B., & Reed, M. (2019). Co-Delivered Integrative Music and Language Therapy: Positive Outcomes Through Music Therapy and Speech-Language Pathology Collaboration. *Perspectives of the ASHA Special Interest Groups*, 4, 261-268. doi:10.1044/2019_PERS-SIG2-2018-0006
- Keegan, L. C., & Togher, L. (2018). An Innovative Clinical Training Model for Students Using the Context of a Cognitive Communication Skills Group. *Perspectives of the ASHA Special Interest Groups*, 3(2), 21-30. doi:10.1044/persp3.SIG2.21
- Krishnan, L. A., Masters, C., & Simpson, J. M. (2017). Community Involvement and Benefits From an International Service Learning Program. *Perspectives of the ASHA Special Interest Groups*, 2(7), 5-12. doi:10.1044/persp2.SIG7.5
- Ludwig, D. A., Pawl, B., McGraw, S. L., & Baird, K. (2019). A Model of Interprofessional Education in Clinical Placements for Speech-Language Pathology and Dietetic Students. *Perspectives of the ASHA Special Interest Groups*, 4, 279-285. doi:10.1044/2019_PERSSIG2-2018-0026
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- Sokkar, C., McAllister, L., Raymond, J., & Penman, M. (2019). Supervisors' perceptions of student placements in speech-language pathology private practice: Benefits, challenges and strategies. *Speech, Language and Hearing*. doi:10.1080/2050571X.2019.1607482
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Appendix B

Detailed description of SII

The Schools Improvement Initiative (SII) is a university-school-community partnership focusing on improving school outcomes in Khayelitsha. There are 5 overarching objectives (see Figure B1) which speak to the whole-school approach of the SII (Silbert et al., 2018).

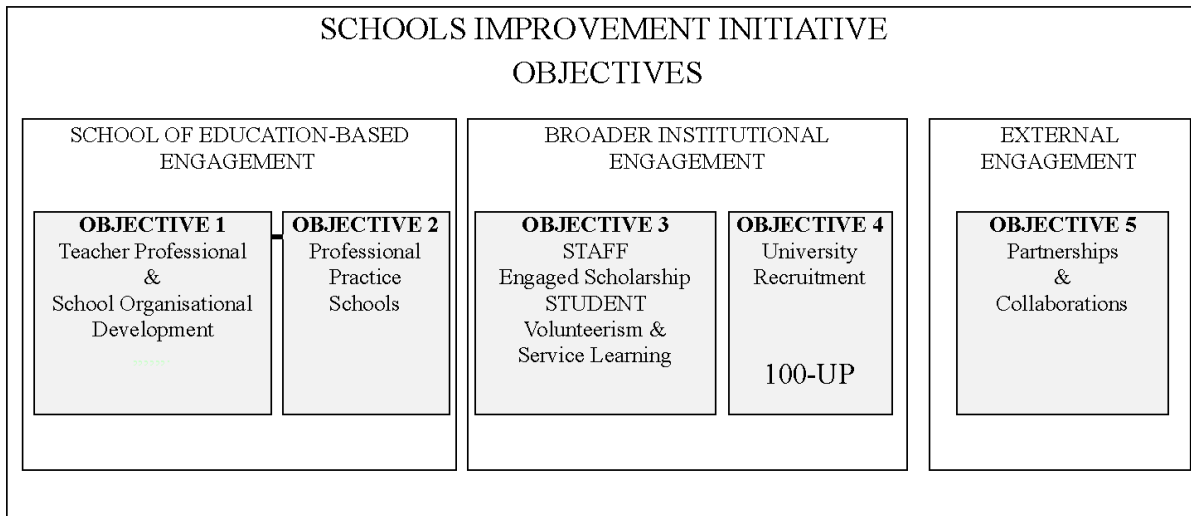


Figure B1. Schools Improvement Initiative objectives – adapted from Silbert et al. (2018).

Objective 1 – Teacher professional and school organisational development

SII's intentionally link professional development to organisational process and capacity building in school management structures. The School Development Unit (SDU) in School of Education is responsible for delivering different forms of teacher professional development and school organisational development to the partner schools – in the form of short courses and onsite school-based support (Silbert et al., 2018). Specifically, organisational development focuses on mentoring and coaching individuals in leadership positions in the school. For example, the SII has worked to establish inter-school community of practice for school principals at the different partner schools (Silbert et al., 2018).

Objective 2 – Professional practice schools

Students from a number of disciplines across university, in addition to School of Education complete practical components of their degrees at the partner schools. For example, OT, A, PT

and SLT students from the Health Sciences Faculty and social work students from the Humanities Faculty (Silbert, Clark, et al., 2018).

Objective 3 – Staff engaged scholarship, student volunteerism and service learning

For all of the different disciplines (discussed in professional practice schools), the SII uses a critical service learning approach which places a focus on interdisciplinary collaboration. Student volunteerism, which was used in the early stages of the SII, was conceptualised as a form of engagement acknowledging the complex social-political system in which the engagement was occurring (Silbert, Clark, et al., 2018).

Objective 4 – University recruitment, 100UP

The 100UP programme was initiated to support learners from Khayelitsha. The overarching aim was to ensure that more learners from Khayelitsha are eligible to compete for places at UCT. In addition, the university sought to build knowledge and experience on how to support learners from lower socioeconomic status communities to manage the demand of tertiary education (Silbert, Clark, et al., 2018).

Objective 5 – Partnerships and collaboration

The focus of objective five is external collaboration and developing partnerships with education-based groupings, both inside and outside of the university, with a view to strengthen the partner schools' capacity (Silbert, Clark, et al., 2018). For example, the library and language partnership is a collaborative intervention with a number of different partners including: from the university (i.e. the Library and Information Studies Centre and other organisations such as iKwezi⁷⁷, Rotary⁷⁸, Nali'bali⁷⁹ and The Bookery⁸⁰). The overarching goal is to support library and language development in the partner schools by creating and sustaining functioning libraries (Silbert, Clark, et al., 2018). Another example is the Centre Of Science And Technology (i.e. high school) Wellness Centre. The aim of the centre is to offer psychosocial, personal, developmental and physical wellness to the learners at the school through developing strong interdisciplinary and

⁷⁷ iKwezi is a primary school language and mathematics project that was established by the School Development Unit

⁷⁸ Rotary focused on creating a partnership with Nali'bali to develop leadership skills for in young adults through their Rotary EarlyAct clubs.

⁷⁹ Nali'bali is a national reading campaign

⁸⁰ The Bookery is an independent non-profit organisation focusing on creating school libraries

intersectoral links. Currently, there is full time psychosocial support which is offered by a social worker and social work students, in partnership with Metropole East Education District of the Western Cape Department of Education, and community-NGOs (Silbert et al., 2018).

For more information see *Partnerships in Action: University-school-community (2018)* - (Silbert, Galvaan, et al., 2018)

Appendix C

Network of stakeholders involved at the SII according to objectives*

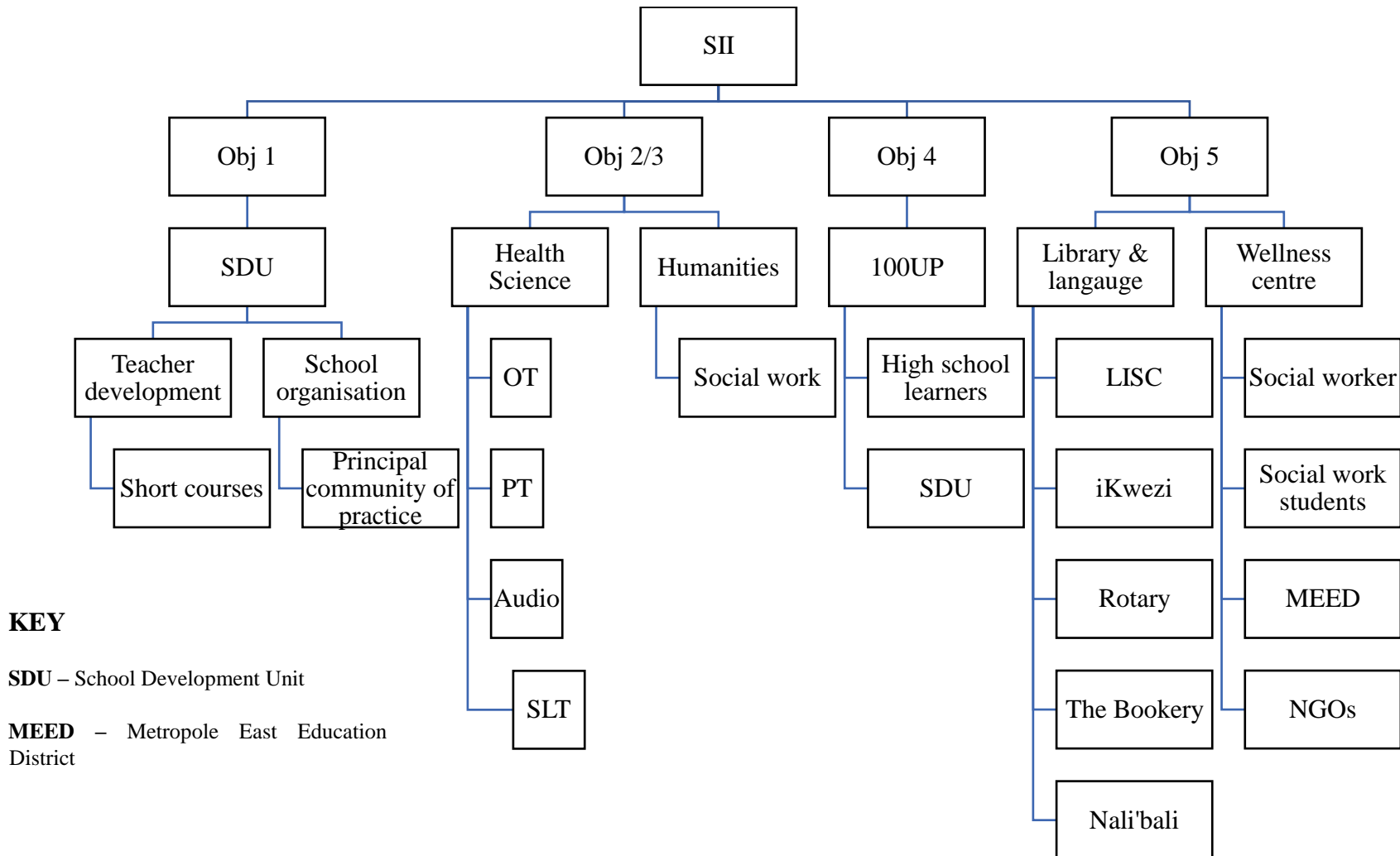


Figure C1. Network of SII stakeholders *in addition to school staff and structures at each school

Appendix D

Example of data extraction framework

Data Extraction

General information

Date	
Name of person extracting data	
Author	
Publication type (e.g. report, abstract, article)	
Notes	

Data extraction per aim

Aim	To describe the <i>practice method</i> of EPP
	Types of activities carried out
	<i>e.g. description of activity</i>
	Contrast to traditional practice
	<i>e.g. review of differences between emerging practice method and current traditional practice</i>
	Key individuals noted
	<i>e.g. individuals participating in the running of the practice, collaboration</i>
	Roles of key individuals
	<i>e.g. what is their role in the running of the practice</i>
Aim	To describe and analyse the educational and knowledge bases
	Educational supports
	<i>e.g. pedagogy, assessments, curriculum, educators</i>
	Knowledge bases

<i>e.g. knowledge about roles of each stakeholder, contextual knowledge etc.</i>	
Aim	To describe and analyse the <i>philosophical drivers</i> shaping practice
Epistemology	
Methodology	
Ontology	

Appendix E

Documents used during document analysis

Table E1

Document analysed during data collection

Documents selected	Data analysed
SII book chapters (Silbert, Galvaan, et al., 2018)	Practice method i.e. activities Educational and knowledge bases Epistemology, ontology, methodology Contextual data – location, school
CAPS	Practice method i.e. activities, specifically English second language
Handover documents (4)	Practice method i.e. activities Educational and knowledge bases
Module descriptors (3)	Educational and knowledge bases
Reflective reports (54)	Practice method i.e. activities Educational and knowledge bases
Library manual (4)	Practice method i.e. activities

Appendix F

Ethical approval letter for study



UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee



Room E52-24 Old Main Building
Groote Schuur Hospital
Observatory 7925
Telephone [021] 404 7682 • Facsimile [021] 406 6411
Email: cos@hscm@uct.ac.za
Website: www.health.uct.ac.za/fhs/research/humanethics/forms

06 December 2016

HREC REF: 617/2016

Prof H Kathard
Health Sciences Education
E52, Room 26
Old Main Building

Dear Prof Kathard

**PROJECT TITLE: A CASE STUDY OF EMERGING PRACTICE IN SPEECH-LANGUAGE THERAPY
IN A COMMUNITY PRACTICE CONTEXT (PhD-candidate-K Abrahams)**

Thank you for submitting your study to the Faculty of Health Sciences Human Research Ethics Committee for review.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 30th December 2017.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed **within** the approval period.

(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

We acknowledge that the student Kristen Abrahams will be involved in this study.


Please note that for all studies approved by the HREC, the principal investigator **must** obtain appropriate institutional approval before the research may occur.

Please quote the HREC REF in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Yours sincerely

signature removed to avoid exposure on line

 **PROFESSOR M. BLOCKMAN**
CHAIRPERSON, FHS HUMAN RESEARCH ETHICS COMMITTEE
Federal Wide Assurance Number: FWA00001637.
Institutional Review Board (IRB) number: IRB00001938

HREC 617/2016

Appendix G

Western Cape Department of Education permission



Directorate: Research

Audrey.wyngaard@westerncape.gov.za
tel: +27 021 467 9272
Fax: 0865902282
Private Bag x9114, Cape Town, 8000
wced.wcape.gov.za

REFERENCE: 20161212-6939
ENQUIRIES: Dr A T Wyngaard

Miss Kristen Abrahams
35 Bayview Road
Hout Bay
7806

Dear Miss Kristen Abrahams

RESEARCH PROPOSAL: A CASE STUDY OF EMERGING PRACTICE IN SPEECH-LANGUAGE THERAPY IN A COMMUNITY PRACTICE CONTEXT

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **28 February 2017 till 30 September 2017**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December).
7. Should you wish to extend the period of your survey, please contact Dr A.T Wyngaard at the contact numbers above quoting the reference number?
8. A photocopy of this letter is submitted to the principal where the intended research is to be conducted.
9. Your research will be limited to the list of schools as forwarded to the Western Cape Education Department.
10. A brief summary of the content, findings and recommendations is provided to the Director: Research Services.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:


**The Director: Research Services
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.
Signed: Dr Audrey T Wyngaard
Directorate: Research
DATE: 12 December 2016

Appendix H

Access to staff and students

HR194	ACCESS TO UCT STAFF FOR RESEARCH PURPOSES	 UNIVERSITY OF CAPE TOWN <small>UYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD</small>
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NOTES

- Forms must be downloaded from the UCT website: <http://forms.uct.ac.za/forms.htm>
- This form must be completed by applicants who are requesting to access UCT staff for the purpose of research.
- A copy of the research proposal as well as the Ethics Committee approval must be attached.
- It is the responsibility of the researcher/s to apply for ethical clearance from the relevant Faculty's Research in Ethics Committee (RIEC).
- If you are requesting staff information, you are required to complete the HR Information Request Form (HR190) and submit it together with all the required documentation.
- The turnaround time for a reply is **approximately 10 working days unless specified as urgent**.
- Return the completed application form and all the above documentation to Joy Henry via email: joy.henry@uct.ac.za; or deliver to: For the Attention: Executive Director, Human Resources Department, Bremner Building, Room 214, Lower Campus, UCT.

SECTION A: APPLICANT DETAILS

Title	Miss	Name	Kristen Abrahams
Telephone number	0731076524	Email address	kristen.abrahams@hotmail.com
Student number	ABRKRI002	Staff number	N/A
Visiting researcher ID / passport number	N/A		
Faculty Officer contact details			
University or institution at which employed or a registered student	University of Cape Town		
Faculty or department in which you are registered or work	Department of Health and Rehabilitation Sciences		
Address (if not UCT)			

SECTION B: SUPERVISOR DETAILS

Title and name	Telephone number	Email address
Supervisor	Prof Harsha Kathard	harsha.kathard@uct.ac.za
Co-Supervisor	Dr Michal Harty	michal.harty@uct.ac.za

SECTION C: APPLICANT'S FIELD OF STUDY (if applicable) / TITLE OF RESEARCH PROJECT / STUDY

Degree	PhD speech-language pathology		
Research project or title	A case study of emerging practice in speech-language therapy in a community practice context.		
Research proposal attached	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Target population (number of UCT staff)	5		
Amount of time required for an interview and/or questionnaire	approximately 1 hour x 4 over 4 terms		
Lead Researcher details	Prof Harsha Kathard		
Proof of ethical clearance status attached	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

SECTION D: FOR OFFICE USE (Approval status to be completed by the Executive Director, Human Resources or Nominee)

Support or approval	Role	Signature	Date
Supported? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Joy Henry (Office Co-Ordinator)	signature removed	9/12/16
Approved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Miriam Hoosain (Executive Director: HR)	signature removed	09/12/16



RESEARCH ACCESS TO STUDENTS

DSA 100

NOTES

- This form must be **FULLY** completed by all applicants who want to access UCT students for the purpose of research or surveys.
- Return the fully completed **(a) DSA 100 application form by email, in the same word format**, together with your: **(b) research proposal inclusive of your survey, (c) copy of your ethics approval letter / proof (d) informed consent letter** to: Moonira.Khan@uct.ac.za. Your application will be attended to by the Executive Director, Department of Student Affairs (DSA), UCT.
- The turnaround time for a reply is **approximately 10 working days**.
- NB: It is the responsibility of the researcher/s to apply for and to obtain **ethics approval and to comply with amendments that may be requested**; as well as to **obtain** approval to access UCT staff and/or UCT students, from the following, at UCT, respectively:
 - Ethics:** Chairperson, Faculty Research Ethics Committee' (FREC) for ethics approval, (b) **Staff access:** Executive Director: HR for approval to access UCT staff, and (c) **Student access:** Executive Director: Student Affairs for approval to access UCT students.
- Note:** UCT Senate Research Protocols requires compliance to the above, **even if prior approval has been obtained from any other institution/agency. UCT's research protocol requirements applies to all persons, institutions and agencies from UCT and external to UCT** who want to conduct research on human subjects for academic, marketing or service related reasons at UCT.
- Should approval be granted to access UCT students for this research study, such approval is effective for a period of one year from the date of approval (as stated in Section D of this form), and the approval expires automatically on the last day.
- The approving authority reserves the right to revoke an approval based on reasonable grounds and/or new information.

SECTION A: RESEARCH APPLICANT/S DETAILS

Position	Staff / Student No	Title and Name	Contact Details (Email / Cell / land line)
A.1 Student Number	ABRKRI002	Miss Kristen Abrahams	0731076524, kristen.abrahams@hotmail.com
A.2 Academic / PASS Staff No.			
A.3 Visitor/ Researcher ID No.			
A.4 University at which a student or employee	UCT	Address if <u>not</u> UCT:	
A.5 Faculty/ Department/School	Faculty of Health Science, Department of Health and Rehabilitation Sciences		
A.6 APPLICANTS DETAILS If different from above	Title and Name	Tel.	Email

SECTION B: RESEARCHER/S SUPERVISOR/S DETAILS

Position	Title and Name	Tel.	Email
B.1 Supervisor	Prof Harsha Kathard	021 406 6041	Harsha.kathard@uct.ac.za
B.2 Co-Supervisor/s	Dr Michal Harty AProf Mershen Pillay	021 406 6313 031 260 8109	Michal.harty@uct.ac.za Pillaym1@ukzn.ac.za

SECTION C: APPLICANT'S RESEARCH STUDY FIELD AND APPROVAL STATUS

C.1 Degree – if applicable	PhD speech-language pathology		
C.2 Research Project Title	A case study of emerging practice in speech-language therapy in a community practice context		
C.3 Research Proposal	Attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
C.4 Target population	4th year speech-language therapy/occupational therapy students completing block at Schools Improvement Initiative schools		
C.5 Lead Researcher details	If different from applicant:		
C.6. Will use research assistant/s	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> yes- provide a list of names, contact details and ID no.		
C.7 Research Methodology and Informed consent:	Research methodology: Observations, document review, reflexive logs, artistic expression Option of one – critical conversation, interview, photo voice Informed consent: Consent forms for all data collection methods attached		
C.8 Ethics clearance status from UCT's Faculty Ethics in Research Committee /Chair (EIRC)	Approved by the UCT EIRC: Yes <input checked="" type="checkbox"/> With amendments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (a) Attach copy of your UCT ethics approval. Attached: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (b) State date / Ref. No / Faculty of your UCT ethics approval: 6/12/2016 Ref. /Faculty.: 617/2016		

SECTION D: APPLICANT/S APPROVAL STATUS FOR ACCESS TO STUDENTS FOR RESEARCH PURPOSE

(To be completed by the UCT - ED, DSA or Nominee)

D.1 APPROVAL STATUS	Approved / With Terms / Not (i) Approved <input checked="" type="checkbox"/> (ii) With terms <input type="checkbox"/> (iii) Not approved <input type="checkbox"/>	* Conditional approval with terms (a) Access to students for this research study must only be undertaken <u>after</u> written ethics approval has been obtained. (b) In event any ethics conditions are attached, these must be complied with <u>before</u> access to students.	Applicant/s Ref. No.: ABRKRI002 / Miss Kristen Abrahams
D.2 APPROVED BY:	Designation Executive Director Department of Student Affairs	Name <i>Dr Moonira Khan</i>	Signature signature removed to avoid exposure on line Date of Approval 19 December 2016

Appendix I

Ethics approval letter from SII for retrospective data



UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee



Room E52-24 Old Main Building
Groote Schuur Hospital
Observatory 7925

Telephone [021] 406 6338 • **Facsimile** [021] 406 6411

Email: shuretta.thomas@uct.ac.za

Website: www.health.uct.ac.za/fhs/research/humanethics/forms

24 April 2015

HREC REF: 252/2015

Dr J Clark

School Development Unit
School of Education
Graduate School of Humanities
Upper Campus

Dear Dr Clark

PROJECT TITLE: IN-SCHOOL-IN-COMMUNITY: A UNIVERSITY-SCHOOL PARTNERSHIP AS A MODEL OF COMMUNITY ENGAGEMENT

Thank you for submitting your study to the Faculty of Health Sciences Human Research Ethics Committee for review.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 30th April 2016.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.

(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

Please quote the HREC REF in all your correspondence.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Yours sincerely

PROFESSOR M BLOCKMAN

CHAIRPERSON, FHS HUMAN RESEARCH ETHICS COMMITTEE

Federal Wide Assurance Number: FWA00001637.

Institutional Review Board (IRB) number: IRB00001938

This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Convention on Harmonisation Good Clinical Practice (ICH GCP), South African Good Clinical Practice Guidelines (DoH 2006), based on the Association of the British Pharmaceutical Industry Guidelines (ABPI), and Declaration of Helsinki guidelines.

HREC 252/2015



FHS016: Annual Progress Report / Renewal

HREC office use only (FWA00001637; IRB00001938)			
This serves as notification of annual approval, including any documentation described below.			
<input checked="" type="checkbox"/> Approved	Annual progress report	Approved until/next renewal date	30/04/2017
<input type="checkbox"/> Not approved	See attached comments		
Signature Chairperson of the HREC	signature removed to avoid exposure on line	Date Signed	2/7/16

Comments to PI from the HREC	<div style="border: 1px solid black; padding: 5px;"> HUMAN RESEARCH ETHICS COMMITTEE - 5 JUL 2016 HEALTH SCIENCES FACULTY UNIVERSITY OF CAPE TOWN </div>

Principal Investigator to complete the following:

1. Protocol information

Date (when submitting this form)	13 June 2016		
HREC REF Number	252/2015	Current Ethics Approval was granted until	30 April 2016
Protocol title	IN-SCHOOL-IN-COMMUNITY: A UNIVERSITY-SCHOOL PARTNERSHIP AS A MODEL OF COMMUNITY ENGAGEMENT		
Protocol number (if applicable)			
Are there any sub-studies linked to this study?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, could you please provide the HREC Ref's for all sub-studies? Note: A separate FHS016 must be submitted for each sub-study.			
Principal Investigator	2015 –DR Clark; 2016 – DR GALVAAN		
Department / Office Internal Mail Address	DEPT OF HEALTH AND REHABILITATION SCIENCES, DIVISION OF OCCUPATIONAL THERAPY, ZONE F56, OLD MAIN BLDG, GSH		

1.1 Does this protocol receive US Federal funding?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1.2 If the study receives US Federal Funding, does the annual report require full committee approval?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1.3 Has sponsorship of this study changed? If yes, please attach a revised summary of the budget.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Appendix J

Interest in participating in study – student practitioners



UNIVERSITY OF CAPE TOWN

School of Health & Rehabilitation Sciences
Division of Communication Sciences & Disorders
F46 Old Main Building, Groote Schuur Hospital, Observatory, 7925
Telephone: 021 406 6402
Fax: 021 406 6323

Potential data collection strategies – student practitioners

There will be a number of data collection strategies carried out over the 6-week block. Some data collection strategies will not require you change your usual day-to-day activities e.g. observations, reflexive logs and document review. Others will require you to spend some time with the researcher engaging in interviews or taking of photographs.

Please indicate which data collection strategies you would be interested in taking a part in. Please note that you can choose the option of 1 of the following: interview, critical conversation or photovoice. If you are interested in more than one, you are more than welcome to participate in more than one.

Name: _____

Signature: _____

Date: _____

Data collection method	Commitment	Time	Interest (Y/N)
Observation	To be observed	Two days	
Reflective log	Part of block requirements	Throughout block	
Artistic expression	Drawing, group discussion	±90 min	
Document review	Part of block requirements	Throughout block	
<i>Option of 1</i>			
Interview	Interviewed	± 60 min	
Critical conversation	Position-identity, conversation	± 60 min	
Photovoice	Take photographs, discussion	Over 1 week	

Appendix K

Information letter and consent form example*

Information letter/Consent form – Interviews – Student practitioners



UNIVERSITY OF CAPE TOWN

School of Health & Rehabilitation Sciences
Division of Communication Sciences & Disorders
F46 Old Main Building, Groote Schuur Hospital, Observatory, 7925
Telephone: 021 406 6402
Fax: 021 406 6323

Dear Sir/Madam

Participation in a study considering emerging speech-language therapy practice

I am a PhD student conducting research in the Division of Communication Sciences and Disorders at the University of Cape Town.

Why is the research being done?

Communication is an important part of our lives. It allows us to say how we feel, to talk to others, to share information and to be a part of society. It is therefore important that all children develop communication skills (speaking, listening, reading and writing) to achieve good academic outcomes. The schools have identified development of language and literacy skills as a priority as many learners are not achieving grade level outcomes. We, as speech-language therapists, need to critically think about our role in enhancing communication development for all children.

Traditionally, speech-language therapy services have focussed on disability within an individual health care system. Statistics show that our current system cannot adequately serve the large population of children in need.

We, as speech-language therapists, therefore need to work in ways that address the role communication has in the social, cultural/linguistic and economic frames of communities. This study therefore aims to describe how speech-language therapy practice is developing to address these kinds of community needs.

What is the purpose of the research?

In order for the profession of speech-language therapy adapt to the needs of underserved communities, we need to develop contextually-relevant practices. One such initiative is the Schools Improvement Initiative (SII). The current study therefore aims to describe and analyse the emerging practice, specifically speech-language therapy through the SII. The study has the following aims: (1) describe the context and philosophical drivers shaping the practice; (2) to describe the methods of the practice in terms of (a) activities, (b) key role players, and (c) skills, and knowledge necessary; (3) to describe the progression of the practice from 2014-2017.

Why are you being invited? What is expected of you?

As an individual with experience of the SII project, you are hereby invited to participate in this study in which you will be **interviewed** to further understand your contribution/experience within the SII specifically the speech-language therapy component. A suitable date, time and location will be arranged with you personally at your convenience. I anticipate that it will take you approximately 30 to 60 minutes. The interview will be audio-recorded using a Dictaphone. Following the interview, you will be provided with the transcribed interview for verification of accuracy of interview information provided.

My research proposal has been approved by the Faculty of Health Sciences, Human Research Ethics Committee - study approval number is XXX.

Risks and benefits...

Participation in this study will not benefit you directly nor cause you harm in any way. Through your involvement in the study, it may assist the greater speech-language therapy profession in deepening the understanding of an emerging practice. Your reflections related to the study may assist you in learning more about yourself as a person and therapist. You will not be reimbursed for participation in the study. Participation in the study will not have any effect on your academic results for your community block. You will not be placed at disadvantage by providing feedback about the progress of the practice. Deep reflection (e.g. about identity, belonging, failure etc.) may result in feelings of emotion or discomfort.

Privacy and confidentiality...

In terms of confidentiality, your contact details will be requested in order to perform member check. You will be provided with a transcription to verify. Once the verification is complete, all identifying information will be removed from the transcripts. Codes will be used to ensure that you are not identifiable. If research assistants are used, they will be asked to sign a consent form, which ensures that they will respect the confidentiality of all participants. Confidentiality will also be protected by not revealing anything learnt to other participants or community members. I will not identify you in any publication of the study.

It should be noted that complete privacy and confidentiality cannot be ensured. Through reading the findings of the study, participants may be identifiable through contextual information such as the description of the of a programme, or description of a site.

What are your rights as a participant?

Participation in this study is voluntary and you may withdraw from this study at any time, without penalty and without having to give a reason for doing so. You can contact me directly via email or telephonically to withdraw from the study. All interview material you provided will be discarded. If you would like to receive a copy of the results of the study, your contact details will be kept to inform you of the results.

We thank you for your time and consideration.

Yours faithfully,

Kristen Abrahams, (abrcri002@myuct.ac.za, 0731076524)

Should you have any questions, please do not hesitate to contact me at the above details or my supervisor Prof. Harsha Kathard: harsha.kathard@uct.ac.za (w) 021 406 6401

If you have any concerns about the ethics of the study, please contact Prof. Marc Blockman (Chairperson of Research Ethics Committee): (w) 021 406 6496 or at marc.blockman@uct.ac.za

Please sign the consent form indicating your wish to participate in the study.

Consent form

I, _____ (*full name in print*) have read the information letter and understand my rights as a research participant. I give permission to the researcher to conduct an interview with me regarding my experiences during my community block at the Schools Improvement Initiative. I also give permission for the interview to be audio-recorded. I have had an opportunity to ask questions and have these answered. I am aware that I may withdraw from the study at any time if I so wish, without having to provide an explanation. I understand that I can contact the researcher to inform her of my withdrawal from the study. Withdrawal from the study will have no negative implications for me. I voluntarily consent to participate in this study.

Participant's Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____

Would you like to be informed of the results of the study? Circle. YES/NO

If yes, provide email address: _____

Should you have any questions please do not hesitate to contact me or my supervisor:

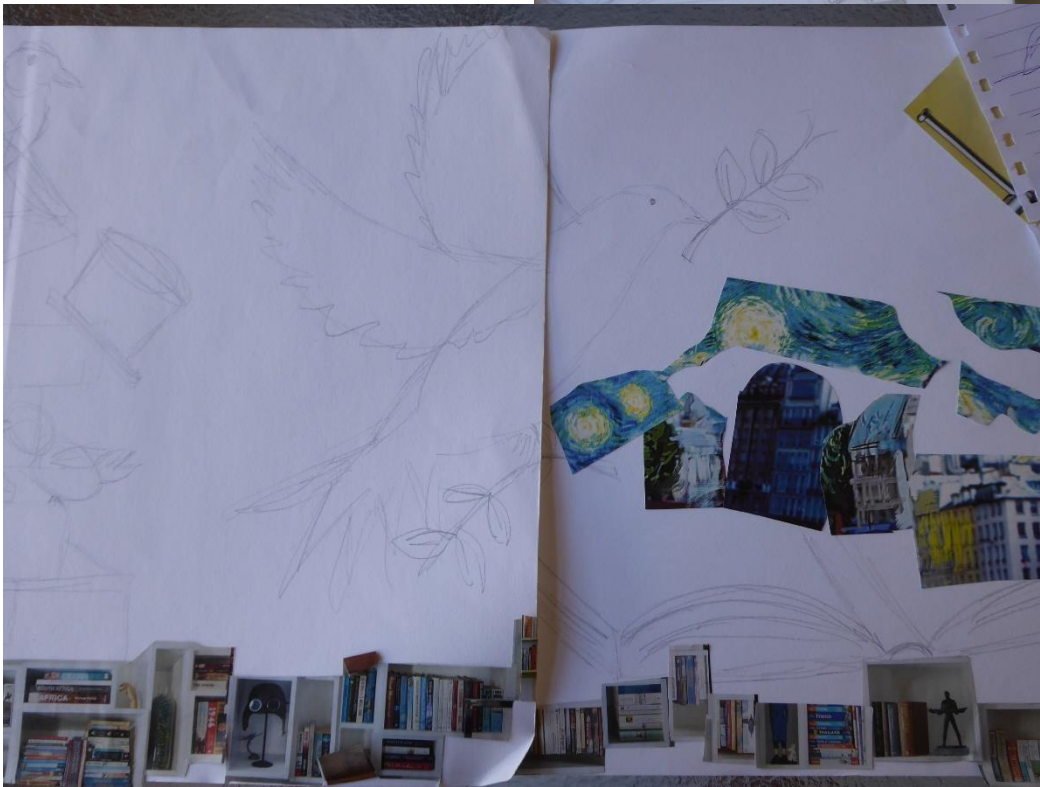
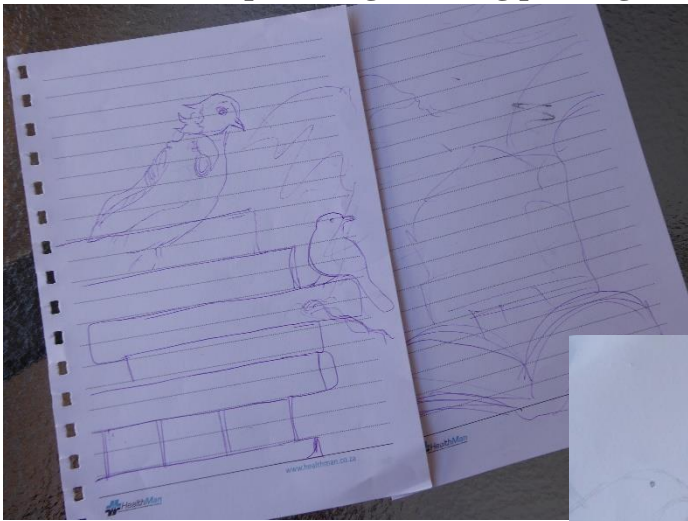
Kristen Abrahams: abrcri002@myuct.ac.za (0731076524)

Prof. Harsha Kathard: harsha.kathard@uct.ac.za (w): (021) 406 6401

The UCT FHS Human Research Ethics Committee can be contacted on 021 406 6338 in case participants have any questions regarding their rights and welfare as research subjects on the study.

* Individual ones done for each participant group for each data collection strategy.

Conceptualising/Planning painting



Completing painting



Table M1

Outline of project development in 2017

Project	Aim	Development (according to ObCD phases)
Library project and resource manual	Address language gap between foundation and intermediate phases. Resource manual developed to equip librarians to support language and literacy development (aligned with the CAPS)	<p>Initiation phase – observations in classrooms/library; interviews with HoD foundation phase, vice principal; Review of policy documents – CAPS; Observations at other school outside of Khayelitsha</p> <p>Design phase – developing resource manual; Development of activities for foundation and intermediate phases; Organisation of books in library; Interviews with library assistants to gain feedback/further ideas; Writing up of the manual; refining of manual e.g. improving ease of reading, simplicity, usability; meeting with School Development Unit on structure and content of manual</p> <p>Implementation – piloting of activities for foundation and intermediate phase; planning initiated to pilot manual with library assistants at The Bookery.</p>
Lego for language		<p>Initiation phase – Review of findings from previous group of students; Received Lego training on how to use Lego to facilitate language and numeracy development; Organisation of Lego</p> <p>Design phase – Brainstorming ideas for incorporating Lego into classrooms; brainstorming training of teachers</p>

Table M1 cont. *Outline of project development in 2017*

Project	Aim	Development (according to ObCD phases)
Ukhanyo Programme	Afterschool intervention programme for grade 4 to 6 learners struggling with Maths and English. Grade 10 and 11 learners from a nearby school come to mentor and assist with completion of homework	<p>Initiation phase – Observation at high school of learners preparing for Ukhanyo programme; Development of a questionnaire to be given to mentors to see how will be able to assist mentor programme</p> <p>Design phase – brainstorming ideas for addressing challenges, such as facilitating mentor preparation meetings, providing information on receptive and expressive language and literacy development; Creating activities for mentors to incorporate use of Lego into activities they do with primary school learners</p>
Values and appreciation project	Exploring ways to address teasing and bullying	<p>Initiation phase – meeting with social worker to discuss bullying at school; Meeting with social work students discussed potential programme; Meeting OT students; Attempts to contact NGOs to assist; Interviews with teachers, vice principal; focus groups with learners</p> <p>Design phase – interviewing of teachers, students; designing intervention programme using <i>Teasing and Bullying: Unacceptable Behaviour Resource</i></p> <p>Implementation – four-part intervention initiated</p> <p>Evaluation – time constraints, language barriers, behaviour, interaction identified as barriers, and brainstormed ideas for addressing challenges</p>
Wordworks	NGO, training parents on how to facilitate language learning	Initiation phase – brainstormed potential ideas for working with word works; Unable to get into contact, discontinued

Table M1 cont. *Outline of project development in 2017*

Project	Aim	Development (according to ObCD phases)
High school recruitment project	Inform learners from Khayelitsha about the role of a SLT and the application process to apply for a degree at UCT.	Initiation – meeting with representatives from high school to understand need. Design – examination of pre-existing UCT pamphlets to advertise profession; Brainstormed and developed ideas for execution Implementation – meeting with students and library assistants from two high schools to discuss role of SLT. Evaluation – identified areas to improve e.g. tailoring pamphlets based on feedback from learners and library assistants

Appendix N

Exemplar of a project

Teasing and bullying project

Aim

Teasing and bullying were observed during observations at the school and during interviews with teachers and as such became a theme for consideration.

Occupation-based Community Development process

Initiation

Speaking to different stakeholders. Spoke to the social worker who implemented a values and appreciation programme at a high school. Met with social work students to discuss collaboration and possible involvement in project. Learnt about previous anti-bullying programmes that were targeted but did not work e.g. work of occupational and speech therapy students. Attempted to set up meeting with an NGO working in anti-bullying to hear what they had been doing and to get advice, but were unable to get a hold of NGO. Interviews conducted with teachers across different phases, vice principal. From the interviews determined the types and the potential causes of the bullying, and potential solutions. Learners were interviewed in small groups to ask them about their experiences and ideas around bullying.

Design

Intervention programme developed specifically targeting grade six learners. The intervention was based on the *Teasing and Bullying: Unacceptable Behaviour Resource*. Students brainstormed which age and grade to target and themes to incorporate. The intervention programme was broken down into four components, namely *recognising differences; when does joking become bullying; dealing with bullying* and *teacher training*.

Implementation

Once intervention programme conducted with one grade six class

Monitoring, Reflection and Evaluation,

Students reflected on challenges and opportunities throughout. Themes such as language barrier, time constraints, behaviour, lack of interaction in the activities chosen were discussed.

Appendix O

Researcher's own reflections and motivations for creating the paintings under the theme 'Blurring the boundaries between professional and personal self'

The following provides the researchers own reflections on creating the paintings, linking each to the pertaining Figures 19, 20 and 23.

In reference to Figure 19

The books piled on top of one another represent the theoretical knowledge base informing SLT practice. The books are shaped symmetrically, resembling boxes, showing the "neatness" of the knowledge. The birds in the picture represent the students as one student previously described herself as a bird in a previous discussion. There will be an outline of an eagle in the background of the picture. The eagle as the "king of the sky" represents the lecturers and clinical supervisors that the birds are striving to become.

All of the pictures in painting will be black, navy blue, and white, depicting the predictability of the practice. Everything has a specific place. The birds are sitting on books and as the bird moves up the books, it gains more and more knowledge.

The hat represents the idea of a professional. As a professional, you need to dress appropriately, act appropriately, and work in a specific way. When you go to clinics, you need to wear your SLT jacket/hat and become the professional. When you take off your jacket/hat, you can be yourself again and this links to the separation between the professional and the personal.

The painting is in neutral colours of black, white and shades of blue and purple. The shades of blue and purple represent the feelings and emotions of the students. The shades of black, white and grey represent the predictability of the practice and also its sterility as well, making sure that everything is neutral.

At the top of the picture, there is a robot bird, sitting on top of the stack of books. It symbolises the professionalisation process, that you have learnt all of the theory from the books, lectures, and clinical practice and now can apply it in different settings. You have become the perfect SLT, but you become a robot. A replica of something else. In addition, the foundation of knowledge, the books, are in themselves written and moulded. The process of creating a book, starts off with a

tree getting cut down and compacted into thin pieces of paper, all uniform. This mirrors what the students discuss as their experience of learning to become an SLT.

In reference to Figure 20

The second picture is of the emerging practice. The picture is colourful, representing all of the different emotions and feelings that the students go through. The story book is open to the story of Khayelitsha, with all its buildings, from informal housing, to brick structures. The book links to their learning and their experiences while on the block. From the outside the book may look a certain way, but you need to take the time to open it to see all that it has to offer (linking back to the overall narrative and the theme being in context).

The students also discuss how they saw their patients differently. They discuss how they learnt to see their patient outside of the clinical setting. The patient wasn't a one-dimensional entity. They could see that the patient was more than just a patient. The open book represents the phrase "don't judge a book by its cover". On the outside, students see the patient, but when they take the time to open up the book, they can see that the patient has so much more to offer than what you thought was on the outside.

In reference to Figure 23

When you look at the pictures together, it shows their overall experience. The dove is present in both the traditional practice and the emerging practice. It represents the student learning that professional and the personal cannot be separated, that who they are as people cannot be removed from their profession. The bird is in the middle showing that there is space to be a SLT and a person with emotions. The students start to think about how they can combine their academic knowledge and practices with what they have learnt in the emerging practice. In addition, the dove flying over the book represents the concept of peace. Freeing themselves from the boxes which they were trying to fit into. The students realised that they don't have to conform but they can bring themselves into their professional life.

The dove will be flying with a rose in its beak. Representing the love for the profession.