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Getting closer to the Community Voice in Curriculum Development: an Exploration of the Possibilities

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Abstract

Policy in Higher Education in South Africa is urging tertiary institutions to become socially responsive in regard to community development, to produce new knowledge and to produce graduates who are critical and responsive citizens. One method of achieving this is through service-learning initiatives. Community-based service-learning values the principle of institutions of higher education working in partnership with communities to develop education programmes for students. Through collaborative engagement in developing the programmes, the assumption is that not only will academic, discipline or professional needs be met, but that community members will benefit and gain new knowledge. There is an assumption that there will be mutual benefit and learning.

Most research on service-learning has focused on student learning, course outcomes and issues surrounding faculty or university. Very little research has been conducted regarding what communities or community services bring, or could bring to health sciences education. This paper will focus on health sciences community-based service-learning for medical students and will explore

- a. To what extent, and through which mechanisms community members are able to express their knowledge and skills in the design of the community based courses and curriculum development.
- b. Whether there is mutual learning and benefit and if so, what these are.

The paper is based on piloting an in-depth interview with a community organisation that has hosted various students over a number of years.

The paper illuminates the overt and tacit knowledge of the community organisation, which helps guide the university staff and students and could impact on curriculum development. The paper discusses the ways in which community knowledge and skills are acknowledged or disregarded in curricula and suggests ways in which this knowledge could enhance health professional education.

Introduction

This study focuses on a Public Health and Primary Health Care programme for fourth year medical students at the University of Cape Town (UCT) Faculty of Health Sciences (FHS). In this study the students are placed in a homeless peoples' shelter, close to the centre of the City of Cape Town. The academic requirements are that the students gain knowledge and skills in community-based epidemiological research and health promotion. In this particular project the service requested

of the students, through negotiations between the community organisation and the site facilitator¹ from UCT, was to assist with research and health promotion regarding awareness of HIV/AIDS amongst staff and residents at the shelter. The students were to work in partnership with the organisation and community, in this situation, defined as the residents at the centre.

My personal experience has been in health sciences education and therefore this will be my focus in this article. Community-based education in the health sciences faculty has similar principles to service-learning. It is credit bearing and compulsory requirement of Health Professionals Councils of South Africa in respect to the health system transforming to a Primary Health Care Approach. Community projects are negotiated through partnerships with communities to enhance mutual, but perhaps different benefits; students learn and communities acquire a service to meet their needs.

This article draws partly on my own experience of placing medical students in community-based service-learning, the beginnings of empirical evidence gathered from this pilot research project and the relevant literature. It explores the experience of a community organisation and the potential for community contribution to curriculum development. I will argue that from this pilot study it is evident that research focused on the community's perspective of community based service-learning could help shape community-based curricula that are more likely to be mutually beneficial.

Literature review

Initially, most literature on service learning and service learning research emanated from the United States of America (USA). More recently literature and research on service learning have increased in South Africa. In both South Africa and the USA the research has focused on issues related to student learning outcomes, faculty and the University (Vernon and Ward 1999, Cruz and Giles 2000, Erasmus 2005). More recently scholars and researchers are talking about 'Where Is the Community in Service-Learning' (Cruz & Guiles, 2000) and starting to research this issue. Much of the literature concurs that the voice of the community is almost completely absent from service-learning research. Vernon and Ward (1999:30) state that "Service-learning research has overwhelmingly tended to emphasise impacts related to student learning and pedagogical issues at the expense of community impacts.... [T]he voices of community members are almost completely absent from the discourse of the effects of service-learning." There are many assumptions that student placements in communities benefit those communities. Cruz and Giles (2000) concur that if the community perspective is researched, it is mostly in relation to students e.g. perceptions of the effectiveness of the students' services and their level of satisfaction with the students. They state that the few studies that addressed community outcomes "reported satisfaction with student participants, a sense that service-learning provides a useful service in communities, and the perception that service-learning enhanced community-university relationships" (Cruz and Giles 2000:28). Vernon and Ward (1999 p30) further suggest that "to be true to the dual responsibility of service-learning to both campus and community constituencies, research must include both campus and community viewpoints." In their particular study, which explored the community's perceptions of students and faculty involved in service-learning and outreach services, they found

¹ Site facilitators are employed by the universities and often live in the community where students are placed. They play multiple roles, but focus on liaison between university and community and guiding and assessing students in the community context.

that communities had overwhelmingly positive perceptions of universities in their area, that there are benefits and challenges to working with service learning students and lastly that there needed to be better communication and coordination with those who they work with from the university (Vernon and Ward 1999:32). Thus far, I have not come across literature that explores the communities' perspective with regard to the structure and design of curricula.

In the South African context, most partnerships are often built with community service organisations, both State and Not for Profit Organisations (NPOs) or Community Based Organisations (CBOs), that render community services and not directly with the community. This is different to the model referred to in the literature from the USA (Marais and Botes, 2005). As such, the service rendered by the students in service- learning curricula aims to benefit the organisation's service and thus, indirectly, the community. In return, the service organisations and communities render a service to students to assist them in fulfilling their academic requirements. The latter, as mentioned in the literature, is often the emphasis in research as well as in practice.

Research pilot project

This is a pilot study with the aim of testing the feasibility and usefulness of extending the study. This study sets out to test the usefulness of the information gained to inform health sciences community-based service-learning curricula. For this pilot study the interview took place with the organisation and not directly with the community. The main reason for this was that the partnership for student placement was negotiated directly with the NPO, and in this particular case, by the time the research took place, the residents involved in the project had migrated. The intention in the expanded study would be to include the community, who are receivers of the services and members of various community structures directly. Ethics approval for the study was granted by the ethics committee of the Health Sciences Faculty.

I used a 'free attitude' interview and had a checklist of questions as a back-up. There were two open questions, as I did not want to restrict the answers with a set of questions which could be influenced by the data acquired by the previous research outlined in the literature review.

"What was your experience of hosting students? What feedback would you like to give to improve the curriculum for the organisation and your community's benefit?"

The data from the interview was coded and categorised and three main themes arose from the content analysis. Two of these were very similar to those emerging from the study on community perspectives of campuses involved in service-learning and other service based initiatives conducted by Vernon and Ward (1999), where the communities they studied had, on the whole, overwhelmingly positive perceptions of the presence of the university in their area. This was not the case in this particular study.

Findings

The three main themes, with sub-themes, that arose from content analysis of the interview data were as follows:

(1) Hosting students is beneficial for the organisation:

- students achieved the requested objective, namely raising awareness of HIV/AIDS amongst staff and residents at the shelter;
- the students added fresh views and identified shortcomings within the organisation;
- they worked in a professional manner and showed commitment to their work and
- students kept the organisation "on its toes", which encouraged the organisation to maintain high standards.

(2) Community-based service-learning curricula face challenges.

- time allocation in the curriculum for building trust and completing tasks accurately
- ethical issues related to supervision and inexperience of students working in community
- the need for flexibility of tasks and outcomes in the curriculum, which fulfil community needs and student learning.

(3) Clarifying the roles of the university and of the community [organisations] in community-based service-learning.

- the university's full responsibility for follow up and coordination
- instilling values in students
- community [organisation] role in curriculum development

In the discussion each theme, including the sub-themes, will be examined. I will use quotes to support my interpretation.

Theme 1: Hosting students is beneficial for the organisation

The organisation's overall response was that the students really helped to improve their awareness campaign. They definitely do add value to the kind of work that we do. But if you had been before this study,... After this [impact! study, what it has actually done to the clients and the staff, it has really increased our knowledge".

In addition it has enabled the staff to open up and speak more openly to the residents. It was felt that by hosting students the organisation receives a fresh and different view on ways of offering their service. The students as outsiders can raise awareness of the shortcomings and it is then the prerogative of the organisation to weigh up the advantages and disadvantages of implementing changed practice.

"... to come from the outside and actually identify the shortcomings that the organisation has. It is always better for someone from the outside to kind of identify the shortcomings. It's for the person that receives the message that they should basically do something about."

The organisation felt that although the students were young, and were still in training, they were well prepared to conduct their work in a professional manner. In terms of planning their work, setting timeframes, adapting their time to suit the community, even if it was outside of their formal curriculum time they could not be faulted. For the organisation this demonstrated that the students were committed and serious about their work.

"The medical students were very, very young, but very professional. They do their planning and also setting their dates and their time. They were very spot on. And that was very important to me, us uh it is important if you make a commitment, a promise to the people who welcome..."

They changed their timeframes to meet the people to the times outside of their formal hours and I understand that it must have been difficult for them because of their schedules they had. And that they also did [this] very professionally, they dealt with their tasks that they had to perform."

We placed a number of students, other than medical students, in this organisation. For example, we placed students from social development, who were in their final year of study, fulfilling the practical application of their studies. There were also psychology students who served their internship year. The organisation felt that having students there regularly encouraged them to constantly review and improve their services, "...we (uh) constantly been kept on our toes kind of to increase our service delivery and also keep a standard of there's actually a better way of doing it you actually learn from that".

Theme 2: Community-based service-learning curricula face challenges.

The main challenge identified was time allocation for community-based service-learning. Working in a community you have to have time to build relationships and trust, especially if you have a sensitive issue to deal with, such as HIV/AIDS. If you do not have sufficient time to build trust in the community you may get false information as people may tell you what they think you want to hear rather than what is actually true. "Because number one, people speak to you on a need to know basis, people tell you things on a need to know basis, when they don't know you they are going to tell you things that they think you should know, but you don't really know - so the longer you are there, the (better) information you get. The better you understand".

Another issue related to time was that students, and possibly staff, do not have enough time to complete tasks and follow the necessary processes. Reports may be handed over to communities before an experienced academic has marked them and made necessary corrections. In one such instance in this study the organisation was very upset because students stated in a report that "the inadequate preventative measures and knowledge of the staff and residents of the shelter, has led to the recent increase in HIV related death rate and the spread of the disease amongst the residents". This was a sweeping statement of cause and effect, without relevant evidence, and there may have been many other variables responsible for the increase in HIV-related deaths and an increase in the spread of the disease amongst the residents. If an experienced academic had marked the report and made corrections, more than likely this type of sweeping statement would have been removed or accurately explained with the necessary evidence. Lack of understanding, as well as students being novices in their field, may have led to such problems. In addition, there was no time given for students to correct such statements and report more accurately, or to discuss the issue with the organisation or community.

"Their time was quite limited, urn when they [the students] came in (and stationed) to do this. I have sympathy for them, but I think one needs to get one's facts correct, straight when you actually document something,... But I think that the students themselves, doing the interviews, with both clients and the staff, I think somewhere along the line they missed something."

A report in this sense poses **ethical issues for community based service-learning**. Handing a report for the community's use is not only for obtaining marks, but for the use in real-world situations

as well. This is very different compared to writing a report purely for marks, which would be the norm in a purely campus-based academic curriculum.

This raises the question of whether it is purely an issue of time allocation for designing the curriculum, or if not enough thought had gone into resolving whose responsibility it is to ensure that the 'service' provided is of a professional standard, in this case a research report handed to a community organisation. What roles do academics play in supervising and providing guidance to students with regard to critical reflection on practice and a proper understanding of the complexities of tasks to be fulfilled, e.g. research and health promotion? This cannot be solely the responsibility of the novice students or the site facilitators who do not have enough academic experience. As academics we sometimes forget that students are novices, and thus we need to spend more time checking what students write in reports. We need to ensure that, where necessary, corrections are made before reports are handed to communities. The problem is that the site facilitators or community partners may be able to lead students in most instances, but not all the time. In addition, not all the research supervisors visit the communities, and maybe if they did, there would be greater recognition that the students are novices in that particular field. In addition, there are many complicating variables working in the community, and students have to grapple with and manage the complexities of moving between campus and community, two totally different cultures. Most importantly, the effect on the community of service-learning, and thus the responsibility of the university to the community, is often forgotten, preventing the building of strong and communicative partnerships. This should not be the sole responsibility of the staff and students that are involved in service-learning, but also that of the academics in charge.

Theme 3: Clarifying the role of the university and role of community [organisations] in community-based service-learning.

There was a lot positive praise for the students and the way they conducted themselves; their professionalism, their enthusiasm; their commitment to what they were doing. There was similar praise for the site facilitator, whom they felt knew the organisation, knew the area and guided the students effectively. The big question was where was the university? Why was it leaving the site facilitator and the students to handle this whole responsibility of building partnerships for mutual benefit, learning and development on their own? The organisation felt strongly that the university should play a more prominent role in general, throughout the duration of the curricula in instilling values and the ethos of social responsiveness and social change.

The university should also examine the consequences of their approach to community-based education and the results of no follow up or continuity, especially when a problem is left with the organisation and community when the students leave. "If it was the case then that we as staff or residents have increased the number of deaths, then what would have been the follow up by students themselves to render the continued support without stopping within our staff and the organisation at that point?" Or is it a case of "Because we (the students) have come to do our business and we (the students) have left and we are leaving this document with you." The problem hasn't been solved. Where is the continuity from the university? Is there a way that students could continue a relationship after they have completed their set curriculum outcomes? Could continued work with the organisation be a requirement of the curriculum? "I wouldn't expect too much of their time because I know time is very valuable to them but there could be one hour a month, that kind of thing". Is it the responsibility of the students, the site facilitator, the department or

a co-ordinating role of the university to see that continued support is available if a problem has been identified through student projects and the community needs further assistance? The organisation and community members have contributed to the students' development and in return they have assisted them in achieving their academic requirements, they have added value, but is that enough?

Discussion

My initial intention was to explore to what extent, and through which mechanisms, community members are able to express their knowledge and skills in the design of the community based programmes and whether there is mutual learning and benefit and if so, what these are. The initial findings from the pilot study indicate that there is at present little space or mechanism for community organisations or members to input into and influence the structure, content and design of curricula, other than tentatively guiding, supporting and facilitating student learning as they work together on their projects. Some mutual learning and benefit appears to have occurred through the limited partnership with the students in carrying out their academic requirements. Space had been created for greater openness and further dialogue between the staff and clients at the shelter in dealing with sensitive issues. Therefore there was mutual learning and benefit, but it was limited.

From my interpretation of these findings two crucial issues have arisen that would need to be dealt with to improve the mutual learning and benefit. The first, which is probably the most important one, is the readiness and willingness of the university to embrace new forms of teaching and learning; especially service-learning that is "a complex and challenging form of educational practice" (McMillan, 2002, p.68). The site and location of service-learning is different to traditional university teaching because it is off campus. The educational practice is based on experiential learning and critical reflection and the aims of the practice are not only to achieve student learning, but also about to meet community needs, community development and social justice. Students are participating in the real world, and the accuracy and quality of their work poses serious ethical issues. This is particularly true if sensitive issues are raised. The reports they produce, the activities they perform, for example research, community workshops and presentations, carry dual responsibility; one is to the university for quality academic work, and the other is to the community for quality work that helps meet their needs. This is different from tests and examinations in traditional curricula which are only seen by students and academics who are responsible for their quality.

The second important issue integral to the practice of service-learning is the partnership and nature of the partnership between the university and the community. In my view and based on the analysis of the data, roles and expectations of both partners need to be more clearly defined. Community organisations and members need to have more influence over decisions about the outcomes of programmes for students in communities, the content, teaching, learning, assessment and evaluation methodologies to ensure their needs are also met. They should be actively included in curriculum design that adequately imparts knowledge and facilitates learning. It is not enough that they give limited tacit input while working alongside students.

From the research and evaluation done by the Kellogg Foundation on building community projects it was found that educational transformation within academic institutions should be largely driven

by outside pressure (Richards 1996). This can only happen if outside organisations and community members are given the space by the university to voice their concerns, put forward their knowledge and be heard and acknowledged by the university in the role they can play in the education of health professionals (and other students) in the communities they serve.

At this present moment there appears to be minimal, if any, formal mechanisms in place for community feedback or to include the valuable knowledge that could impact on content knowledge as well as timetabling for processes to be appropriately and ethically completed. Students may be exposed to the knowledge of community organisations and members, but if this voice is not given acknowledgement and prominence by the university, students may dismiss the information, and the resulting learning would be minimised.

Conclusion

A pilot research project was conducted to explore the experience of a community organisation hosting students who were involved in community based service learning, and the potential for the role of the community contribution to curriculum development to be expressed.

This pilot research project has rendered rich information and insights into the benefits and challenges of community-based service-learning curricula. In my view these preliminary findings also indicate that by giving a voice to community organisations and members, areas needing improvement in the curriculum could be identified. I would argue though that more participatory methods of inquiry could lead to improvement in the university-community partnership and mutual learning and benefit for all stakeholders. Universities and communities experience service-learning from different perspectives and therefore it makes sense that both parties should have equal input on curriculum issues for achieve mutual benefit. Gelmon, Holland, Seifer and Shinnamon (1998) state that in their experience, by conducting a comprehensive evaluation and giving a voice to the communities partners, has not only produced greater understanding of various partnerships, but also helped to develop trust between partners. Findings from the pilot study indicate that this would be a necessary next step in order to improve mutual benefits and learning.

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References

- Cruz, N. & Giles, Jr. D.E. (2000, Fall). Where's the Community in Service-Learning Research? Michigan Journal of Community Service-learning. (Special Issue 2000), 28 -34.
- Dorado, S. & Giles, Jr. D.W. (2004, Fall). Service- Learning Partnerships: Paths of Engagement. Michigan Journal of Community Service-learning. 25- 37
- Erasmus, M. (2005). Introduction: Community service learning and the South African research agenda in: Bringle, B. & Erasmus M. (Eds) Research and (community) service learning in South African higher education institutions. Acta Academica Supplementum (3)

- Gelmon, S.B., Holland, B.A., Seifer, S.D. & Shinnamon, A. (1998, Fall). Community-University Partnerships for Mutual Learning. *Michigan Journal of Community Service-learning*. 97-107.
- Marais, J G L & Botes L J S. (2005). Introduction: Community service learning and the South & African research agenda in: Bringle, B. & Erasmus M. (Eds) *Research and (community) service learning in South African higher education institutions*. *Acta Academica Supplementum* (3)
- McMillan, J. (2002). The Sacred and Profane. Theorising Knowledge Reproduction Processes in a Service Learning Curriculum. Chapter 2 in *Service-Learning Through a Multidisciplinary Lens*. A Volume in: *Advances in Service-Learning Research*. 55 -70.
- Stanton, K.S, Giles, Jr. D.E, Cruz, N.I (1999). *Service-Learning. A Movement's Pioneers Reflect On Its Origins, Practice and Future*. Jossey-Bass Publishers. San Francisco.
- Richards, R.W. (Editor) (1996). *Building Partnerships. Educating Health Professionals for the Communities They Serve*. Jossey-Bass Publishers. San Francisco.
- Vernon, A. & Ward, K. (1999, Fall). Campus and Community Partnerships: Assessing Impacts and Strengthening Connections. *Michigan Journal of Community Service-learning*. 30 -37.