

**AN EXPLORATION INTO THE LEARNING OF
OCCUPATIONAL THERAPY STUDENTS AT A
ROLE-EMERGING SERVICE LEARNING SITE IN
THE CAPE METROPOLE**

**Hanske Flieringa
(FLRHAN001)**

**A MINOR DISSERTATION SUBMITTED
IN PARTIAL FULFILLMENT OF A
MASTER OF SCIENCE DEGREE IN OCCUPATIONAL THERAPY**

**SCHOOL OF HEALTH AND REHABILITATION SCIENCES
DIVISION OF OCCUPATIONAL THERAPY
UNIVERSITY OF CAPE TOWN**

MARCH 2006

SUPERVISORS: M. DUNCAN and P. MAYERS

*"Those who are enamoured of practice without science are like a pilot who goes into a ship
without a rudder and never has the certainty of where he is going."*

Leonardo da Vinci 1452–1519

The copyright of this thesis vests in the author. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

Published by the University of Cape Town (UCT) in terms of the non-exclusive license granted to UCT by the author.

DECLARATION

I, HANSKE FLIERINGA, hereby declare that the work on which this dissertation is based is my original work (except where acknowledgements indicate otherwise) and that neither the whole work nor any part of it has been, is being, or is to be submitted for another degree in this or any other university.

I empower the university to reproduce for the purposes of research either the whole or any portion of the contents in any manner whatsoever.

Signature:

Signed by candidate

Date: 27 March 2006

ABSTRACT

There is a growing demand for primary health care services in South Africa following its adoption by the National Department of Health in 1995. To address this demand, the government has implemented compulsory community service (CCS) for all health professional graduates, many of whom are placed in under-resourced areas of the country with limited infrastructure or professional supervision. Occupational therapy graduates therefore require appropriate knowledge, skills and attitudes for primary health care practice. To meet this exit competency, the undergraduate occupational therapy service learning curriculum at the University of Cape Town (OT UCT) has been adjusted to include multi-sectoral training as well as placements at all three levels of the health care system. This adjustment has also been aligned with the newly adopted World Federation of Occupational Therapy (WFOT) Minimum Standards for the Education of Occupational Therapists and the exit competencies of the South African National Qualifications Framework.

Due to the large number of students who have to be placed within the Cape Town Metropole and the shortage of occupational therapy posts in the public sector, some service learning placements at primary level are role-emerging, that is no established service or occupational therapist role exists, there is no clinician on site and the students are only supervised once a week for a maximum of two hours by an off-site therapist or clinical supervisor. How do students experience the demands of learning in the absence of on-site professional infrastructures? What are the implications for student learning under these conditions? The purpose of this research was to explore the learning experiences of final year occupational therapy students at two role-emerging sites, namely Khayelitsha and Nyanga within the Cape Town Metropole and the perceived influence of this experience on their subsequent adjustment to working in similar sites during compulsory community service.

Inductive analysis was initially utilised to determine the occupational therapy students' knowledge, skills and attitudes as reflected in their interactive service learning journals. Themes which emerged in the knowledge domain were "Looking broader and further", "Reaching a deeper level" and "Making a difference". Themes which emerged in the skills domain were "Being part of the process" and "Look before you leap". "Perspectives change over time" emerged in the attitudes domain. Through open coded deductive analysis using the five WFOT Minimum Standards as categories, the interactive journals were further used as textual data for investigating the students' learning experiences at the two role-emerging research sites. Qualitative data was also obtained from the graduates through reflective essays based on a semi-structured question. The essays were inductively analysed for the influences of role-emerging service learning experiences on the students' adjustment to independent primary health care practice during compulsory community service. Various themes emerged such as "Being proactive", "Appreciating occupation", "Adapting to the working world" and "Making learning happen". The implications of these findings for occupational practice education in a developing country are discussed and recommendations made for the advancement of service learning as an adjunct to conventional fieldwork and clinical practice in order to achieve outcomes that advance the adjustment of graduates in compulsory community service.

ACKNOWLEDGEMENTS

- The students, who were placed at the SHAWCO sites during 2002–2004, who are all now my colleagues, who bravely submitted their interactive service learning journals and reflective essays: I thank you, for without your involvement it would not have been possible to conduct this research study.
- My supervisors, counsellors and mentors, Madelaine Duncan and Pat Mayers: Thank you for your assistance, patience, time and hard work in helping me along this challenging journey towards achieving something that I never thought would be possible with all the upheavals that have crossed my way.
- Emeritus Professor Ruth M, Watson, who has known me since my introduction to occupational therapy as an undergraduate student at the University of Stellenbosch in 1977: Your loving support and dedicated effort in contributing to my growth and development in the field of occupational therapy and particularly in research is much appreciated.
- Associate Professor Lana van Niekerk: ek dank jou vir dit wat jy deur die jare vir my beteken het. Ek waardeer dit opreg.
- Lorraine Johnstone for her availability often at short notice to provide technical and editing support. Your willingness to assist is greatly appreciated.
- Deryn van der Tang, who assisted so enthusiastically with putting the concept of the windmill and its aspects on to paper.
- My classmates, in particular Claire Henshall and Fasloen Adams: although last, I got here in the end! It was great to be with you during our journey of discovery!
- My family and friends, who have been most supportive over the past number of years: without your interest, love and practical help, I would not have been able to make it.
- I would like to thank my late father who originally inspired me to do my post graduate degree. I dedicate this thesis to him.
- Last, but by no means the least, my hope and strength comes from the Lord, my Wisdom and Helper – I give Him all the glory.

DEFINITION OF TERMS

Attitudes

“A way of thinking about something that influences how you feel about it and how you behave” (Hocking and Ness, 2002:31).

Competence

“Being able to do what you are required to do in a safe and effective manner” (Hocking and Ness, 2002:31).

Compulsory Community Service

Compulsory Community Service is undertaken by the graduate at approved government facilities for a period of one year or twelve months at an entry level salary. The main objective is to ensure improved provision of health care to all the citizens of South Africa (Government Notice No. R. 732 of 31 May 2002).

Fieldwork

“Is the time students spend interpreting specific person-occupation-environment relationships and their relationship to health and well-being, establishing and evaluating therapeutic and professional relationships, implanting an occupational therapy process (or some aspect of it), demonstrating professional reasoning and behaviours, and generating or using knowledge of the contexts of professional practice with and for real people” (Hocking and Ness, 2002:31).

Knowledge

“Refers to the things that a person knows and includes knowing about things and knowing how to do things. Knowledge is developed through experience as well as through education” (Hocking and Ness, 2002:32).

National Qualifications Framework

"The National Qualifications Framework (NQF) is a Framework on which standards and qualifications, agreed to by education and training stakeholders throughout the country, are registered. It came into being through the South African Qualifications Authority Act (No. 58 of 1995, Government Gazette No. 1521, 4 October 1995), which provides for the development and implementation of a National Qualifications Framework" (South African Qualifications Authority, 1996:1).

Role-emerging

"Placements occur in sites that do not have an occupational therapy programme, nor an established occupational therapy role. Here, the student establishes and implements an occupational therapy role. The student is assigned an agency staff member supervisor as a contact person for agency issues and concerns, and is supervised by an off-site occupational therapist. These placements are called role-emerging placements" (Bossers, Cook, Polatajko and Laine, 1997:71).

Service Learning

"Service learning means a method under which students learn and develop through thoughtfully-organized service that is: conducted in and meets the needs of a community and is co-ordinated with an institution of higher education, and with the community; helps foster civic responsibility; is integrated into and enhances the academic curriculum of the students enrolled; and includes structured time for the students to reflect on the service experience" (American Association for Higher Education, 1999, Internet)

Skills

"Skill is having the ability to do something, and includes skill in thinking as well as skill in physically doing something. Skills are usually developed through

experience. Being skilful often depends on being knowledgeable about what you are doing" (Hocking and Ness, 2002:33).

WORLD FEDERATION OF OCCUPATIONAL THERAPISTS MINIMUM STANDARDS FOR EDUCATION (WFOT) FIVE ESSENTIAL AREAS OF COMPETENT PRACTICE (Hocking and Ness, 2002:14–20)

PERSON-OCCUPATION-ENVIRONMENT RELATIONSHIP AND ITS RELATIONSHIP TO HEALTH

Occupation is about the graduate's knowledge of occupation; the skills in analysing, adapting and grading occupation; analysing occupational performance and environmental factors that influence it; and attitudes about different people's participation in occupation.

Person is about the graduate's knowledge of people; skills in working with people; and attitudes towards people.

Environment is about the graduate's knowledge of the environment; skills in analysing and modifying environments to promote participation; and attitudes about environmental issues.

Relationship between occupation and health is about how occupation affects health and how health affects occupation.

THERAPEUTIC AND PROFESSIONAL RELATIONSHIPS

Relationships with recipients of occupational therapy include establishing effective working relationships with people who make up the human environment of recipients of occupational therapy, including their family, caretakers or significant others.

Relationships with team and organisational members include working within an organisation and establishing an effective working relationship with team members. The team may include members of the health care team including family members and significant others, occupational therapy assistants, consumer representatives, cultural advisers, people who manage and provide health, welfare, education and disability services and members of the community. The actual individuals considered to be part of the team will depend on the programme philosophy and purpose.

OCCUPATIONAL THERAPY PROCESS

This is about the process the occupational therapist follows when working with recipients of occupational therapy. The nature of the process will vary with the context and purpose of the intervention and may include problem solving, enabling, empowering, collaborative and consultative approaches. It is what the occupational therapist does and the sequence in which things are done. Occupational therapy processes may focus on health and welfare needs of an individual, group, or community.

PROFESSIONAL REASONING AND BEHAVIOUR

This is about meeting local and international expectations of qualified health care workers. There are five components namely: research/information search process; ethical practice; professional competence; reflective practice; and managing self, others and services.

CONTEXT OF PROFESSIONAL PRACTICE

This refers to those aspects of the physical, attitudinal, and social environment, that affect people's health and participation, and that affect occupational therapy practice. Both local factors, such as provision made for children with disability to access education, and international factors such as Disability Rights Movement and the rights of indigenous people are included.

TABLE OF CONTENTS

	<i>Page</i>
ABSTRACT	ii
ACKNOWLEDGEMENTS	iv
DEFINITION OF TERMS	v
CHAPTER 1 INTRODUCTION	1
1.1 Background	1
1.2 Training requirements for occupational therapy	2
1.3 Role-emerging sites	8
1.4 SHAWCO: A role-emerging occupational therapy service learning site	10
1.5 Compulsory community service	12
1.6 Conclusion	13
CHAPTER 2 LITERATURE REVIEW	14
2.1 Introduction	14
2.2 Learning	14
2.3 Service learning	15
2.4 WFOT Minimum Standards for the Education of Occupational Therapists	24
2.5 South African National Qualifications Framework	26
2.6 Writing to reflect and develop clinical reasoning	30
2.7 Role-emerging service learning	33
2.8 Conclusion	34
CHAPTER 3 METHODOLOGY	35
3.1 Introduction	35
3.2 Framing the problem	35
3.3 Purpose of the study	36
3.4 Aim of the study	36
3.5 Objectives	37
	ix

	Page
3.6 Research questions	37
3.7 Significance of the study	38
3.8 Population and sampling	38
3.9 Gaining access to data	40
3.10 Assumptions	40
3.11 Research methodology and methods	41
3.12 Method of data analysis	43
3.13 Trustworthiness	45
3.14 Limitations	47
3.15 Ethical considerations	48
3.16 Conclusion	50
CHAPTER 4 FINDINGS	51
4.1 Introduction	51
4.2 The critical learning domains of knowledge, skills and attitudes attained during service learning at SHAWCO in Khayelitsha and Nyanga	51
4.3 Domains of learning at a role-emerging service learning site and the WFOT Minimum Standards of Education for Occupational Therapists	61
4.4 How service learning at the SHAWCO role-emerging sites influenced the graduates' approach to community service	75
4.5 Conclusion	84
CHAPTER 5 DISCUSSION OF FINDINGS	86
5.1 Introduction	86
5.2 The windmill of learning	86
5.3 "Looking broader and further"	87
5.4 "Reaching a deeper level"	89
5.5 "Making a difference"	91
5.6 "Being part of the process"	93
	x

	<i>Page</i>
5.7 "Look before you leap"	95
5.8 "Perspectives change over time"	97
5.9 Attaining Minimum Standards	98
5.10 "Learning potential" and "Making learning happen"	100
5.11 "Adapting in a working world"	101
5.12 "Being proactive"	102
5.13 "Appreciating occupation"	103
5.14 Central plot: second time around – better equipped	104
5.15 Conclusion	105
CHAPTER 6 RECOMMENDATIONS	106
6.1 Introduction	106
6.2 Recommendations	106
6.3 Conclusion	108
REFERENCES	110
APPENDIX I	124
APPENDIX II	125
APPENDIX III	127
APPENDIX IV	128
APPENDIX V	130
APPENDIX VI	137

LIST OF FIGURES

Figure 1 Distribution of codes – five essential areas of competent practice	62
Figure2 The Windmill of Learning	85

LIST OF TABLES

Table 1.1 Example of a responsive curriculum based on WFOT Minimum Standards	5
Table 1.2 Examples of domains and sites for practice education and learning	7
Table 3.1 Placement of students in rotational blocks	39
Table 4.1 Knowledge domain – themes, categories and subcategories	51
Table 4.2 Skills domain – themes, categories and subcategories	56
Table 4.2 Attitudes domain – themes, categories and subcategories	59
Table 4.4 Codes and examples from the WFOT five essential areas for practice	62
Table 4.5 Reflective essays – themes, categories and subcategories	75

University of Cape Town

CHAPTER 1

INTRODUCTION

1.1 BACKGROUND

The goal of Primary Health Care (PHC), which was adopted by the World Health Organisation and UNICEF sponsored International Conference at Alma Ata in 1978, seeks to provide equitable, efficient and effective health service through the District Health System (DHS) model and multi-sectoral collaboration (McCoy and Engelbrecht, 1999). The aim is to make comprehensive health services affordable and accessible, close by to where people are living. According to the Primary Health Care Progress Report 2000 as published by the Department of Health in 2002, great strides have been achieved in terms of building new clinics as well as access to essential health care through removing financial barriers. New legislation has also been established with the introduction of the Termination of Pregnancy Act No. 92 of 1996, the essential drugs and treatment guidelines for primary health care as well as compulsory community service (CCS) for all health professionals. A lot more work must still be carried out before quality health care will be accessible to all South Africans. The stated goal of the National Rehabilitation Policy is "to improve accessibility to all rehabilitation services in order to facilitate the realisation of every citizen's constitutional right to have access to health services" (Department of Health, November 2000:1).

Occupational therapy (OT), as part of the National Health Service (NHS) in general, and rehabilitation services in particular, is beginning to adapt its focus to the primary health care approach (Watson and Swartz, 2004). This shift in focus for occupational therapy has implications for the training of future practitioners because the decentralisation of occupational therapy posts from tertiary to primary levels of public health care has not yet been optimally realised.

There is a critical shortage of OT posts at all three levels of the health service but especially at primary level (McCoy and Engelbrecht, 1999). Educational institutions have therefore been proactive in creating alternative practice and

service learning sites in a range of sectors such as education, justice and non-governmental organisations. These role-emerging sites are being developed to facilitate the training of OTs within the PHC philosophy. The educational challenge however is to achieve appropriate learning outcomes in the absence of professional on-site infrastructures such as OT role models, expert clinicians, daily supervision and material resources like equipment, space and transport.

Beeton, Deputy Director of Occupational Therapy Services at Groote Schuur Hospital, states that “in the Western Cape, limited access to Occupational Therapy services is a problem for especially unemployed, poor and disempowered people with disabilities or persons at risk of illness and of developing functional complications from their impairments. Present barriers (created by lack of posts at critical district-based service points, transport difficulties, limited availability of appropriate assistive devices, etc) to accessing rehabilitation services limit both personal development and community participation” (Beeton, 2001:1). These contextual issues are pertinent to this study because they impact on the educational outcomes that may be achieved at role-emerging practice and service learning sites and consequently on the readiness of graduates to engage with compulsory community service.

1.2 TRAINING REQUIREMENTS FOR OCCUPATIONAL THERAPY

The Health Professions Council of South Africa (HPCSA) Professional Board for Occupational Therapy is currently engaged in the national higher education Standards Generating Process. Standards are being generated to inform education and training based on the specifications of the National Qualifications Framework (NQF) (South African Qualifications Authority Act, No. 58 of 1995; NQF Bill passed into law on 4 October 1995). The South African Qualifications Authority (SAQA) is a body of 29 members nominated by identified national stakeholders in education and training. Its functions are:

- To oversee the development of the NQF, by formulating and publishing policies and criteria for the registration of bodies responsible for establishing education and training standards or qualifications and for the accreditation of bodies responsible for monitoring and auditing achievements in terms of such standards and qualifications; and
- To oversee the implementation of the NQF by ensuring the registration, accreditation and assignment of functions to the bodies referred to above, as well as the registration of national standards and qualifications on the framework. It must also take steps to ensure that provisions for accreditation are complied with and where appropriate, that registered standards and qualifications are internationally comparable.

The NQF is "the set of principles and guidelines by which records of learner achievement are registered to enable national recognition of acquired skills and knowledge, thereby ensuring an integrated system that encourages life-long learning" (SAQA, 2006: 1). The training requirements for an undergraduate occupational therapy qualification are recorded in sixteen Exit Level Outcomes with Associated Assessment Criteria (Health Professions Council South Africa, 2005).

While there has to be congruence between the purposes and aims of the respective educational centres in the country, their professional ideology and educational philosophy may differ substantially (Hocking and Ness, 2004). Difference is to be fostered, as it accounts for the distinctive qualities and strengths of graduates from various educational centres, each meeting a particular niche in the South African context. The newly adopted 2002 World Federation of Occupational Therapists (WFOT) Minimum Standards for the Education of Occupational Therapists pave the way for innovative alignment of educational programmes with constantly changing national and international

trends (Hocking and Ness, 2004). These standards suggest that the educational process within programmes may focus on one or more of three orientations: biomedical, occupation or social (Hocking and Ness, 2002).

The complexities of a primary health care led society such as South Africa require occupational therapy graduates who are able to work flexibly and competently within all three orientations proposed by the WFOT Minimum Standards. A primary health care led society refers to a society that provides comprehensive quality health care including promotive, preventative, curative, rehabilitative and palliative services, while addressing the socio-economic causes of poor health and making provision for basic health needs, and encouraging community empowerment and the promotion of interdisciplinary, multi-professional and intersectoral collaborative teamwork for development. Adopting a broader perspective on health, the primary health care approach requires health practitioners to work both within and beyond traditional therapeutic and rehabilitative domains of practice. They are also required to work preventatively, in collaboration with individuals, groups and communities, towards developing health promoting environments and social conditions (World Health Organisation, 1986). Each of the three proposed orientations is therefore indicated if contextually relevant educational programmes for occupational therapists in developing countries are to be established (Galheigo, 2005).

Table 1.1, based on the practice education curriculum at the University of Cape Town (UCT) (Duncan and McMillan, in press), portrays a possible progression of an undergraduate occupational therapy curriculum from first through to fourth year that accommodates the three practice orientations recommended by WFOT (Hocking and Ness, 2002).

Table 1.1 Example of a responsive curriculum based on WFOT

Minimum Standards (Duncan and McMillan, in press).

Year of training	Theoretical focus of curriculum	Possible focus of practice education
1	The well-being and development of the occupational human across the life-cycle Occupation as means and as end Introduction to an occupational perspective of health, well-being, quality of life and primary health care	Practice learning to explore: - macro and micro analysis of indigenous occupations - Understanding the impact of poverty, violence, HIV/AIDS and politics on well-being, development and occupational participation
2	Disability studies Principles for assessment and remediation of occupational performance and performance component impairments Poverty alleviation and social development Occupational therapy theory, models and processes	Survey orientated, project-based fieldwork to apply: - assessment of performance component, occupational performance dysfunction - context-related assessment - United Nations Standard Rules for Equalisation of Opportunities for Disabled Persons - Health promotion through occupation
3	Preventative, curative and rehabilitative occupational therapy programmes for individuals and groups	Clinical practice and community outreach to: - apply clinical reasoning - practise through in-depth case studies of individuals and groups
4	Interpretation of international and national policies pertaining to health, social development and human rights Occupational justice and primary health care Comprehensive occupational therapy programmes and generalist services in multi-sectoral contexts	Service learning to: - apply population reasoning - practise comprehensive programme development and implementation - understand organisational development, consultancy and management

Objectives for each year of study should reflect the progressive integration of biomedical, occupational and social constructs suggested by the WFOT Minimum Standards. Graded practical challenges (at a level appropriate to the year of study) and professional growth experiences should be available representing the scope of the profession in different practice domains.

The distinction between different forms of practice education is evident in Table 1.1. Lorenzo, Duncan, Buchanan and Alsop (in press) define practice learning as "the process of acquiring professional competence by defining the aspirations and addressing the needs of individuals, groups or communities using professional actions with the guidance of a university practice educator and /or

site learning facilitator". They suggest that practice learning may occur along a continuum from clinical practice through to service learning. Practice education in the former focuses on "the curriculum which guides the application and integration of professional attitudes, skills and knowledge in working with individuals, groups and communities across different sectors such as education, health, agriculture, industry, justice, non-governmental, social services and private practice" (Lorenzo et al, in press), while service learning is the

method under which students learn and develop through thoughtfully-organised service that is conducted in and meets the needs of a community and co-ordinated with an institution of higher education and with the community; helps foster civic responsibility; is integrated into and enhances the academic curriculum of the students enrolled; and includes structured time for students to reflect on the service learning (American Association for Higher Education, 1999:Internet).

Internationally fieldwork is defined as "the time students spend interpreting specific person-occupation-environment relationships and their relationship to health and well-being, establishing and evaluating therapeutic and professional relationships, implementing an occupational process, demonstrating professional reasoning and behaviours, and generating or using knowledge of the contexts of professional practice with and for real people" (Hocking and Ness 2002:31). A local description of fieldwork by Lorenzo et al (in press) is

a time-limited, project-based form of experiential learning in the field, for example, factory visits to learn about ergonomics and occupational health; a fieldtrip to different communities to learn about health promotion and poverty alleviation projects or a period of data collection and implementation of a research project (Lorenzo et al, in press).

Situated in a non-governmental organisation serving historically disadvantaged communities on the Cape Flats, this research project focused on the educational outcomes of service learning.

Table 1.2 captures the domains and examples of possible practice learning sites utilised by the Division of Occupational Therapy, UCT. The range of domains also

reflect the continuum of practice learning opportunities from clinical practice in hospital settings through to service learning in collaboration with communities.

Table 1.2 Examples of domains and sites for practice education and learning (Duncan and McMillan, in press)

PRACTICE DOMAINS	EXAMPLES OF PRACTICE LEARNING SETTINGS	STUDENTS LEARN ABOUT
Employment equity and economic empowerment	Insurance and medico-legal industry; income generating projects run by disabled or socially disadvantaged workers; work assessment and work hardening units; occupational health facilities in factories; mining and agricultural industry; supported employment agencies	Professional philosophy and values Clinical and population reasoning Indigenous human occupation Occupational science Occupational therapy for impairment; activity limitations and participation restrictions related to psychiatric disorders
Child and youth learning and development	Special schools; disabled children in mainstream schools; places of safety; post acute convalescent children's homes; agencies dealing with children with special needs; organisations dealing with youth at risk such as street children; youth on parole from prison	Occupational therapy for impairment; activity limitations and participation restrictions related to medical; surgical and neurological conditions
Mental health and psychosocial rehabilitation	Private clinics; prisons; group homes and day programmes; community-based self-help and advocacy groups	Lifeskills coaching Employment equity Supported employment Poverty alleviation projects
Community-based rehabilitation and social development	Non-governmental organisations and agencies promoting rural, peri-urban or urban support networks for specified populations, for example: disabled children and adults, persons living with HIV/AIDS; homeless shelters; service centres for the elderly, abused women, refugees and other marginalised groups; home-based care organisations; adult education service centres; Independent Living Centres	Entrepreneurship learnerships and micro-economic skills development Early identification of health and development risk Health promotion policies Disability policy and politics Poverty and occupation Development policies and practices
Medical rehabilitation	Specialist/private rehabilitation centres, public sector hospitals, primary health care clinics	Social action and change Management and administration Organisational development

1.3 ROLE-EMERGING SITES

A role-emerging practice learning site may be defined as placements which occurs where there is no established occupational therapy programme nor an occupational therapy role and where the student establishes and implements the role. Given the imperative of preparing future occupational therapists for primary health care practice, training centres have had to develop alternative practice education sites often with no previously documented professional role. New service learning sites seldom have the necessary infrastructure such as clinicians, budgets, physical space, equipment, etc. Previous professional terms of reference for practice do not exist because it is either a new field of practice or because an occupational therapy service has never been offered at that particular site. Such sites are considered role-emerging because the potential role and scope of occupational therapy emerges as students (or clinicians) begin to deliver an occupational therapy service through participatory action in collaboration with key players (Bossers, Cook, Polatajko and Laine, 1997).

At UCT practice learning sites where there are no clinicians, senior students (final year) have to render services under the indirect supervision of qualified occupational therapists. Indirect supervision means that students, who have the right to optimal learning conditions, do not receive full-time guidance from a qualified therapist. While this is far from ideal, it nevertheless offers potential learning opportunities that may not arise under optimal conditions such as those where one-to-one role modelling occurs. While service delivery with indirect supervision obviously raises ethical concerns about the capacity of students to take responsibility for clients; it nevertheless reflects the realities of current practice education in South Africa. Educational institutions must therefore be proactive in addressing the challenges imposed by the context. This research project focuses on addressing some of these challenges.

At UCT, students are placed at practice learning sites from their first year. This is only an introduction and occurs once weekly for six weeks for three blocks during the year. In their first year, the students are supervised by fourth year students, and a weekly tutorial is headed by a qualified OT/lecturer. During their second year the students do fieldwork for a week at a community-based service organisation executing a community awareness project. This is based on adult education principles and health promotion. Students in the third year of undergraduate training have two blocks of seven weeks at a clinical practice learning site. This number increases to three service learning blocks in the fourth year with the first being a longer block of nine weeks. Third and fourth year OT students are supervised by a qualified OT, who has expertise in the concerned service learning site speciality.

At present budget constraints have determined that fourth year OT students at UCT are supervised once a week for approximately one and a half to two hours. The supervisor payment for this time includes marking thereby reducing the actual time that an individual student can engage with an expert clinician to address individual learning needs. The additional workforce provided by the undergraduate students at service learning sites however allows more clients to benefit from and gain access to occupational therapy services. There is also benefit to organisations at role-emerging sites since occupational therapy is provided at seemingly low cost to the service provider. The cost to the non-governmental organisations of having students is in principle hidden and included in the operational budget for items such as telephone, computer access and transport. The OT profession benefits from the exploration and description of new domains of practice.

The UCT Division of Occupational Therapy has placed final year OT students at role-emerging service sites in Khayelitsha and Nyanga, two townships within the Cape Metropole, run under the auspices of the UCT Students' Health and Welfare Centres Organisation (SHAWCO) since 2001. SHAWCO was started by a UCT medical student in 1943 as a volunteer organisation with the assistance of

the university's medical school. The SHAWCO vision is to improve the quality of life of individuals in developing communities within the Cape metropolitan area. Its mission is to promote the involvement of students and other members of the UCT community in voluntary community service, experiential and community service learning and research that has a direct benefit to partner communities in order to educate students for life. It also aims to focus and build on community and individual strengths through the management of vibrant community centres and programmes in order to:

- educate young people for life;
- increase access to basic health care for community members;
- effect a transfer of skills, knowledge and capacity;
- provide access to opportunities previously out of reach to communities; and
- utilise strategic partnerships to assist people in developing communities to manage their own development.

(SHAWCO Annual Report, 2004)

SHAWCO, as an innovative community organisation, offers its services to address the inequality amongst the peoples of the Western Cape, but in particular those within the Cape Metropole. It also promotes responsible citizenship amongst volunteers within the South African context. Occupational therapy students are therefore exposed to a range of unique learning opportunities that are aligned with some of the stated exit competencies of the UCT undergraduate programme (see page 29 where these competencies are discussed).

1.4 SHAWCO: A ROLE-EMERGING OCCUPATIONAL THERAPY SERVICE LEARNING SITE

At present approximately 500 student volunteers as well as occupational therapy students from two local universities are doing their service learning placements at various SHAWCO centres within the Cape Town Metropole (SHAWCO Annual Report, 2003). There is a great shortage of health professional posts and

expertise, including occupational therapy, at these non-governmental centres. SHAWCO centres in Khayelitsha and Nyanga, are used as role-emerging service learning sites for UCT final year occupational therapy students. Students offer a health promoting service, whereby they focus on the elderly and the disabled within the communities of Khayelitsha and Nyanga.

Nyanga, meaning moon, is the second oldest township in Cape Town. It was established in 1948 after the Second World War when hostel accommodation for single black men was needed in and around Cape Town. It was built on a similar model to Langa, the oldest township in Cape Town. The design of the townships allowed maximum surveillance and easy access for military control during the apartheid years (come2capetown.com). Although the houses had four rooms, a small garden, water and electricity, the walls and floors remained unfinished. At the time of building they were too expensive for the majority of people to afford. Many therefore continued to live in the shanty towns. Today, Nyanga is still made up of formal and informal housing. The original housing for single men's accommodation have recently been renovated into up-market townhouses. According to StatsSA, (Census 2001) unemployment in Nyanga is the highest in the country.

Khayelitsha, meaning new home, was established in the early 1980s by the apartheid government as part of the Group Areas Act. It has boomed from an informal settlement that was home to those people who were forcefully removed from the peri-urban informal settlement of Crossroads, into the Republic's third-largest township with an estimated population of 1.9 million (Cape Connected, 2006). Although Khayelitsha was carefully planned, it only has three entry/exit points. Residents believe that it was designed this way by apartheid planners so that they could easily quell political unrest. Streets are well laid out and currently government housing subsidies have seen new housing projects replacing the corrugated tin shacks. Shacks, however, still dominate the landscape and people continue to live in squalid conditions.

SHAWCO service users are provided with transport to and from their homes to the service centres, and are offered, amongst others, a balanced warm meal, as well as arts and crafts, talks, exercise and counselling. The service learning at grassroots level that SHAWCO offers provides occupational therapy students with valuable opportunities to prepare them for their compulsory community service in similar settings after graduation.

1.5 COMPULSORY COMMUNITY SERVICE

In a developing country such as South Africa, under-resourced with qualified health care professionals, the service contribution that students can make warrants serious consideration. Most countries throughout the world require the registration of health professionals and this is also the case in South Africa. In terms of Section 24A of the South African Health Professions Act (Act No. 56 of 1974), all medical and dental practitioners are required to register with the South African Medical and Dental Council, now named the Health Professional Council of South Africa (HPCSA). The regulations relating to the registration of health professionals were amended in the Government Notice No. R. 498 of 19 May 2000 with the introduction of compulsory community service and extended to all health professionals who register with HPCSA.

Any person registering as a health professional under the jurisdiction of the HPCSA must, in terms of the Act, perform one year of post graduation community service. Except for the professions of medicine and dentistry, the community service commenced on 1 January 2003 (Government Notice No. R. 732 of 31 May 2002). Community service is undertaken by the graduate at approved government facilities for a continuous period of twelve months at an entry level salary. From 2004, the incumbents of community service posts receive extra rural and scarce skills allowances, to encourage health professionals to remain in these community posts (Kamaldien, 2004).

The main objective of compulsory community service is to ensure the improved provision of primary health care to as many South Africans who depend on the state health services for their health needs as possible. CCS also provides the novice professional with an opportunity to consolidate post graduation skills, knowledge, behavioural patterns and critical thinking while filling a public health post, earning a salary and working as part of the health team.

1.6 CONCLUSION

This chapter has argued that educational outcomes are affected by context. By summarising the requirements of the World Federation of Occupational Therapy, the South African National Qualification Framework and the legal imperative of compulsory community service, the chapter has framed the pedagogical background guiding the development and monitoring of occupational training in South Africa. The potential outcomes of a socially responsive curriculum, based on alternative definitions of practice education to meet local and international paradigm shifts in the profession, have been described. SHAWCO, as the role-emerging service learning site and research context, has been described as well as the contribution that role-emerging service learning can make. In the following chapter the current literature substantiating the research focus is reviewed.

CHAPTER 2 LITERATURE REVIEW

2.1 INTRODUCTION

This literature review addresses learning and the definitions and descriptions of service learning in particular; the essential features of the WFOT Minimum Standards for the Education of Occupational Therapists; the significance of the South African National Qualifications Framework; and the scope of clinical reasoning within role-emerging service learning.

2.2 LEARNING

There are many different definitions and interpretations available for learning. Learning is a complex process that starts in the early stages of life. Mike Wills Learning Services offers a definition of learning saying: "An organism is said to have learnt when it has increased its options for applying, to a specific set of circumstances, new or different behaviour which the organism believes will be to its benefit" (2006:Internet).

The PacifiCorp Foundation of Learning describes learning as:

Concerted activity that increases the capacity and willingness of individuals, groups, organisations and communities to acquire and productively apply new knowledge and skills, to grow and mature and to adapt successfully to changes and challenges. Such learning empowers individuals and organisations to make wise choices, solve problems and break new ground. In particular, it is sustainable, it is a life-long, renewable process for people and for the institutions that serve people. Learning certainly includes academic studies and occupational training through high school and beyond. But it also encompasses the physical,

cognitive, emotional and social development of children in the earliest years of their lives (2006:Internet).

According to the BBC learning “is the processing of information we encounter, which leads to changes or an increase in our knowledge and abilities” (BBC Learning, 2006:Internet).

From these definitions one can conclude that learning is a process that changes how we feel and see things and whereby we add on to that which we already know throughout our lives.

2.3 SERVICE LEARNING

Service learning, as a recognised pedagogy, is rarely addressed in occupational therapy literature. An extensive search of the national and international professional literature over the past five years yielded approximately ten articles that deal directly with the subject. Occupational therapy is however addressed sporadically in the American service learning literature. For example, there is a chapter by Waskiewicz in the book edited by Billig and Furco (2002) called “Impact of Service Learning on Occupational Therapy Students. Awareness and Sense of Responsibility toward Community”. A recent edition of the *American Journal of Occupational Therapy* featured an article by Gitlow and Flecky (2005) on service learning indicating a shift in the profession’s awareness of the significance of this form of practice education for the attainment of standards and concepts in OT. The National Commission on Service Learning of America defines service learning as “a teaching and learning approach that integrates community service with academic study to enrich learning, teach civic responsibility and strengthen communities” (Crane, 2002:49). For Jacoby service learning is:

A form of experiential education in which students engage in activities that address human and community needs together with structured opportunities intentionally designed to promote student learning and development (1996:5).

Service learning is sometimes confused with community service, since it does in effect, serve the community. However, service learning moves beyond community service in that it connects the classroom curriculum or theory to a community need and then uses the input to create an action project that addresses the need while meeting certain academic requirements. This description of service learning is aligned with the potential contribution of occupational therapy students in community-based practice learning. The educational assumption may therefore be that in doing service learning, students are being prepared for professional community service after graduation. This research project examines this assumption and tries to contribute some information towards the understanding service learning.

2.3.1 Benefits of service learning

The terms fieldwork, clinical practice and service learning are often used interchangeably. The former two have always been pivotal in the academic curriculum of students enrolled in professional training. According to Lorenzo et al (in press) fieldwork is a project-based form of experiential learning that happens in the field: for example, a visit to a factory to learn about ergonomics and occupational health, a fieldtrip for a week to a remote area to learn about village-based agricultural practices or a block placement at a role-established occupational therapy service site in an institution. Fieldwork is also closely associated with data gathering in research. Students do clinical practice in hospital or clinic settings or in specialised health care units and work with persons requiring bio-psychosocial intervention. According to Hagedorn (2001) bio-psychosocial intervention is an integrated holistic approach to the client. This kind of intervention would deal with the physical, psychological, social and environmental aspects of the client's situation. Rehabilitation therefore becomes a partnership between the client, the family or carers, the health team and the various agencies within the community. On the other hand, Lorenzo et al (in press) describe clinical practice as how the student learns to treat the bodily functions and structural impairments, as well as the associated activity and participation limitations in carrying out the activities of daily living so as to

equalise opportunities for disabled and at risk persons. The distinction between clinical practice and service learning is therefore situated in the emphasis of the intervention, with one being clinically orientated, while the other is of a service nature.

Service learning occurs through a thoughtfully-organised professional service that is conducted in and meets the needs of a defined community (Driscoll, Gelmon, Holland, Kerrigan, Longley and Spring, 1997). Theoretically and practically, service learning is driven by the agenda of a community and not by the curriculum agenda of the learning institution. The parameters, purpose and goals of the service are clarified and regularly monitored in consultation with community representatives (Hay, 2003). While learning and change occur for both parties, the university academic requirements are always secondary to the rights, autonomy and dignity of the community which students have the privilege of serving. While students bring fresh ideas and professional expertise, the form in which it is offered to the community must be such that it is never exploitative (Hay, 2003; Stanton, Giles and Cruz, 1999).

Service learning is based on participatory ethics (Stanton et al, 1999). Participatory ethics refer to the sharing of ethical decision making in the relationship between people within communities and the professionals with whom they work. Traditionally this role and responsibility lay with the professional, but with the new streams of thought regarding the empowerment of people, there is a reframing of the practice of ethics whereby all the relevant role players in the decision making process have to be considered (Tarvydas, 2004). As such, service learning offers the community access to a range of academic skills and resources while teaching affirmative values, leadership, citizenship and responsibility to the students. It empowers both parties as learners, educators, facilitators and achievers (Brevard Community College, 1994). The aim of service learning is, in other words, to balance the provision of valid and valuable learning opportunities for the student while at the same time assisting the community to meet its own development needs (Bounous, 1997). According to Driscoll et al

(1997), students are encouraged to become innovative and creative in their thinking because service learning teaches them job skills and prepares them for a future career.

The early practitioners of service learning made their pedagogical home in the field of experiential education. To ensure that service promotes substantive learning, they sought to connect the student's experience to reflection and analysis provided in the curriculum (Duley, 1981). Keeton (1983) drawing on the work of Dewey and suggests that:

experiential learning pursued transforms the individual, revises and enlarges knowledge, and alters practice. It affects the aesthetic and ethical commitments of individuals and alters their perceptions and interpretations of the world" (in Stanton et al, 1999:4).

Stanton (1987) describes service learning as:

an approach to experiential learning, an expression of values – service to others, community development and empowerment, reciprocal learning and educational exchange between learners and the people that they serve, and between experiential education programmes and the community organisations with which they work (ibid:4).

It is imperative that the service learning programme should not be developed in such a way that a resourceful higher education institution rescues a needy community. Service learning is about university needs related to the education of its students and the community that has the resources to help meet those particular needs (Hay, 2003). In service learning those being served control the service (Sigmon, 1979 in Stanton et al, 1999). The needs of the concerned community, rather than that of the university, determine the nature of the service that is provided (ibid:3).

2.3.2 Service learning and social responsibility

The World Declaration on Higher Education for the Twenty-first Century Vision and Action refers to social responsibility saying that countries are to provide opportunities for higher learning and for learning throughout life by:

- giving learners with an optimal range of choice;

- flexible entry and exit points within the system;
- opportunities for individual development and social mobility in order to educate for citizenship and for active participation in society, with a worldwide vision;
- endogenous capacity-building, and the consolidation of human rights, sustainable development, democracy and peace, within the context of justice;
- helping to understand, interpret, preserve, enhance, promote and disseminate national and regional, international and historic cultures, within the context of cultural pluralism and diversity;
- helping to protect and enhance societal values by training young people in the values which form the basis of democratic citizenship; and
- encouraging critical and detached perspectives to assist in the discussion of strategic options and the reinforcement of humanistic perspectives (UNESCO, 1998).

The moral imperative for higher education to become increasingly responsive to its social context has been extensively addressed by educationalists and social scientists. It is not only these professions that need to look into this aspect but it is also imperative for OTs to engage with this agenda because it is an international one that holds particular significance for the status of the profession in a developing society since that is where the need lies. Barros, Ghirardi and Lopes (2005) define social occupational therapy as “the body of knowledge related to processes of caring for and dealing with people lacking an adequate social network” (2005:140). They further state that it is important to understand that occupational therapy has emerged from the health-disease framework and “to disclose the intertwining relations between OT and the society and culture it has been effectively developed” (ibid:140). Watson (2004) defines social justice as a perspective which “emphasises the need to establish and maintain a fair distribution of resources and, if necessary, compensate for exclusion, discrimination or loss/lack of opportunities” (:2004:55). Wilcock (1998) defines community development as:

... community consultation, deliberation and action to promote individual, family and community-wide responsibility for self-sustaining development, health and well-being. It is a holistic, participatory model

aimed at facilitating a community's social and economic development, based on community analysis, use of local resources and self-sustaining programmes (ibid:238).

This definition fits well with the principles and practices of enabling occupation within an environment that includes cultural, social, economic and physical components such as SHAWCO. It is important to identify the strengths and resources of the community, while understanding its capacities, skills and assets. There are a number of resources available to effect change for the community such as the university, organisations and the community itself. Many of the organisations maintain founding principles of advocacy, social justice and inclusion. It is therefore important to build up partnerships between the respective role players to bring about transformation for the improvement of the community and individuals within. Watson (2004) suggests that "agents of change from outside the community must set to work in partnership with the community so that internal and external change can occur" (2004:57).

The contribution of service learning to the community is addressed in UCT's social responsibility agenda. Service learning is extended through UCT's outreach efforts to the local communities within the Cape Metropole. While outreach has historically been vested in SHAWCO activities, a growing service learning agenda is evident in the initiatives of various faculties of the university to expand the socially responsive dimensions of various programmes (Favish, 2003). UCT, in collaboration with non-governmental organisations, assists with the education and the empowerment of identified communities. Through service learning, many hours of service are rendered to those in need at no or limited cost to the user.

Tompson and Proctor (1990) suggest that it would be unthinkable, particularly in a developing society, to educate occupational therapy students without the opportunity of serving the community. It is therefore imperative that a shift in occupational therapy thinking be made from the more medical or health-disease model to the social approach. As Watson (2004) further suggests a shift

is needed from a private to a public perspective, with the emphasis on advocacy, policy development and evaluation, and the improvement of collaboration with all sectors (health, social development, labour, education, transport and housing) that provide the additional support and structure required by developing communities (ibid:56).

Students can effectively contribute towards the development of the community, while fulfilling their educational and learning requirements at the same time.

2.3.3 Learning through doing and being supervised

According to Lorenzo et al (in press) professional practice learning includes clinical practice in clinical, biomedical contexts and service learning in contexts where the focus moves beyond remediation and therapy to collaborative community development and empowerment of disabled and at risk people. They suggest that fieldwork is a time-based project orientated form of experiential learning in the field (Lorenzo et al, in press). Fieldwork, clinical practice and service learning provide an essential bridge between the classroom and direct client contact. The purpose of practice education in all its forms is, according to the World Federation of Occupational Therapists Revised Minimum Standards for the Education of Occupational Therapists (Hocking and Ness, 2002) aimed at providing opportunities for the students to integrate knowledge, professional reasoning and professional behaviour within practice, and to develop knowledge, skills and attitudes to the level of competence required at each stage along the professional development continuum. As with all aspects of curriculum, student achievement during practice learning is assessed according to performance criteria that are aligned with the philosophy and purpose of the programme (Hocking and Ness, 2002).

Students experience a variety of different placements that require them to integrate their knowledge, skills and attitudes to practise with a range of different people, who have different needs in different circumstances, at different stages of life (Hocking and Ness, 2002).

The WFOT Minimum Standards suggest that students complete a minimum of 1000 hours of fieldwork/practice learning to ensure the development of core competencies. The recommended hours refer to the time spent on the implementation of an occupational therapy process or part thereof with a client, group or community. The following aspects must be covered in the education of occupational therapists (Hocking and Ness, 2002:24):

- Interpreting the person-occupation-environment relationship and how that relationship influences the person's health and well-being;
- Establishing and evaluating therapeutic and professional relationships;
- Planning and preparing for an occupational therapy assessment or intervention;
- Implementing an occupational therapy process or part thereof;
- Demonstrating professional reasoning and behaviours; and
- Generating or using knowledge of the contexts of professional practice.

According to Cohn and Crist (1995) supervisors take a leading role in shaping the future of the profession of occupational therapy. Backman (1994) maintains that no matter how gifted the lecturer may be in creating opportunities to practise and model professional behaviour, there is no substitute for the experience gained while on clinical (and by implication service learning) placement in an occupational therapy setting.

Unfortunately, staffed occupational therapy settings within the public sector and non-governmental organisations are either non-existent or very under-resourced in South Africa. Literature indicates that similar circumstances exist in other developing countries such as Brazil, Lebanon and the Dominican Republic. Kronenberg, Algado and Pollard (2005) suggest that the implications for training under these circumstances are manifold, including the lack of direct supervision, the safety of students, transport issues, as well as the lack of resources necessary to undertake the service.

On another note, different authors like Thomas, Penman and Williamson (2005), Wood (2005), Craik and Turner (2005) and Fisher and Savin-Baden (2002a, 2002b) argue that this also occurs in many First World or developed countries such as the United Kingdom, Canada and Australia, countries that also experience a shortage of placements for student training. Many of the staff shortages occur in the public sector because there are increasing employment possibilities in the private sector, both as consultants and as managers as well as in private practice. Many institutions for higher education therefore have great problems with finding suitable placements for their students in the different practice fields and are researching new and innovative ways of addressing these issues (Martin, Morris, Moore, Sadlo and Crouch, 2004; Craik and Turner 2005). Tompson and Proctor, 1990 state that many therapists would like to take students on at their place of work for placements, but are constrained by various factors such as limited resources, restricted time, their emotional capability and level of expertise to provide the necessary support and guidance for students.

The lack of direct supervision may be compensated for by setting alternative supervision structures in place (Thomas et al, 2004). Some authors have suggested that having students, either from a different or the same discipline, work together in pairs on fieldwork placements facilitates effective learning as they learn to co-operate and share with each other (Bossers et al, 1997). Mason (1998) has shown how group learning with the students and the necessary effective group supervision has been explored in the literature. Studies have been carried out on the value of these group initiatives indicating their effectiveness in terms of higher productivity, supportive relationships and social competence. For Jung, Sainsbury, Grum, Wilkins and Tryssenaar (2002), having students work in pairs while on co-operative and sharing placements is an effective way of learning for all concerned. This in turn promotes interdependence and individual accountability, increases self-direction and collaborative learning, as well as increasing teamwork and peer support. At SHAWCO in Khayelitsha and Nyanga, occupational therapy students work in

pairs, where they have the opportunity to learn from each other, as well as assist and support one another in sometimes difficult circumstances.

While direct supervision remains the ideal, putting structures in place to arrive at optimal circumstances also requires substantial political commitment on the part of health service planners. According to the Western Cape Allied Health Professionals Technical Committee (April, 2004) in the Executive Summary of Health Care 2010 and the Allied Health Professions:

The supervision and facilitation of students must not be forgotten in the 2010 model. Students currently provide a large bulk of the primary health care at Community Health Centres. Entry level therapists, community service medical officers (COSMOs) and students supported in this manner will experience working in the community in a more positive light and may contemplate remaining or returning to this level of service. This should contribute to increased retention or reduced staff turnover (ibid:16).

Supervision is of great importance as it is a form of guided learning. "The supervisor plays a crucial role in assisting the less experienced to reflect on their practice, enabling them to increase to learn and consolidate knowledge and skills" (McInstry, 2005:135). She further suggests that it is a major asset if the supervisor is also a member of the community of practice to which the student belongs as the feedback and guidance is more accurate and timely. This positivity will in turn ensure that the student returns to work in that community after compulsory community service.

2.4 WFOT MINIMUM STANDARDS FOR THE EDUCATION OF OCCUPATIONAL THERAPISTS

The World Federation of Occupational Therapists (WFOT) Minimum Standards for the Education of Occupational Therapists were first developed in 1952. The purpose of these standards was to establish consistency and cohesiveness of occupational therapy practice on an international level and for the recognition of the qualification of occupational therapy worldwide. For countries to retain their membership with the organisation, they have to comply with the requirements as

set out within these standards. WFOT requires that the programmes of the member countries be monitored every seven years. In 1998 WFOT initiated a project to review the Minimum Standards. Hocking (New Zealand) and Ness (Norway) completed the revised standards over a three year period and these were published by the organisation in 2002. Many key occupational therapy educators, researchers and leaders from member countries of WFOT were invited to assist in the innovative and significant revision, including three contributors from South Africa. Professor Ruth Watson and staff members from the Division of Occupational Therapy of UCT were amongst the three South African contributors to the project (Hocking and Ness, 2002:2). Having set these Minimum Standards for the Education of Occupational Therapists has assisted in ensuring that all occupational therapists throughout the world, work towards attaining congruent, profession specific attitudes, knowledge and skills. Hocking and Ness (2002) suggest that these Minimum Standards have made a valued contribution towards the consistency of practice throughout the world. Their influence have been seen since the start of the profession and have been revised periodically. With the most recent revision in 2002, it is evident that the Minimum Standards will continue to shape the development of the profession internationally. Hocking and Ness hope that the revision will promote “new ways of practising OT, including an increased emphasis on working with populations to promote health and well-being” (Hocking and Ness, 2004:16).

The WFOT Revised Minimum Standards for the Education of Occupational Therapists (Hocking and Ness, 2002:10), says that the student needs to develop substantial knowledge, skills and attitudes within the following five essential areas of competent practice prior to qualification:

1. The person-occupation-environment relationship of occupation to health and welfare;
2. Therapeutic and professional relationships;
3. The occupational therapy process;
4. Professional reasoning and behaviour; and
5. The context of professional practice.

However, this will be determined by:

- The nature of the local health needs;
- The local health, welfare, disability and legislative systems;
- Locally relevant health giving occupations; and
- The programme philosophy and purpose.

The five essential areas were used as a deductive framework for the analysis of the interactive journals of the students who participated in this research to establish whether there was evidence of learning in these areas at SHAWCO, Khayelitsha and Nyanga.

The WFOT revised Minimum Standards for the Education of Occupational Therapists provide a good response to globalisation and de-medicalisation, while the previous standards were based on the Western medical model of the time. They are a "positive response to the challenges of breaking down international barriers, supporting reciprocity and promoting quality and vision for occupational therapy. As an internationally approved set of Standards, this document can be used as a tool to influence governments and policy development" (Sinclair, in Whiteford and Wright-St Clair, 2005:119). The author continues that the Minimum Standards promote learning and practice through innovative approaches and facilitation to acquire professional competencies in knowledge, skills and attitudes so that they function successfully in all the different fields of practice. Thus it is important that the educational programmes retain a strong cultural component while still relevant to addressing the local needs of society.

2.5 SOUTH AFRICAN NATIONAL QUALIFICATIONS FRAMEWORK

The South African National Qualifications Framework (NQF) is a framework according to which standards and qualifications, agreed to by education and training stakeholders throughout the country, are registered. It came into legal

effect after the promulgation of the South African Qualifications Authority Act (No. 58 of 1995, Government Gazette No. 1521, 4 October 1995). This Act renders the South African Qualifications Authority (SAQA) responsible for monitoring "the development and implementation of a National Qualifications Framework" (ibid:6).

However, all South Africans who have a stake in providing education and training (for example, schools, university programmes and professional training centres) are responsible for ensuring that the implementation of the NQF is successful. SAQA comprises 29 members, who represent a variety of education and training constituencies. The benefits of the National Qualifications Framework are manifold. Learners benefit from quality education and the attainment of qualifications that enjoy national recognition and where appropriate are internationally comparable, as in the case of occupational therapy. Workers, in turn benefit from having clear learning paths in their qualification structure, as well as being facilitated and supported in life-long learning and career advancement. Employers benefit from a work force that is competent in the skills and attitudes required in the competitive global economy of which South Africa is a part. Last but not least, society benefits from a proud, learning nation with the intellectual ability to adapt swiftly to change, especially to the advanced technological change.

Other countries have similar qualification frameworks. This has implications for the future status of occupational therapy as health care workers, including the tendency to migrate to work in cities or developed areas rather than to the rural areas, where the need is greatest. Sinclair (2005) suggests that in order to meet these health care needs, governments must consider detailed planning for appropriate levels of training, job creation as well as quality assurance to address the growing need. This planning is often thwarted by the migration of therapists from the rural to the more urban settings and from developing to the more developed countries. Many recruitment agencies do extensive and active

advertising to entice potential workers. “In the case of occupational therapy, personal choice and individual opportunities for migration may be held up in some countries by the national approval system for educational programmes” (Sinclair, in Whiteford and Wright-St Clair, 2005:115). In spite of the introduction of Minimum Standards for the Education of Occupational Therapists by the WFOT, differences in national standards of occupational therapy education make global mobility much more difficult. Although different codes of conduct have been set up to address the problem, recruitment still affects the level of local health services in many parts of the developing world. Sinclair (in Whiteford and Wright-St Clair, 2005:114) suggests further that “as the global marketplace expands, so does the cross-border movement of health practitioners”. The emphasis of international mobility is, on the one hand, the sharing of skills and the development of new services, while on the negative side, the role of examinations and gate-keeping strategies serve to limit the access from other countries. This could in turn lead to discrimination if a written examination is required only of non-resident or overseas applicants.

Building the new South Africa demands the establishment of an integrated education and training system which acknowledges the achievements of all learners equally and supports a learning nation.

In South Africa, each occupational therapy educational programme has to be registered with the National Qualifications Framework. This registration is part of the credentialing process for health professionals as occupational therapists with the Health Professions Council of South Africa (HPCSA). The University of Cape Town (UCT), Division of Occupational Therapy outlines the purpose of its academic programme in its SAQA submission (1998) as follows:

1. The first purpose of the programme is to produce confident, visible and influential generalist occupational therapists who have the knowledge, skills and attitudes that will help change people’s lives through human occupations that are appropriate to their environment, background and health needs.

2. The second purpose is to produce occupational therapists who are socially responsible, knowledgeable and well skilled to practise as generalists, at all levels of the health services, through the primary health care approach within an African context as appropriate for individuals, groups and communities according to national health priorities.

The Specific Exit Level Outcomes of the UCT B.Sc Occupational Therapy graduate is described as follows (SAQA Submission, 1998):

1. Assign value to and apply human occupation as the primary means and end of the profession's contributions to health, well-being and quality of life of individuals, groups and communities.
2. Appreciate the parameters; display the behaviours and responsibilities which benchmark professionalism.
3. Apply intra- and interdisciplinary techniques, methods, skills and tools for the attainment of health and occupational objectives.
4. Develop, implement, monitor, and or manage generalist occupational therapy services and or preventative, promotive, curative and rehabilitative occupational therapy programmes within different settings, across different sectors and at different levels of the NHS.

These four outcomes can be placed within the five essential areas as set out by WFOT Minimum Standards for the Education of Occupational Therapists.

In the NQF, all learning is organised into twelve fields. These in turn are organised into a number of subfields. SAQA has established twelve National Standards Bodies (NSBs), one for each organising field. Members of NSBs are drawn from six constituencies: state departments, organised business, organised labour, providers of education and training, critical interest groups and community/learner organisations. Up to six members from each of these constituencies serve on an NSB. The NSBs recommend standards and

qualifications for registration on the NQF to SAQA. Each of these NSBs is responsible for recognising or establishing Standards Generating Bodies (SGBs).

The 1998 SAQA submissions from the eight occupational therapy training centres in South Africa have recently formed the basis for deliberations at SGB, which is a body registered in terms of the SAQA Act, responsible for establishing education and training standards or qualifications, and to which specific functions relating to the establishment of national standards and qualifications have been assigned. SGBs in turn develop standards and qualifications and recommend them to the National Standards Bodies for registration. SGBs are formed according to subfields, and members of SGBs are key role players drawn from the subfield in question. This SGB has been established out of the HPSCA's Professional Board of Occupational Therapists and the Heads of Training of the eight institutions. They are there to advise the attainment of the WFOT Minimum Standards as well as the SAQA submissions in terms of the NQF.

SAQA accredits Education and Training Quality Assurance bodies (ETQAs) to ensure that the education and training which learners receive is of the highest quality. ETQAs in turn accredit providers to offer education and training in accordance with the standards and qualifications registered on the NQF (The National Qualifications Framework, 1998).

2.6 WRITING TO REFLECT AND DEVELOP CLINICAL REASONING

Clinical reasoning and reflective practice have become legitimised as a concept central to health care practice. Clinical reasoning is defined by Alsop and Ryan as "thinking and talking about the way you work and giving reasons for what you do ... [it] forms the basis of all therapeutic practice and underpins problem solving" (1996:155). The development of clinical reasoning is advanced through writing since this demands structured reflection on proposed and past actions.

An important source of learning is through feedback on writing requirements. UCT students are obliged to write daily logs of their planned actions and the outcomes of their actions thus stimulating their clinical reasoning (Buchanan, Moore, Van Niekerk, 1998:2001). Buchanan et al provide a structure for the writing up of journals and portfolios that consists of a showcase highlighting the student's understanding of various aspects such as needs, context and learning. Students capture their day-to-day planning, reporting and reflecting on their interventions; their clients; the context and actions are captured in a fieldwork log. An interactive journal or learner's log is also kept where learning, progress and personal issues are reflected on by the student (ibid, 1998:293). Students record their thoughts, feelings and concerns pertaining to the placement and their learning on a regular basis. The clinicians, as well as the supervisor, monitor the written work closely and detailed written and verbal feedback is provided. It is by means of writing and the necessary verbal and written feedback from the supervisor that the student's clinical reasoning and learning are stimulated (Buchanan et al, 1998).

Although portfolios and reflective writing can be useful ways to document experience, the quality of reflection within needs to be assured if they are not to become simply a record of achievements rather than evidence of an integrated process of metacognition and introspection ... Writing down one's thoughts in a reflective diary, examining the learning procedures of evaluating critical incidents, carrying out analyses of individual strengths and weaknesses, opportunities for and threats to development can all assist in the reflective processes (Dahlgren, Richardson and Kalman, 2004:30).

The authors continue that it is important to have adequate guidelines and that assessment outcomes must not cloud the supervisor's judgement or essential purpose of reflection for continued professional learning and development.

According to Cohn (1989), it is only in fieldwork (practice learning) that the complex professional demands of occupational therapy are really experienced. The occupational therapy student learns from each unique fieldwork, clinical practice or service learning experience, through conscious reflection on own practice, which will in turn assist the student in dealing with similar issues in the future. Neistadt (1996) suggested that student writing might be used to promote

clinical reasoning skills. Through writing reflective evaluations of interventions and interactive journals, students develop their own reasoning skills and become aware of their role as an occupational therapist. This learning is captured in writing, thus providing information rich data for determining the learning outcomes at a particular service learning site. Specific learning outcomes for student placements are considered as an educational tool and used extensively in the training of OTs (see Appendix I). The requirements of the students from the university and the supervisor are clearly stated upfront. It is important for the students to have clear expectations thus allowing them to advance the progress of their learning themselves (Steele-Smith and Armstrong, 2001).

Tryssenaar (1995) discusses how students can develop and document their learning through the use of interactive journals. Feedback is provided by the supervisor, who in turn monitors the learning and effectiveness of the student's efforts in terms of the immediate situation and the total curriculum (Buchanan, Van Niekerk and Moore, 2001). Clinical reasoning is taught at all levels of the occupational therapy programmes offered throughout the world. According to Paterson and Adamson (2001) a number of strategies have been identified by training schools to facilitate clinical reasoning learning. These include case studies, experiential learning, seminars, didactic teaching, as well as small group work, peer support groups, clinical storytelling, reflective journals and role playing. They reiterated that it is important for students to discuss clinical (practice) situations with fieldwork supervisors. The focus of learning is not "always the 'subject matter', but rather, learning 'nurtured' during fieldwork and through the observations of experts" (ibid, 2001:404). The texts from the interactive journals written by the students at SHAWCO have been extensively read by the supervisor and clinician and comments written to guide the student in critical thinking and to stimulate learning. Writing therefore provides a rich qualitative source for investigating the range of learning outcomes that students potentially achieve during practice learning.

2.7 ROLE-EMERGING SERVICE LEARNING

The profession of occupational therapy is increasingly utilising placements where there is no clinician on site and the student has sporadic contact with an occupational therapist, primarily in the form of a university supervisor (Backman, 1994). According to Wood (2005:375), the College of Occupational Therapists is undertaking a project to develop emerging placements for practice placements in the training of students. It is anticipated that this project will make a significant contribution to "support innovation in the education sector to maximise opportunities for training". Craik and Turner (2005) believe that the profession must investigate new ways of providing placements and that it is not only the responsibility of the universities but of the profession as a whole.

According to Bossers et al (1997), O'Shea first reported on the role-emerging fieldwork experience in 1977 saying that "... students were deprived of the legitimacy and recognition afforded through client's familiarity with the occupational therapist's role and function" (1977:107), while working in a nursing home with no ongoing occupational therapy programme. Students found it difficult to simultaneously establish an identity for the profession as well as their own identity as an occupational therapist, in a setting that provided no basic framework for role performance. Role-emerging placements may therefore be defined as those that occur in sites that do not have an occupational therapy programme, nor an established occupational therapy role. The student establishes and implements an occupational therapy role, while being assigned an agency staff member supervisor as a contact person for agency issues and concerns, and is supervised by an off-site occupational therapist. (Bossers et al, 1997:71). Emerging fields of occupational therapy are responding to the changing needs of society. (Sinclair, in Whiteford and St. Clair, 2005:116).

Heubner and Tryssenaar (1996) describe the experiences of a student completing her role-emerging placement at a homeless shelter. Through the analytical use of interactive journals, they found that the placement developed a

foundation for future occupational therapy placements, while providing an ongoing programme focus for clients as well as giving the staff an increased perception on the role of the occupational therapist. A study carried out in Australia by the University of South Australia compared students in traditional role-established placements to those students working at role-emerging sites (Janiak, 1993 as cited in Bossers et al, 1997). It was found that the students' professional skill in relation to community health was found to be higher in the community role-emerging placements than in those where an occupational therapy programme was well established.

According to Bossers et al (1997) "the interest in role-emerging placements has also been driven by economics and the inadequate number of role-established placements" (1997:73). They further state that "while the use and interest in role-emerging placements continues to increase, relatively little evidence about these placements as learning experiences exists" (ibid:73). It is anticipated that this research will add to the literature by giving some insight into the learning experiences of students at role-emerging sites in the Cape Metropole.

2.8 CONCLUSION

This chapter gave an overview of the literature in the field that cover learning, service learning (its benefits and implications for social responsibility) and the question of student supervision. Literature dealing with the requirements for training occupational therapists both internationally (WFOT Minimum Standards) and nationally (SAQA) was reviewed. Comment was provided on the academic literature revolving around the role that writing plays in developing reflection and reasoning in students. The chapter concluded by looking at the literature of role-emerging service learning.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

This chapter frames the research problem and looks at the purpose, objectives, aims and significance of the study. The research questions are outlined, the population, sampling and access to data are described, and the researcher's assumptions are examined. The chapter gives insight into the qualitative and case study research methodology and methods employed, as well as the way the data was sourced and analysed. Finally the issues of trustworthiness, limitations and ethical considerations are dealt with.

3.2 FRAMING THE PROBLEM

Transformation of the South African Health Services since 1994 has been a complex and protracted process. It has decreased the number of suitable practice learning sites for occupational therapy students at tertiary levels of the national health service in order to devolve posts to primary levels of care. The devolution of posts has however not occurred at a rapid enough rate at primary and secondary levels to ensure that the requisite infrastructure, including adequate supervision, exists for the optimal training of students at these levels. Occupational therapy posts in other public sectors such as education, labour and industry are also scarce thereby making it difficult for training centres to secure appropriate practice learning sites that foster opportunities for students to practise within the three approaches recommended by the World Federation of Occupational Therapists Minimum Standards for the Education of Occupational Therapists (Hocking and Ness, 2002), namely biomedical, social and occupational.

The eight educational institutions or universities within South Africa that train occupational therapy students have had to be proactive in developing alternative

strategies to ensure that *what* and *how* students learn corresponds with the educational standards set out by the World Federation of Occupational Therapists (WFOT), the National Qualifications Framework (NQF) and the health needs of the country. Strategies include placing students in role-emerging sites such as non-governmental organisations to render a service while learning the art and science of their profession. Students at role-emerging placements are expected to work independently with intermittent supervision from a university appointed supervisor or clinician.

3.2.1 Problem statement

This research study explores the learning of occupational therapy students at role-emerging service learning sites in the Cape Metropole. To date no published research has been done into the learning of students under these circumstances and how this learning impacts on their practice in post graduation compulsory community service. Little is known about how students learn at these learning sites. Hence the problem statement: What and how do students learn at role-emerging sites when they do not have direct supervision; where there are no established professional role descriptions to guide their actions; where the benefit of on-site role modelling from expert clinicians is absent.

3.3 PURPOSE OF THE STUDY

The purpose of this study was to advance the understanding of the learning that occurs for undergraduate occupational therapy students at role-emerging service learning sites in the Cape Metropole in the context of a rapidly changing South African health care system in order to inform professional practice education at the University of Cape Town (UCT).

3.4 AIM OF THE STUDY

The study aimed to indiscriminately examine the impact of occupational therapy student service learning experiences at role-emerging, primary level health care

sites on the adjustment of graduates at similar sites during compulsory community service.

3.5 OBJECTIVES

1. To describe the learning experiences elicited during service learning placement at SHAWCO in Khayelitsha and Nyanga in terms of knowledge, skills and attitudes.
2. To describe the match between the elicited domains of learning and the WFOT Minimum Standards for the Education of Occupational Therapists (Hocking and Ness, 2002), namely:
 - The person-occupation-environment relationship of occupation to health and welfare;
 - Therapeutic and professional relationships;
 - An occupational therapy process;
 - Professional reasoning and behaviour; and
 - The context of professional practice.
3. To describe how service learning at the SHAWCO role-emerging sites influenced the graduates' adjustment to community service after graduation.

3.6 RESEARCH QUESTIONS

3.6.1 Phase one: undergraduate students

1. What knowledge, skills and attitudes did final year occupational therapy students acquire while working at the SHAWCO, Khayelitsha and Nyanga service learning sites?
2. Did what final year occupational therapy students learned at SHAWCO, Khayelitsha and Nyanga service learning sites correspond with the five WFOT Minimum Standards for the Education of Occupational Therapists (Hocking and Ness, 2002), namely:

- The person-occupation-environment relationship of occupation to health and welfare;
- Therapeutic and professional relationships;
- An occupational therapy process;
- Professional reasoning and behaviour; and
- The context of professional practice?

3.6.2 Phase two: graduates during compulsory community service

Graduates were asked to write reflective essays on the following question:

How did your service learning at a role-emerging occupational therapy service learning site (for example, SHAWCO Khayelitsha and Nyanga) during your final year of undergraduate training contribute to your adjustment during your compulsory community service?

3.7 SIGNIFICANCE OF THE STUDY

The significance of the study has been its contribution towards a deeper appreciation of the capacity of students to engage with learning opportunities in role-emerging sites and the potential educational value of these sites in preparing graduates for service within the primary health care approach as well as the recommended three approaches within the WFOT Minimum Standards, that is biomedical, social and occupational.

3.8 POPULATION AND SAMPLING

The population for the research project were all the final year (fourth year) UCT occupational therapy students who were placed at role-emerging service learning sites in the Cape Metropole during the period 2002–2004. SHAWCO Khayelitsha and Nyanga offer a service in contexts where poverty, poor infrastructure and limited resources are prevalent. This context was similar to some of the settings in which some of the graduates did their compulsory community service after graduation in rural and peri-urban areas of South Africa.

A convenient sample of 16 students who obtained service learning experience at the two identified SHAWCO centres over the period 2002–2004 served as the study sample. A convenient sample is selected because they are convenient. This non-probability method is often used in exploratory research where the researcher is interested in getting an inexpensive approximation of the truth (StatPac Survey Software, 2006). Table 3.1 shows how, based on this definition of convenient sampling, students who qualified for inclusion in this sample were placed in rotational blocks (block 1 = 10 weeks, block 2 = 7 weeks and block 3 = 6 weeks). Students, usually in pairs, are placed at a designated service learning site for one of the possible three blocks in the final academic year. None of the sample could speak Xhosa and were all unfamiliar with living conditions in Khayelitsha and Nyanga. They were all females. Only 1 student was coloured and 2 students were black and residents of Lesotho.

Table 3.1 Placement of students in rotational blocks

No. of students	Year	First placement	Second placement	Third placement
2 x 3 = 6	2002	4 Mar–17 May	22 Jul–30 Aug	16 Sep–25 Oct
2 x 3 = 6	2003	10 Mar–16 May	14 Jul–22 Aug	15 Sep–24 Oct
2 x 2 = 4	2004	No students were placed during this block.	19 Jul–26 Aug	13 Sep–21 Oct

The total number of students was 16. Two out of 16 students refrained from submitting their work due to personal reasons unrelated to the block. There were therefore 14 sources of textual data available for analysis.

Learning objectives at SHAWCO in Khayelitsha and Nyanga are determined at the start of each placement in response to the emerging needs of the SHAWCO

Adult Day Care Centre members and management. These objectives are aligned with the UCT practice education curriculum.

3.9 GAINING ACCESS TO DATA

Prior to the 16 students completing their undergraduate training, as recommended by Buchanan et al (1998, 2001) the researcher discussed with each pair of students the possibility of using their interactive journals and portfolios for her study. The journals and portfolios (Buchanan et al, 1998:398–399) provided information rich texts by way of daily logs and reflections on learning during the placement block. These were usually written once a week and consisted of between three to ten typed pages. The students were asked to submit their written work, that is their interactive journals and portfolios electronically to the researcher AFTER the completion of their placement at the role-emerging site. The electronic submission of textual data therefore contained no evidence of comments from supervisors. This ensured that the data would not be contaminated with any other information except the student's own reflections. Students were requested to only submit their work once they had ensured the anonymity of role players in the text by using pseudonyms or initials. Students were at no stage obliged to hand over any of their written work. 14 Students or 88% of the original 16 students gave both verbal and written consent (see Appendix II) for the researcher to use their work for her study.

3.10 ASSUMPTIONS

1. Students learn a great deal in terms of knowledge, skills and attitude at role-emerging placements, which stands them in good stead for their community service year.
2. Students possess some competency regarding the Xhosa language and culture due to the fact that they follow a course in this subject in their first year of training.

3. Students derive professional and personal benefit from the opportunity of working in a community-based setting.
4. Students learn about the principles of primary health care at role-emerging service learning sites and find this learning helpful in their adjustment during compulsory community service in similar settings.
5. The role-emerging service learning context at SHAWCO elicits some of the various expected competencies of a newly qualified occupational therapist in South Africa.
6. Evidence will exist that the requirements for the WFOT Minimum Standards for the Education of Occupational Therapists will be met at role-emerging placements.

3.11 RESEARCH METHODOLOGY AND METHODS

A qualitative methodology was used to obtain information about the students' knowledge, skills and attitudes during service learning placements at SHAWCO. Qualitative methodology is "an approach to research that emphasises the non-numerical and interpretive analysis of social phenomena" (Polgar in Hagedorn, 2001: 163). According to Katzenellenbogen, Joubert and Abdool Karim (1999), qualitative methods allow the researchers to get an in-depth understanding of their subjects and how they perceive their role within a given situation in a stated context. It is the most appropriate method to utilise to obtain a greater understanding of the learning of OT students that has taken place in a role-emerging placement.

The case study method (Stake, as cited in Denzin and Lincoln, 1998:89), but specifically the collective case study, was used. A case study is a systematic investigation of a single individual, event or environment and often extends over a period of time (Bird, Nicholls and White, 1995). Stake (in Denzin and Lincoln, 1998:91) writes that many social scientists "have emphasised case study as exploration leading up to generalisation-producing studies, or as an occasional step in theory building." Case studies usually involve data gathering "over time through detailed, in-depth data collection involving multiple sources of information

rich in context" (Creswell, 1998:61). 1). Creswell (1998:62) suggests further that case study design is best to "illustrate the issue".

The case study method was chosen because it facilitates the gathering of detailed information about an individual person, single incident or a particular situation. A series or collection of case studies, in this instance the learning experiences captured in textual form of the 14 individual students placed at SHAWCO during 2002–2004 produced information rich data from which inductive and deductive inferences have been made to meet the research objectives.

3.11.1 Data source 1: Textual data from interactive service learning journals and portfolios

Data was obtained retrospectively from the interactive journals and portfolios of the study sample. Journals contain an ongoing personalised account of experiences, feelings and insights gained during the developmental process of becoming a health practitioner. Logs are a daily/weekly record of intended professional actions taken with a particular individual/group/community and the evaluation of subsequent outcomes. A portfolio is a self-selected collection of a student's work that yields evidence of learning over a period of time. These sources of textual data reflect the tacit dimensions of the student's developing knowledge, skills and attitudes and emerging competencies in professional reasoning and professionalism (Duncan and Joubert, 2005, in press).

The texts from the interactive journals and portfolios written by the students at SHAWCO had been read by a part-time supervisor/clinician and comments were written to guide the student in thinking and to stimulate learning (Duncan, Buchanan and Lorenzo, 2005, in press). Through these comments the development of students' clinical reasoning skills is advanced and they come to appreciate how to put theory into practice. Students were asked to submit their journals electronically to the researcher, that is without the feedback from practice educators. This ensured that the progressive shifts in the learning of the students

could be noted across the time spent at the role-emerging site. Educator perspectives on the student's learning were also eliminated thereby reducing the potential bias that these may have introduced on the researcher's analysis of the data.

3.11.2 Data source 2: Textual data from reflective essays

Further data was obtained from reflective essays from five of the students, based on the research question written by those graduates during their year of community service. The request to participate in this part of the research was forwarded to the 14 graduates who, as students, carried out service learning at the SHAWCO research sites, in Khayelitsha or Nyanga during the years 2002, 2003 and 2004 and who had submitted their interactive journals and portfolios to the researcher. Only five replies were received, although a number of reminders were sent and trouble was taken by the researcher to contact the graduates. The researcher was not able to contact three students from the 2002 group as they had left the country, while two students from the following year were also uncontactable. Another graduate was a citizen of Lesotho and was therefore not obliged to do compulsory community service in South Africa. Two of the students who were placed at Nyanga in 2004 elected not to do community service; one for personal reasons and the other who was also a citizen of Lesotho.

3.12 METHOD OF DATA ANALYSIS

3.12.1 Method of data analysis: Source 1

The textual data from the interactive journals and portfolios were inductively analysed with the aim of identifying the critical domains of knowledge, skills and attitudes acquired by students within the context of the SHAWCO sites. Inductive content analysis (Silverman, 2000) was indicated as the most suitable approach for identifying the knowledge, skills and attitudes of students as reflected in their learning logs. The researcher used open coding to reduce the data into pre-determined categories and themes as aligned with Objective 1. According to Denzin and Lincoln (1998), inductive analysis means that the categories, themes

and patterns come directly from the data. The categories that emerge from the interactive service learning journals were not imposed prior to data collection.

Open coding was performed by identifying single words or phrases that indicated either a knowledge, skill or attitude on the part of the student. Strauss and Corbin summarise open coding as:

The analytical process by which concepts are identified and developed in terms of their properties and dimensions. The basic analytical procedures by which this is accomplished are: the asking of questions about the data and the making of comparisons for similarities and differences between each incident, event and other instances of the phenomenon. Similar events and incidents are labelled and grouped to form categories (in Flick, 1998:182).

This method of categorical aggregation (Creswell 1998) assisted the researcher in identifying the elements that confirm the students' professional development and which appear to fit together and match the recommended WFOT Minimum Standards.

Based on the findings of the first layer of data analysis for Objective 1, the second layer of data analysis made use of deductive analysis by engaging with the five WFOT essential areas of competent practice¹ as an analyst-constructed typology (Patten 1987). According to Knaf and Webster deductive analysis consists of a process where the data is:

converted into smaller more manageable units that are easily retrievable. Data analysis tasks facilitate extracting the meaning from the data set and are constructionistic as they focus on rebuilding and presenting the processed data set in a thematic or conceptually relevant whole" (1988:196).

Deductive analysis was selected because it allowed for the verification of findings of Objective 1 with respect to external benchmarks set in the WFOT criteria.

¹ WFOT essential areas of competent practice: Person-Occupation-Environment Relationship and the relationship of occupation to Health and Welfare, Therapeutic and Professional Relationships, Professional Reasoning and Behaviour, Occupational Therapy Process and Context of Professional Practice respectively.

3.12.2 Method of data analysis: Source 2

The reflective essays on the research question posed to the graduates while doing their compulsory community service were inductively analysed. Inductive content analysis was selected because it is the most suitable approach for identifying domains of learning through open coding of the data (Silverman, 2000). Themes describing the graduates' appreciation of the influences that service learning at role-emerging sites had on their compulsory community service, were constructed from the data.

3.13 TRUSTWORTHINESS

It is necessary, in conducting qualitative research, to ensure rigour during the research process (Krefting, 1991). Berelson (1952) notes that "the crucial requirement is that the categories are sufficiently precise to enable different coders to arrive at the same results when the same body of material is examined" (in Silverman, 2000:128). Qualitative researchers employ different techniques such as credibility, transferability, dependability and confirmability to ensure the trustworthiness of their findings (Lincoln and Guba, 1985).

The researcher utilised the following techniques to ensure optimal trustworthiness of the research process:

- **Bracketing** which refers to "holding up the phenomenon for serious inspection" (Denzin and Lincoln, 1998:48). As part of the process for preparing the data collection and analysis, specific steps were taken in order to make explicit the researcher's assumptions, biases and prejudices, as well as to promote her reflections in undertaking this study. The researcher was employed as a part-time occupational therapist at SHAWCO during part of the research period concerned. A "bracketing" essay in which she positioned her own assumptions, interpretations and experiences as a supervisor/clinician at role-emerging sites in the Cape Metropole was written prior to the commencement of her research in 2005 (see Appendix III). Bias was minimised as the logs were electronically forwarded to the researcher free from

any written comments made by either herself or any of the other UCT supervisors. This precaution reduced the degree of contamination that could possibly occur between the researcher's subjective views of the students' learning and their personal journey. A research audit (Krefting, 1991) was conducted with random extracts of the data analysis being scrutinised by an impartial person (a qualified occupational therapist and an experienced qualitative researcher) to assist with the identification of potential bias.

- **Reflexivity** – the researcher acknowledged and attempted to analyse her own preconceptions, biases and beliefs during the research process by keeping a reflective journal throughout the research process, where the experiences, ideas, mistakes, confusions, breakthroughs and problems were recorded.
- **Peer debriefing** – the researcher discussed her research process and her subsequent findings with an impartial colleague who has had extensive qualitative research experience. Insights were discussed and problems presented as a form of debriefing for the researcher. Progress reports were also presented to the research supervisors on a regular basis.
- **Member checking** – the information gathered from the logs and reflective essays was checked through further communication with the students/graduates while on community service or at their next block to ensure that the analysis of data corresponded to their understanding of their experiences at the role-emerging placements of Khayelitsha or Nyanga.
- **Audit trail** – a rigorous record of the data analysis trail was kept. An external research audit should therefore be possible should anyone need to scrutinise and confirm the findings (See Appendices IV, V and VI).
- **Triangulation of information** – the researcher gained a variety of different perspectives on the problem studied, by consulting literature, making use of audit trails, member checking and using multiple sources of data, that is the service learning journals or logs as well as the reflective essays.

3.14 LIMITATIONS

1. A substantial period of time elapsed between the time of the service learning placement, subsequent compulsory community service (CCS) and the research study for the different students. This time period is different for each student group placed at SHAWCO during 2002, 2003 and 2004. The students were also at various stages of their professional development when they were placed at SHAWCO, that is whether they were placed in the first block of March to May versus the last block, September to October of their final year. What could account for student learning at SHAWCO, may in fact therefore be the learning from other previous or post SHAWCO undergraduate placements and the CCS itself. The students at SHAWCO in 2002 completed their CCS in 2003 and sent the reflective essay in 2004. This was the same for students from the following two years.
2. Although Khayelitsha and Nyanga are both within the Cape Town Metropole, they are quite different in terms of demographics, situation and population. The researcher is familiar with both contexts, so she may have contaminated the data by bringing her own interpretations to bear on the students learning.
3. Only 14 students submitted their interactive service learning journals for analysis, while only five of the possible 14 graduates responded to the invitation to participate by answering the question about a retrospective impact of the service learning experiences on their community service competencies. The five graduates, who responded may have written work trying to please the researcher. Very little negative information was found in the data submitted.
4. Students could have deleted sections of their written work before submitting it via the Internet to the researcher. They may therefore have deleted sections that contained data that contradicted or may have influenced the findings by excluding negative experiences or judgement. Students were however requested to delete any names for confidentiality purposes.
5. Although the categorisation of the deductive analysis was audited by an external person with experience in qualitative research, it may be argued that the analysis was based on subjective interpretation of where the codes

belonged within the five different essential areas of the WFOT Minimum Standards for Education of Occupational Therapists.

3.15 ETHICAL CONSIDERATIONS

3.15.1 Protecting the anonymity of the clients and students

The anonymity of all the persons mentioned in the learners' logs or reflective essays at the centres in Khayelitsha and Nyanga was protected. The research study participants deleted any identifying names, places and information from the data prior to sending it to the researcher. These were replaced by using initials or a pseudonym. In this final report of the study, examples of the learning from the journals and essays have been given, but the quotes have remained anonymous so that participants cannot be recognised in any way. Although the students/graduates are known to the researcher, their reflective logs and essays were labelled from A–N and 1–5 with the year of the placement and their names eliminated during the research process.

3.15.2 Confidentiality

Throughout the study, the researcher carried out the study within the ethics of confidentiality. The confidentiality of the participants as well as the clients together with any issues pertaining to SHAWCO have been maintained and protected. It is important that all those involved are bound by trust and honesty. Munhall states that "fieldwork that is existential and authentic involves the negotiation of trust between the researcher and the participants" (1988:156).

3.15.3 Informed consent

Informed consent has been defined as the "knowing consent of an individual authorised representative, so situated as to be able to exercise free power of choice without undue inducement or any element of force, fraud, deceit, duress, or other forms of constraint or coercion" (Annas, Glantz and Katz, 1977 in Munhall, 1988:291). All 16 students (now graduates) were asked to give informed consent for their service learning journals or logs to be used in this study.

14 students responded to the request. Two did not respond for undisclosed personal reasons not associated with the block. Students who chose to submit their written work were requested to do so after their placement at the role-emerging site had occurred. The researcher explained the process of the study to each participant prior to the commencement of the study. All stakeholders, that is the UCT Division of Occupational Therapy as well as SHAWCO management and staff had full knowledge of the study, including how information was to be gathered, used and disseminated. Verbal consent was initially obtained from all the relevant stakeholders and participants who were asked to keep their logs in a safe place for retrospective use in the study. Formal written consent was also obtained from all the relevant stakeholders.

3.15.4 Principle of respect for persons

The researcher met with the research participants while at the role-emerging placements prior to the commencement of the study to discuss the purpose of the study, what the implications of their involvement would be and any potential risks that they could face. They were given an opportunity to ask any questions that they might have had about the study. They were requested to complete a written consent form to ensure that participation was voluntary (Katzenellenbogen et al, 1999). It was emphasised that not participating in the research would have no effect on how they were viewed by anyone/colleagues nor would it impact on their work in any way. They were also given the choice as to whether they would like to delete any information contained in their log prior to sending it via email to the researcher. It was not necessary to inform the researcher should they have decided to do so.

3.15.5 Principle of beneficence

Participants could benefit indirectly from the research by gaining greater insight into their own contribution towards the development of occupational therapy in South Africa by providing valuable information on service learning.

3.15.6 Principle of justice

Current and future occupational therapy students of UCT have a right to benefit from the findings of the study. Graduates participating in the study will also be allowed access to the findings. The information will be disseminated through various channels of occupational therapy such as the *South African Journal of Occupational Therapy*, professional development events and in-service training seminars. UCT academic departments will also be able to use the information in refining future training opportunities of occupational therapy students.

3.15.7 Approval to conduct this study

Approval to carry out the study was obtained from the Health Sciences Faculty Research Ethics Committee on 13 May 2005 prior to the commencement of the research (Ethics approval number: 177/2005).

3.16 CONCLUSION

A detailed description has been given of the research design and methodology of this study, including the research problem and its objectives. The data analysis has been described and assumptions, limitations, trustworthiness and ethical considerations have been accounted for. Chapter 4 presents the research findings.

CHAPTER 4 FINDINGS

4.1 INTRODUCTION

This chapter presents the findings of the two data sources, namely the interactive journals of the students who were at a role-emerging service learning placement and the findings that emerged from the essays written by students during their post graduate compulsory community service year.

4.2 THE CRITICAL LEARNING DOMAINS OF KNOWLEDGE, SKILLS AND ATTITUDES ATTAINED DURING SERVICE LEARNING AT SHAWCO IN KHAYELITSHA AND NYANGA

An inductive qualitative analysis of **fourteen** service learning interactive journals and portfolios generated by occupational therapy students at SHAWCO during the period 2002–2004 yielded the following critical learning domains: knowledge, skills and attitudes.

4.2.1 Knowledge domain

Table 4.1 Knowledge domain – themes, categories and subcategories

THEME	CATEGORY	SUBCATEGORY
"Looking broader and further"	Cultural adjustment	<ul style="list-style-type: none"> • Identify difference • Appreciation of Xhosa
"Reaching a deeper level"	Knowing self, knowing others	<ul style="list-style-type: none"> • Internal capacity • Acknowledge feelings • External capacity • Being older
"Making a difference"	Theory in action	<ul style="list-style-type: none"> • Philosophy and values • Methods and processes

Looking broader and further

In the knowledge domain, the theme, "Looking broader and further" captures the essence of the student's learning about the Xhosa culture. The data suggests that students had to make an adjustment to the significant differences that became evident between their own culture and that of the majority of Xhosa

speakers at the SHAWCO Adult Day Care Centre. They identified differences in language as disempowering and differences in group atmosphere as being outside their frame of reference.

"... very aware of how disempowered you can be as a health professional who cannot speak the language of the community or your clients." (A)

"A great sense of unity and spirit was obvious within the group, more so than in white elderly communities which I have as my frame of reference." (A)

The students indicated that culture influenced their ability to form interpersonal relationships.

"... impossible to ignore cultural differences as influencing the formation of relationships. It is my perception, that the seniors do not view us as equals, who I am sure, is as a result of years of apartheid where whites were considered the authority." (B)

Students acquired knowledge about not only the Xhosa language, but the culture as well. They were initially unsure of how to handle the group of older Xhosa adults as they could not speak the language and did not know what was culturally appropriate.

"We, as facilitators were unsure of how to contain the group, especially considering that we are unable to speak Xhosa, and above that, we are in a completely new environment culturally, so there were issues of what is and is not appropriate." (A)

Being exposed to unfolding life events such as attending funerals and wakes within context advanced the students' knowledge about other cultural customs and rituals.

"I felt that my appearance was appreciated and felt humbled that I had been invited to participate. It certainly gave me much more insight into the Xhosa culture, customs and importance that these members attach to life and death." (E)

Students were amazed at the differences that they observed between their own culture and that of the older adults with whom they were interacting, for example, how prayer and song is such an integral part of discussion in the Xhosa culture.

"I was struck by the differences in our two cultures. How the Xhosa people acknowledge each other's speeches and how much prayer and song is part of the process of discussing issues." (E)

Reaching a deeper level

In "Reaching a deeper level", the students not only gained knowledge about themselves personally and their capacity as therapists, but also about the capacity of people to adapt and cope with adverse life circumstances.

"I have been inspired by many of the things that I have seen and experienced. I have met people who have survived in situations I cannot even imagine, who live in houses that are many of them lacking what I would assume to be basic requirements, and most importantly, people who can still find things to be happy about despite their situations." (I)

Students learned how to enter into the community and how much can be achieved by starting small and learning the dynamics of the community first before trying to address community needs.

"I realised that I needed to temper my ideas a bit and that at the moment I can't do everything. I also realised that I wasn't going to be able to do anything without the community support anyway and for that you need a gate-keeper, a way of entering into the community. I needed to start small, start with the Seniors Club. Learn about the dynamics of the community from the people who were there at the beginning and have watched it developing. Learn how to do it in order to be able to do it effectively next year when there is an entire year devoted to serving communities." (I)

Self-knowledge developed as students grappled with feelings arising from exposure to unfamiliar contexts and inexperience in developing services.

"Inside myself, issues of my safety were bubbling over. However, when T phoned on the first day to warn us about the situation that could occur around the area, I really felt supported and more at ease. In other words I knew that people were there to look out for our safety, which was great." (G)

"At the beginning of this week I had a mild panic attack because I felt that I was still co-ordinating too much of the project ... thus limiting sustainability when I leave." (D)

"... driving through Khayelitsha I found it a very negative experience, witnessing the poverty and degradation of property and person. I found the litter irritating, the bone thin dogs heartbreaking and the children and fit adults loitering around not doing anything very frustrating." (I)

Students' knowledge reached a deeper level by recognising the capacity of the people around them. Appreciation of external capacity was stimulated, when students realised that the group of older adults as a whole was resourceful enough to take control of their own service needs when given appropriate guidance and support.

"Towards the end, I decided to use the group as resource by encouraging each member to think of an exercise, which the rest of the group had to copy. This was very effective as the members could take control, and they were less reliant on you." (A)

"There was a feeling that the group was looking to us to find a means to supply them with resources. I suppose that that must happen quite often in such environments where resources are scarce. Surely, the onus does not rest on us, but that we should rather be empowering the seniors to take responsibility for providing for themselves?" (A)

The subcategory, "Being older" depicts learning about old age in terms of understanding the behaviour of senior citizens and approaching their physical, emotional and occupational needs through a community-based day care service.

"Working with seniors is very interesting for me because I have grown to know each one of them individually. I now know who is present and who is not, who feels good and who doesn't! They have a certain space in my heart already. You also need lots of patience to deal with them and many a time have to repeat your question or instructions a number of times. They may look at you with an understanding face and say they understand even if they don't. All in all they are motivated or have become, to take part in the activities, but they don't want to do things for a long time on end ... they get bored easily nearly like children." (L)

"They also moan a lot and I wonder why ... is it because of their age or because of their health or their problems I ask myself?" (L)

"Even if there is not always much to do at the centre, it is better than sitting at home and worrying about your problems. It is better because the old people can share their problems and experiences with others while socialising and getting some nourishment. They support one another in a way that their families cannot do. It gives them a sense of belonging ... a reason to get up in the morning." (M)

Making a difference

In "Making a difference" students recognise theory in action by linking critical events in the field to literature and lectures. They found substantiating evidence for the philosophy of occupational therapy by reflecting on the value of selected activities in the context.

"I really loved hearing them singing and praying and found it very enriching and special. To see these people who live in poverty and come from an era of oppression, experience such a rich and free spirituality and sense of community is motivating. It demonstrates that Max Neef's thoughts and theories on Human Scale Development are true and alive in this particular group. There are many human needs and having money and resources is as important a need as being able to creatively express oneself and participate in society. This theory is in contrast with Maslow's Hierarchy of Needs stating that in order to self-actualise one needs to have good and substantial housing, food, clothes, etc. If this is true, then people in rural settlements such as Nyanga, Khayelitsha, etc are presumed not be able to self-actualise." (M)

"We played Bingo with the group as we waited for all the members to arrive. It seems to me that that is standard practice, which perturbs me a bit; as we are taught to question the meaning of activities for our clients, and Bingo day in and day out might not be the most meaningful activity for many of the seniors. I definitely think that we should come up with alternative games for the morning while we wait for the whole group to assemble. Importantly, though, is that when we do, that we give the seniors the choice in what they play. Perhaps Bingo is meaningful for them? Reflecting on Bingo also prompted me to reflect on the OT role, which should definitely not be simply keeping people occupied." (A)

Making sense of the older adults' life stage, health conditions, level of education and living circumstances added to the students' knowledge of the aging process in an environment characterised by poverty.

"The members listened very intently and politely, as was their style in the discussions at the centre. However, it did seem as though the members understood the condition better than before and that they would not automatically die from having diabetes. I used to sometimes wonder if some of the elderly or the ill deliberately hastened the deterioration of their illness so that they would not have to live any longer considering their circumstances. Looking at these seniors though I realise that many of them seem to have a will to keep on even though they are more accepting of their circumstances." (F)

In the subcategory “Methods and processes”, students gained knowledge about a range of contextually relevant intervention strategies such as teamwork, shift in responsibility to the people or members of the centre and project sustainability.

“The project can be more of a team effort and is thus more likely to be sustainable. Other shifts in responsibility and ownership of the project also occurred, such as the identifying of section leaders and involving some of the women in making the bags to house the end product.” (D)

They gained understanding of the termination process, which is difficult for undergraduates as they do not always know how to deal with closure.

“We cannot make promises especially since we don’t know if we will be able to keep them. At times I get the feeling that they feel that we haven’t enjoyed being here at the Club, because we don’t want to come and visit them. They have got attached to us and we definitely to them. The one thing I know is that they will most probably also get attached to the next pair of students who start here in two weeks time. They will feel exactly the same about them when they leave as termination and goodbye is never easy, pity that it has to be done.” (L)

Gaining knowledge about policies, organisational dynamics and local politics takes time as these issues are not initially explicitly stated. Students have found out the long, hard way how an organisation like SHAWCO, works or functions.

“One of the site managers of SHAWCO taught me a hard lesson in learning the protocols within an organisation. I learned from this that SHAWCO does have a fundraiser who acts on behalf of all the centres, hence the OTs cannot just make any appeals for resources without collaborating with her first. It does reduce the risk of fraud but adds to the delay in getting anything done here at Khayelitsha as she is away for the week.” (F)

4.2.2 Skills domain

Table 4.2 Skills domain – themes, categories and subcategories

THEME	CATEGORY	SUBCATEGORY
“Being part of the process”	Physically doing things	<ul style="list-style-type: none"> • Communication • Management
“Look before you leap”	Thinking things through	<ul style="list-style-type: none"> • Discernment • Reflection

Being part of the process

In "Being part of the process" students gained a variety of communication and management skills through physically doing things.

"I was made very aware of how disempowered you can be as a health professional who cannot speak the language of the community in which you are working. Nevertheless, we both got on by using non-verbal communication, which is so important in such a situation where a language barrier exists between people of different races and culture." (A)

"The reading of tone of voice can be useful for getting a general idea of what the feeling of the conversation is and a vague idea as to its content, although nothing can replace having a meaningful conversation in a person's mother tongue." (I)

"I realised through her how we should be expected to communicate with the seniors, to gain their trust and respect, how their contributions to discussions should be acknowledged (applause after each speaker), how broaching a topic like savings for funerals (and budgeting) needed to be approached in an indirect way." (E)

Students learned managerial, administrative and group work skills so as to enable the older adults to identify their needs and address these issues themselves.

"It seems disheartening to realise that there have been other projects that were implemented but have not been sustained. It came home again to me how identifying and recognising needs is not enough. If I cannot enable the seniors to take ownership of any projects themselves that will enhance their well-being, then my time there will have been wasted as a therapist. I will be perceived as someone who helped them pass the time. This for me will be the real challenge; to develop the skill to enable the seniors to identify the needs that they can address themselves and implement; to make them their own agents of change." (E)

"The most important thing I feel I learned today is to keep to the budget and how to keep track of how much is spent. It sure made me nervous to spend such a great deal of money which was really not ours. We had to make sure that we were buying the best possible product for the best possible price and that it was indeed needed." (N)

Look before you leap

Students became skilled in discerning when and where not to act. “Look before you leap” meant that students learned how to think things through before acting on them. They gained reasoning and reflection skills through learning how to take risks in spite of their inexperience.

“I have never facilitated such a large group (about 35 people), which probably had an influence on my feeling of not having sufficient control over the group.” (A)

“We wanted to explore their ideas for the groups. I wrote up the ideas (bead work, sewing, gardening), but the group seemed very unresponsive to the exercise. They appeared to feel despondent because they have offered their suggestions on other occasions, but due to lack of funds, have been unable to engage in their suggested occupations.” (A)

“I am concerned about the amount of responsibility I can realistically expect certain people to take on in order to facilitate responsibility. I think that the time frame available is not sufficient to give them all the responsibility needed in order to run the programme. It is important not to rush people into assuming responsibility when they are not ready for it.” (C)

Reflection as a skill was evident in all fourteen interactive journals. Students reflected on many different issues that they grappled with in the service learning.

“This block seems to be affording me many different opportunities to grow and learn. It entails the SA context, community, old age, economic empowerment and group work. I have not yet had a block with old age people, community or economic empowerment, so I feel this has been a very good opportunity for me to learn and experience these before I am sent out into the real world next year where I will certainly be working with them, while on community service.” (M)

“Something else that I have been busy on this week has been the planning of my graphic/product. I spoke to R about it during a tutorial and the feedback I got was that I should rather use the development of the building block project as the focus. After a lot of discussion and thinking about it on my part, I eventually agreed with her. It would sorely be a missed opportunity if I did not do so. So, I will show the process of why ... how ... what ..., etc. Now this is very exciting as I will show my learning throughout the process.” (D)

“I realised then that she needed guidance from us regarding how to help the seniors. Although she talked about wanting programmes, I got the feeling that she did not really understand what a ‘programme’ entailed ... I am learning already that it is very important how I speak to her to get her co-operation. I need to have her feel that she is important in the process and that she can

make a contribution. I think that she does want to learn but on her terms so it has to feel like her idea or be run through with her before we implement anything." (E)

Table 4.3 Attitudes domain – themes, categories and subcategories

THEME	CATEGORY	SUBCATEGORY
"Perspectives change over time"	Resistance to difference	<ul style="list-style-type: none"> ● Intrapersonal discomfort ● Interpersonal distance
	Moving to acceptance	<ul style="list-style-type: none"> ● Intrapersonal equilibrium ● Interpersonal rapport

Perspectives change over time

"Perspectives change over time" suggests that students were aware of both imperceptible and overt changes in attitudes and ways of seeing the world during the service learning at SHAWCO. Shifts occurred from initially experiencing "Resistance to difference" and slowly "Moving to acceptance". Attitude change occurred in the intra- and interpersonal areas; intra- being within the person per se and inter- being the relationship with others, outside of the personal self.

"Resistance to difference" was portrayed through negativity, fear of the unknown and anger. Students resisted entering the new environment by worrying about their ability to manage the challenges that they would face.

"Entering the area was quite a fearful experience such that I was placed in amongst a new environment, culture and a language that is completely foreign to me. I was extremely worried about my safety and whether I will be able to manage with all the challenges that would come my way." (G)

"I felt very angry initially with L, because she seemed to show little interest in continuing the orientation of the centre to us and it was left to D and I to orient the new students as well as suddenly running the programme at the centre. There was definitely still confusion in our role expectations because there had been no time the previous week to clarify this with her and this made me angry." (E)

Students resisted the process of becoming known to the older adults through serving them in menial ways.

"I felt like a bit of a waitress – someone having to serve the food and help clear and pack away. I suppose it is a way to come into personal contact with each senior and make eye contact and exchange some pleasantries. However, I would have preferred to sit down with them and eat our lunch together than being the subordinate. That would have been more personal to me." (G)

Students experienced disjunction between their world view for example, that littering and loitering is unacceptable and what they witnessed in the informal settlements surrounding SHAWCO.

"... driving through Khayelitsha I found it a very negative experience, witnessing poverty and degradation of property and person. I found the litter irritating, the bone thin dogs heartbreaking and the children and fit adults loitering around not doing any thing very frustrating." (I)

"Moving to acceptance" occurred over time as students engaged at a personal and interpersonal level through active participation in culturally relevant activities.

"I feel proud of what we have achieved and I wish I could stay longer to ensure that it continues develops even more." (C)

"There had to be a repeat of the birdie song because the seniors enjoyed the interaction so much. What I really liked about this exercise programme was how it encouraged them to make more physical contact with themselves and each other; hugging, holding hands and it involved all the seniors even the ones who could not stand very well." (E)

"I have thoroughly enjoyed the block! Really- because of the people, not because of the staff and have hopefully mastered a few more phrases in Xhosa and have learned such a great deal about their fascinating culture and the back ground from which they come from." (B)

Students not only described shifts in their own attitudes and feelings, but also those of the clients with whom they were working.

"I felt that a deeper level was reached in my relationships with the seniors, in that more shared experiences were disclosed with me. Some 'grannies' began telling me about their experiences of being relocated from areas within the city to the townships. They shared their feelings of how at first it was hard, however with time they began to enjoy the people and the area before moving to Khayelitsha and experiencing new people and areas. They shared about what it's like living in the township in their shack or council house. I was absolutely amazed at the amount of information I got and I was touched by the intensity thereof. It is true that seniors are walking libraries! I just loved that personal lived experience that they shared with me instead of reading it in a book." (G)

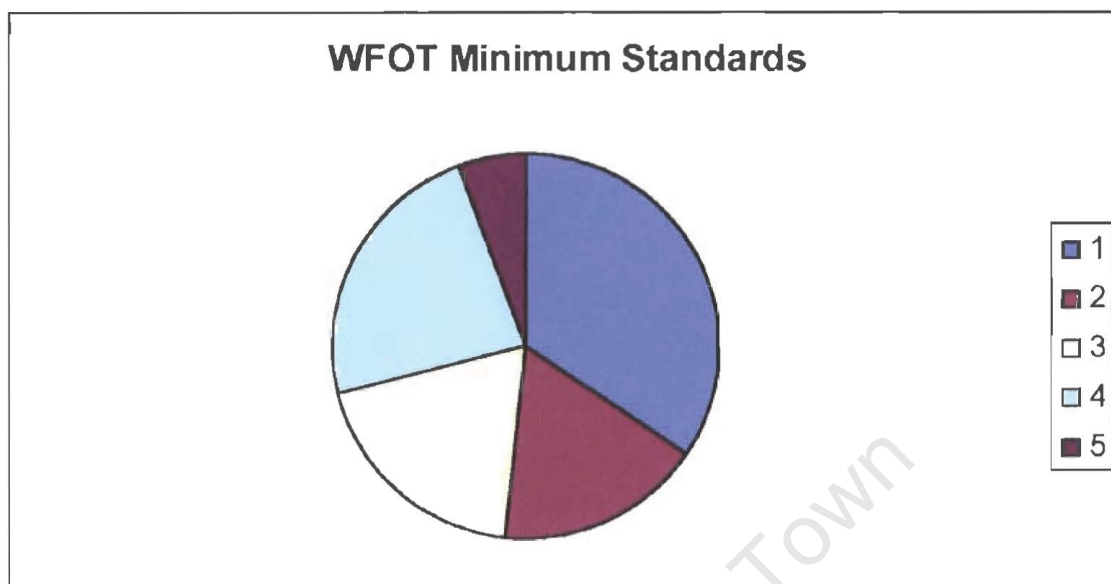
“During this week I have been inspired by many of the things that I have seen and experienced. I have met people who have survived in situations I cannot even imagine, who live in houses that are many of them lacking what I would assume to be basic requirements, and most importantly, people who can still find things to be happy about as seen through their smiles and laughter despite their situations.” (I)

4.3 DOMAINS OF LEARNING AT A ROLE-EMERGING SERVICE LEARNING SITE AND THE WFOT MINIMUM STANDARDS FOR THE EDUCATION OF OCCUPATIONAL THERAPISTS

A deductive analysis using the five essential areas for competent practice from the WFOT Minimum Standards for the Education of Occupational Therapists (Hocking and Ness, 2002) was executed utilising the original 14 service learning interactive journals as textual data.² The number of codes in all five areas and examples of each are given in Table 4.4 (see Appendix V). Figure 1 depicts the distribution of codes according to the five essential areas of competent practice. The largest proportion of codes occurred in the Person-occupation-environment Relationship and the Relationship to Health and Welfare (34.12%). The lowest proportion of codes occurred in the Context of Professional Practice (5.88%).

²The definitions of the different components of competent practice as defined by WFOT can be seen under Definition of terms (page xi of this thesis)

Figure 1 Distribution of codes – five essential areas of competent practice



Key

1. Person-occupation-environment relationship and its relationship to health
2. Therapeutic and professional relationships
3. Occupational therapy process
4. Professional reasoning and behaviour
5. Context of professional practice

Table 4.4 Codes and examples – WFOT five essential areas for practice

WFOT FIVE ESSENTIAL AREAS FOR COMPETENT PRACTICE	COMPONENTS OF COMPETENT PRACTICE	CODES AS EXAMPLES OF KNOWLEDGE, SKILLS AND ATTITUDES LEARNED AT SHAWCO (including number of codes for each deductive category)
Person-occupation-environment relationship and its relationship to health	Person	<ul style="list-style-type: none"> • Understanding of culture with regards to spirituality • Growing old and reaching dreams and goals • Seniors very spiritual beings <p style="text-align: right;">33</p>
	Occupation	<ul style="list-style-type: none"> • Knowing about the value of clubs • Occupation of story telling • Importance of occupation <p style="text-align: right;">32</p>
	Environment	<ul style="list-style-type: none"> • Understanding of resources and how one goes about utilising these • Understanding of the needs of the community • African time <p style="text-align: right;">18</p>
	Relationship between occupation and health	<ul style="list-style-type: none"> • Understanding the impact of activity ... smiles and laughing and strain on body • Disjunction between life-stage and life-world of seniors and life-world of students • Understanding of exercise <p style="text-align: right;">4</p>

Therapeutic and professional relationships	Relationships with recipients of OT	<ul style="list-style-type: none"> • Understanding of other elements within communication despite not knowing what was spoken • Interchanging of teaching and skills ... students learning from the seniors and visa versa • Story telling, seniors shared their life experiences with student, reached a deeper level 	10
	Relationship with team and organisational members	<ul style="list-style-type: none"> • Understanding of intersectoral collaboration • Skills in building partnerships, trust and negotiation • Teamwork 	33
Occupational therapy process		<ul style="list-style-type: none"> • Planning is vital in OT process • Marketing – management function • Knowledge about OT process - termination and closure 	49
Professional reasoning and behaviour	Research/information search process	<ul style="list-style-type: none"> • Development of critical reasoning skills - ability to identify problems • Pragmatic reasoning • Interactive reasoning 	6
	Ethical practice	<ul style="list-style-type: none"> • Skill in ethical reasoning • Unprofessionalism versus professionalism • Knowledge of ethics and rights 	4
	Professional competence	<ul style="list-style-type: none"> • Realities of life as an OT ... first time in area with no clinician • Increased professional responsibility • Understanding of potential of learning possibilities 	13
	Reflective practice	<ul style="list-style-type: none"> • Reflection is important in practice • Reflection of self • Reflection of student regarding own learning 	8
	Managing self, others and services	<ul style="list-style-type: none"> • Development of emotional resilience • Learning and improving of skills, taught by the grandmothers • Facing the realities and issues when having someone else's money to spend 	30
Context of professional practice		<ul style="list-style-type: none"> • Knowledge about differences between primary and tertiary levels of health care • Apartheid issues and understanding of previous governmental policies impact on the people • Pension payout process - reality different from students' view 	15

Person-occupation-environment relationship and its relationship to health

Under the first WFOT essential area “Person-occupation-environment relationship and its relationship to health” there are four categories namely person, occupation, environment and the relationship between occupation and health.

The category “Person” afforded students knowledge about many facets of a different culture including spirituality, customs and language. It also brought about getting to know the person as an occupational being.

“... little church service today sang their hymns, read the Bible, had a sermon and then they prayed. This is very important to them, it is a part of their culture. They were praying for each other and supporting each other while in prayer. Some group members are so willing to assist others with help and support with the minimal that they have. They have such inner strength, something that I don't know if I have at times.” (K)

“I feel that they know that they have achieved most of their dreams, while I am still worried if I will achieve mine before I die. Being here has made me face the reality of aging. I must still achieve some things in life and wonder whether I will be able to do so. I have also wondered if they have lived up to all their expectations. I know that there are others in my position that are also facing these challenges, so I am not alone. I wonder if they have had the same fears as I have had.” (K)

“Everyone took turns to pray or make a eulogy, and sing. I was impressed with their repertoire of songs. They know them all off by heart even at the centre. These seniors are very spiritual and believe that everything is God's will. It also explains why they are so passive about their circumstances.” (E)

Under the category “Occupation” students gained insight into occupation as means and as end.

“Sitting around them and sharing with them was fun as they recalled how they grew up. It gave me a feeling of back home where I had to listen to my late grandmother's stories! Only difference here was that there are many grandmothers with many different stories. Some of them actually got a chance to ask me about my own background and how my old folks lived. They had never asked me anything about myself up to now.” (K)

“... what a wonderful resource such a club is for the elderly. Despite living in an environment with such limited resources, the elderly are still able to obtain so much meaning from participating in

occupations such as sewing, beading, exercise and health promoting talks, while getting food and being able to socialise with people of their own age and culture." (M)

"It seems that participating in this quilt making project has given these women an opportunity to express themselves, to find common ground with others through working within the group on an activity as well as giving something of themselves to others. It has provided the opportunity for new female members to become known to the others through requests for material or assistance from each other. Sewing in this context is a therapeutic occupation because it is familiar and relaxing and can be applied with individual and group aims. Working together is the norm in this culture and it was pleasant to observe how contented they appeared to be while participating in health promoting occupations." (F)

From the third category of "Environment" students gained appreciation of the impact of environmental factors on service outcomes including management of scarce resources and client attitudes.

"At times I feel that they are not appreciative of the things that we have bought from the money we received and they expect SHAWCO to provide for everything. They are complaining that we have not bought sufficient resources and that they want more variety. They don't understand that we must still make some money to buy more resources. So we will have to sell all the things that they have made at a profit in order to buy more resources. SHAWCO has assisted with the payment of the initial materials thereafter the programme has to pay for itself. This is a very difficult issue to get across to them; we will have to try again." (L)

"I thought of a community project that may address a community need. The seniors have expressed an interest, when I presented it. Winter is coming, electricity is expensive and the price of paraffin is going up. I have promised to find a way of making a hotbox (wonder box) that is viable for the community." (F)

Students learned about "African time" as an element of the cultural environment including the concept that things do not always happen when one wants them to, but that everything must happen at its own time.

"I am immensely frustrated with the community OT because he had promised us long ago, a list of schools and crèches in the community, who we can supply them with building blocks. I am also waiting for a list from another NGO. Both had promised to supply us with the information immediately, but after waiting for days they still have not given the lists to us. I am finding it frustrating to wait, so I am challenged to find other ways to reach out to the community ... for

example, by designing the tags to attach to the bags or by putting posters up in strategic places. Having a list of schools creates goals and without goals I am afraid that the seniors will lose motivation and the programme will slowly fade away. It is so different to how my culture works ...”

(C)

The fourth category “Relationship between occupation and health” was achieved with reference to students’ clinical reasoning in response to the older adults’ engagement in SHAWCO activities.

“I know that the seniors enjoyed it as they were so happy as evident by the smiles on their faces and the laughing that occurred. Dancing can be quite heavy on the joints as they bang their feet on the ground to the beat of the music. I am so worried that some of them could overdo it and hurt themselves as they really get involved in the actions. Telling them not to dance would be difficult although I tried to advise them to be careful and not to strain their muscles and joints too much. It is important for them to take care of their health in all its spheres.” (L)

Students had to consider the potential tiredness and resultant loss of interest that the elderly participants may experience from occupational participation. They learned that routine is part of the older adults’ lives.

“... concerned that the seniors would lose interest in the making of the blocks and that they would tire of routine in their daily programme. I have asked them on occasion whether they have any other ideas or if they would like to make something else. They have continued to tell me that they are happy with things as they are. I do however feel that because there are various tasks entailed in making the blocks (sandpapering, painting, etc) that there is enough variation to limit their boredom, but I am not convinced.” (C)

“They said it must be ready when they come in tomorrow so that they can just start working straight away when they arrive. They even said no exercise just work! This shows me that they don’t really see the value of exercise and maybe they don’t even enjoy it that much. I will once again explain and stress the importance thereof in one of our next groups, as it is most important in their daily routine. They must circulate their blood, stretch their joints and move about for a session within the day.” (N)

Therapeutic and professional relationships

In the second WFOT essential area for competent practice “Therapeutic and professional relationships” there are two categories, namely “Relationships with recipients” and “Relationships with team and organisational members”.

In the first category “Relationships with recipients” students came to understand other elements within communication such as non-verbal appreciation of group dynamics.

“Despite not being able to understand much of what was being said, a great sense of unity and spirit was obvious within the group, more so than in white elderly communities which I have as my frame of reference.” (A)

They learned the value of reciprocal learning, that is that they as students could learn from the members of the community they were serving and that the community, in turn, could learn from them the students. The members taught the students that there was more to life than just being provided with an occupation, which although being meaningful, is symbolic and provides more to the seniors in terms of which although being meaningful is symbolic.

“As students, we realised our role at the centre was perceived as positive and empowering for the members. The members taught us that there was more to the project than being provided with an occupation. They taught us how meaningful the projects really were because of what they symbolised (unity) and provided. (Peace from personal stresses at home, an opportunity to enhance their social and physical skills, and pleasure in being a participant and able to contribute to their own well-being.)” (F)

Students found that a deeper level in their relationship with the recipients of the SHAWCO programme could be reached through story telling.

“I felt that a deeper level was reached with the seniors in that more shared experiences were disclosed. Some ‘grannies’ began telling me about their experiences of being relocated from areas within the city to the townships. They shared their feelings at how at first it was hard, however with time they began to enjoy the people and the area before moving to Khayelitsha and experiencing new people and areas. They shared about what it is like living in the township in their shack or council house. I was absolutely amazed at the amount of information I got, which was certainly unbeknown to me.” (E)

In the second category "Relationships with team and organisational members" students gained experience in developing intersectoral collaboration with different partners, which is vital for the sustainability of projects.

"I was so excited to hear that someone else was interested in my block project and I then appreciated the benefits of 'intersectoral collaboration', a term we have heard of so many times in class, but not always appreciated the value of! It will also be easier for them to implement and sustain, because I assume that it would be easier to access the resources and materials from Kensington, and within the Kensington community. I answered all her questions, and I faxed her a copy of the manual that I had devised." (D)

They gained skills in building partnerships, trust and negotiation through their interaction with managers and leaders in the organisation.

"Earlier in the block when a donation of food arrived, one of the students suggested to L that they not give out all the food in one day, and rather do it over a few days. L chose not to. This time however, LW and I decided that we would suggest this to L again. And this time she went with the idea. We agreed that some food could be frozen for future use, and some could be refrigerated for the next day. I was wondering what facilitated this change and have thought of a few possible reasons. Firstly, it could have been as simple as the way in which the student approached L in the first place. (I did not witness this.) Secondly, it could be that since then, we have developed an open and trusting working relationship, with trust and respect. We have tried to understand L and deal with her appropriately because we understand that this could ultimately influence whether or not our programmes continue once we leave. Perhaps in so doing, we have learned to approach her in such a way so that she does not feel threatened by our suggestions and actually values them." (C)

"The two conversion students joined us this week, and it has worked out really well with them. They have fitted in easily at the centre. Perhaps their enthusiasm and need to create some sort of change as opposed to just slotting into a programme, has facilitated the shifts in responsibilities. They helped me to identify suitable people and to monitor them for the programme". (D)

Occupational therapy process

Within the third WFOT essential area "Occupational therapy process" students came to appreciate the significance of following a systematic approach to service development and implementation. Marketing of the project is very important when working with clients with regards to the sustainability of a programme.

"The seniors wanted to start immediately with the work as they called it, but we felt that there needed to be some paper planning carried out before doing so. I do know and understand that they have waited a long time for these resources, but we cannot waste or make unnecessary mistakes so planning needs to be done prior to commencing with the project. This was just one of the things we learned in class – can't remember when though!" (L)

"I have all sorts of ideas of ways in which to market the building blocks in the community, such as posters, labels, etc. I am referring to 'marketing' in terms of ensuring that the project can become sustainable, not in terms of income generation, as this is not the most important thing I think!" (C)

Students realised the importance of termination and closure.

"One of the things that has made leaving even harder, has been that various people have said how sad they are that we are leaving and that they don't even want to think about the end of the week. This has reminded me how important proper closure is and one of the focuses of this week will be in preparing for this." (D)

Professional reasoning and behaviour

The fourth WFOT essential area "Professional reasoning and behaviour" is divided into five categories, namely "Research/information search process", "Ethical practice", "Professional competence", "Reflective practice" and "Managing self, others and services".

In the first category "Research/information search process" students developed critical reasoning skills through reflecting on feelings, on the impact of OT on the members and on the implications of the situation, rather than on an account of what happened.

"I felt really sad that this was how it would be for a long time yet. I felt at one point that perhaps I should be focusing on the source of the problem, that is what I needed to focus on in uplifting the community as a whole and that this indirectly would ease the burden borne by these seniors. I do feel a bit of confusion now as to how best to direct my energies at SHAWCO." (E)

Different forms of clinical reasoning including pragmatic and interactive reasoning were elicited and consolidated.

"I had been worried about rushing in with ideas, stepping on anyone's toes and was reluctant to initiate anything without consulting with the CRW and seniors first. Also I had been unable to establish just what her own aims for the programme were and what programmes had been run

before and what were the weaknesses regarding the sustainability for projects that had been run previously. I needed to know this before I could go on.” (E)

“I am learning already that it is very important how I speak to her to get her co-operation. I need to have her feel that she is important in the process and that she can make a contribution. I think that she does want to learn but on her terms so it has to feel like her idea or be run through with her before we implement anything.” (E)

In “Ethical practice” students advanced their ethical reasoning through digging deeper into their inner and professional selves as moral beings and ethical practitioners in order to understand why the members were attending the centre and the ethical challenges they (students) faced in meeting the needs of the older adults.

“As the day progressed it appeared that the need was not just for the food or activities to pass the time but also for a temporary escape for many from their home circumstances ... The centre appears to offer an outlet for expressing themselves and providing emotional solidarity. Sometimes between themselves it is all they have to keep them going.” (E)

Students grappled with issues of professionalism especially ways in which they could address their own emotional needs in complex practice situations.

“Not every day is a good one for me ... today could be beautiful though, but it was a very bad one due to personal problems. One’s personal issues can sometimes spoil one’s day and I am trying not to consider these issues, but they are worrying me tremendously. I have tried so hard to hide that I am not feeling myself, but the seniors have picked up on this ... they are mothers of families and of the community. It has been an issue all day as I didn’t want to be disrespectful and not tell them what’s wrong, but on the other hand I didn’t also want to be unprofessional and blurt out my whole personal story. I just know that it is wonderful to know that they were aware of my distress and could support me in a way that I could possibly feel a little better ... that’s what counts in life ... to feel supported and that is what I think the seniors get at the Club.” (L)

They gained knowledge about ethics and human rights by observation of what was right and wrong.

“The trips involved visits to a number of different ‘sites’ within the area of Khayelitsha, each with a distinct socio-economic status. I was touched by how friendly all the seniors were towards us considering their status. The seniors appeared to be very supportive of each other regardless of their different backgrounds, and the more able seniors voluntarily involved themselves in accompanying and assisting the less able into the bus. I was particularly impressed by the

number of seniors with strokes (approximately 7 that day) who had made the effort to attend. It appeared to be a positive sign that SHAWCO was filling a need for these seniors as well.” (E)

In the third category “Professional competence” students came to realise the realities and complexities of life as an OT. It was an opportunity to prepare the student for compulsory community service.

“Starting or implementing a new programme is not very simple or easy. I have never been expected to do so before, but I guess now is the time in 4th year. I have also never been involved with geriatrics or at a community site with no clinician, ever, but this will prepare me for next year, where I will have to do so!” (L)

Increased professional responsibility was facilitated during the placement at SHAWCO.

“A highlight was on Thursday when we went to a crèche, which caters for 130 children in the community. From what we were told, and from what I clearly saw, it is evident that they are very poorly resourced. After what seemed like a hundred phone calls and faxes, I had arranged for Vukani newspaper to be present on Thursday (since working in Khayelitsha, my level of patience has increased a lot!) We filled a bus of those seniors who wanted to come ...and all the men chose to come, needless to say the bus was very full! I gave the men three bags of building blocks and we went to the crèche to deliver the blocks. It really was wonderful ... the children were very excited to get the blocks and the men appeared to be proud of what they had done. They smiled and interacted with the children. They sang for the children too. I think that the outing helped to maintain enthusiasm and motivation for the project. Hopefully, the article will be printed in this coming week’s newspaper, which will be in time for our OT week the following week. Not only can the article raise awareness about the programme at SHAWCO, but about OT too. I do hope it all works out.” (D)

Students gained an understanding of the potentials of the learning experience at a role-emerging site.

“I feel I have learned so much, but yet know that there is plenty more to gain. It has been so good to share all this with our classmates as not all have had the opportunity to work in a setting like this and it will be such a preparation for next year, where they have to do community service and more than likely it will be in an area like Nyanga.” (L)

In the fourth category “Reflective practice” students definitely found abundant opportunities to reflect on many different issues like what they had learned at a role-emerging placement such as SHAWCO, how they felt being there all alone

and what was gained through the valuable experience. They felt they wanted to change the circumstances in which the seniors were living.

"By the end of the first week, I wanted to leave varsity and either become a full-time activist for human and animal rights, finding resources from wherever, which I could pump into the community. Or find a hole in a cushy middle class suburb and forget what I had seen this week completely. Whatever I wanted to do, it was not being 'stuck' with the Seniors Club. As the week progressed, I realised that I needed to temper my ideas a bit and admit that I wasn't going anywhere without a degree and that at the moment I can't do everything for everyone. I also realised that I wasn't going to be able to do anything without community support anyway and for that you need a gate-keeper, a way of entering into the community. I needed to start small, start with the Seniors Club. Learn about the dynamics of the community from the people who were there at the beginning and have watched it developing. Learn how to do it in order to be able to do it effectively next year when there is an entire year devoted to serving communities." (I)

Students reflected on their learning to deal with people, which is vital in the profession - occupational therapists have the clients' best interests at heart.

"I have learned a lot about dealing with people this week, different people from different backgrounds than my own and feel that it will be an interesting placement in the long run. I am looking forward to trying to put the ideas for the programme that I have been thinking about into practice over the next eight weeks and I hope that we will all be able to put aside our differences with L and work together, hopefully creating a sustainable, creative and changeable programme for the seniors without getting anybody's backs up... I will also enjoy the block because of the people, who are so kind and humble, hopefully learning a little Xhosa and about the culture and back ground they come from." (J)

Students came to the realisation that learning is life-long.

"I have learned so much every day from being involved in this project, and am continuing to learn everyday and will do so for the rest of my life as an OT. I suppose I will never fully be experienced and knowledgeable in every aspect of the profession. However, this block has left me with valuable learning experiences, which I shall never forget and which I will return to ever so often, when I am in com serve next year. Perhaps I do get this project off the ground ... or perhaps not ... either way, I feel that I have grown in experience and knowledge. I feel the growth of confidence surging. This makes me excited and therefore I know that I haven't wasted my time here at SHAWCO at all." (F)

In the fifth category "Managing self, others and services" the students gained management skills in many forms by learning to manage themselves, the members and the services at SHAWCO.

"I felt really sad that this was how it would be for a long time yet, not only for the members at the centre, but also for the community. I felt at one point that perhaps I should be focusing on the source of the problem, that is that I needed to focus on uplifting the community as a whole and that this indirectly would ease the burden borne by these seniors. I do feel a bit of confusion now as to how best to direct my energies, while also feeling a wee bit guilty at having more than they would ever have." (E)

It was an opportunity for learning and improving skills, both for the older adults and for the students. Grandmothers in general teach their skills and their wisdom – one of their most important roles in life. Now these grandmothers will get an opportunity to teach the students, while at the same time learning themselves. Everyone seems to be willing to share their experience and skills.

"It looks as if we are all going to have some fun ... and at the same time learn a great deal and improve on all our skills, not only the seniors, but for us as students as well. After all our grandmothers are there to teach us all the skills that they know, one of their most important roles in life and now these grandmothers will get another chance to teach us. Everyone seems very willing to share their skills and expertise with each other. We must just co-ordinate this all correctly and effectively." (A)

Students had to face the realities and issues of firstly having to safeguard someone else's money; and then to spend it, buying resources for the centre.

"She gave me the money to hold on to ... it was a lot of money and after my misfortune the other day, being robbed at the train station, I was so scared of being robbed or losing it that I kept on praying that nothing would happen to us during our trip to buy the resources for the centre. I was also afraid of buying the wrong things or paying too much for the materials we thought the centre needed. But we managed and survived and learned through it all. Got the strength and the confidence somehow and faced all the challenges of the day as a competent OT should". (L)

Context of professional practice

In the fifth and last WFOT essential area "Context of professional practice" the students gained knowledge and experience in working as a professionals with people who need help and assistance. They gained practical experience and knowledge regarding the different levels of health care.

"I can't believe how hard it is to get a commode in the community! I'm actually quite perturbed about it! What happens to those people in need in townships and to make it worse, on a disability/pension grant? A lot of the assistive devices I see as a luxury as they are just to make

an activity more functional quickly (therefore named a quick fix). But getting onto a toilet or worse, onto a bucket or bedpan, is so difficult and strenuous for the client. When speaking to the individuals that I have developed trust with, they disclosed how much effort is needed for them to get onto toilets, etc and how much energy expenditure there is. Therefore, I see a commode as necessary and essential. However, there are no available commodes that can be accessed at their income bracket. I have spent countless phone calls trying to determine the best way to get one. Thus far:

- GSH – R17 for an outpatient, but there is no wood available at the moment.
- R78 for a private patient or anyone else not a GSH outpatient.
- Conradie Independent Living Centre – R260 for a standard commode.
- Medical suppliers – R 600 for a standard commode or R160 to rent per month.
- Highlands House – physiotherapist always out.
- Then there is the option of adapting a chair – A said I could take a chair from the back of the hall and take it to GSH Work Assessment Unit for adaptations. However, what if more people need a commode at the centre? There aren't enough chairs to do so for everyone.
- Making a commode out of an old lounge chair.
- Getting off-cuts from a wood factory and liaising with the WAU at GSH to make a commode when needed if the work load is low.
- Approaching a school and seeing if building up a commode can be incorporated into the woodwork class.

Yes there are options but no solution as yet. IT'S EXHAUSTING!!!!" (H)

The students had to grapple with issues relating to apartheid, which was so devastatingly difficult in many different ways for the older adults, although for many of the students it was surreal as they had no idea of what it was like for people living in townships under the previous white regime.

"It is impossible to ignore cultural differences as influencing the formation of relationships. It is my perception, that the seniors do not view L and I as equals, which I am sure, is as a result of years of apartheid where whites were considered the authority. Before we can really communicate with them, I think that we are going to have to bridge that gap, and demonstrate to the group, that we hope that the next 8 weeks will be a mutual learning experience. I suppose one cannot expect two very different cultures to come together and share automatically their experiences and their wisdom, especially after what they have been through under the previous white government." (B)

Students got to experience the realities of life in the townships and what the older adults had to go through obtaining their pension.

"I had the opportunity to visit one of the pay points with a member of the centre, who needed assistance and the whole process appeared less stressful and complicated than I had ever imagined. There were no queues, everything flowed so smoothly and the feedback from the member attending was that the new card system was working well and they were happy with it. It was so unlike the vision I had in my mind of long queues, mismanagement and arguments, etc." (F)

4.4 HOW SERVICE LEARNING AT THE SHAWCO ROLE-EMERGING SITES INFLUENCED THE GRADUATES' APPROACH TO COMMUNITY SERVICE

An inductive analysis of the five reflective essays that were received from graduates doing community service was carried out. The following themes, categories and subcategories evolved from the analysis.

Table 4.5 Reflective essays – themes, categories and subcategories

THEME	CATEGORY	SUBCATEGORY
"Being proactive"	Growth as a person-therapist	<ul style="list-style-type: none"> ● Self-awareness ● Use of professional self ● Coping strategies
	Understanding context	<ul style="list-style-type: none"> ● Recognise need ● Identify potential
"Appreciating occupation"	Use occupation as means and end	<ul style="list-style-type: none"> ● Achieve change ● Relevant choice
"Adapting in a working world"	Apply modalities	<ul style="list-style-type: none"> ● Communication ● Management
"Making learning happen"	Educational infrastructure	<ul style="list-style-type: none"> ● Supervision ● Emotional support

Being proactive

The first theme "Being proactive" revealed what graduates felt the compulsory community service year demanded of them. They reported about the domains of competence achieved while on their placement at SHAWCO Adult Day Care Centre that assisted them in their continued growth as person-therapist during the community service year.

"Self-awareness" was facilitated at SHAWCO by being thrown in the deep end. This meant that they were expected to be independent, organised and think for themselves. They had to assume total responsibility for their own learning. Development of self-reliance for learning at SHAWCO paved the way for a similar stance during community service.

"I felt like I was thrown in the deep end, sometimes not knowing what I was doing. It taught me to be independent and think for myself and not run to my supervisor/clinician every time I did not know what to do. The second was to be organised and to work out my own time table and structure my day effectively. When there is very little structure to your day, like at SHAWCO and ultimately at community service, and there is no one to tell you 'Do this now, do that now', it forces you to be responsible for your own learning."(RESPONDENT 5)

"To be innovative and creative in an environment where there are no or limited resources, which is much the same in the community of ..." (RESPONDENT 3)

Professional and personal growth was enhanced by the "Use of professional self". This meant being independent in one's work and doing many different things without the close supervision of a therapist. It also meant making decisions for oneself and thinking on one's feet. These characteristics and professional skills are needed in community service.

"... had to be more independent in our work. We had to instigate activities, make adaptations without consultation with the therapist first, work with other staff members who treated us as therapists and not students, phone organisations e.g. HBCWs under our own authority and the list goes on. This really facilitated my growth as I had to take decisions for myself and think on my feet without running to a clinician first like I was used to at other placements. This has facilitated the transition of my role into a therapist, which is what I am now and I am expected to perform at this level." (RESPONDENT 4)

"Working without a full-time clinician was challenging but was an excellent opportunity to exercise independence, the independence which was going to be so necessary in the year of community service to follow." (RESPONDENT 1)

With limited resources at SHAWCO, students learned to prioritise and to cope under pressure – making adaptations where necessary. They indicated that these skills were put into practice during community service rather than complaining that there was nothing available.

"... not only a lack of resources, but at times a lack of human resources. This is what I experienced at SHAWCO, with such few staff to take on the running of a large and growing club. This experience teaches you to prioritise what needs to be done first and to cope under the pressure, making adaptations where necessary. Here at XXXXXXXX, which is very similar to SHAWCO, I have been able to put that which I learned there into practice, I have had to learn

ways of making tasks that could take a long time shorter, and to use and make do with what we have, instead of complaining that we have nothing available.” (RESPONDENT 4)

In “Coping strategies” graduates learned many skills while at SHAWCO such as patience in the sense of “African time” and that where things do not go as planned they still come together in the end. Graduates learned to deal with issues pertaining to their personal safety, as well as coping strategies regarding the emotional demands of not being able to do much about pervasive poverty, This prepared them for community service, where they felt they could work effectively and efficiently without undue fear.

“I learned first hand about the concept of ‘Africa time’! This did, however, prepare me for community service where I was more able to accept that things were not always going to run as planned and that to be an effective health professional one had to adapt. Somehow things always seemed to come together IN THE END! Patience definitely is a virtue! ” (RESPONDENT 1)

“As I often work out in the communities to provide outreach services from the hospital, it reminds me of SHAWCO, which was far away from home and in the more urban-rural area of Cape Town. Any fears for my personal safety have thus been met in the SHAWCO placement, preparing me for my work in the communities during this service year. I learned safety procedures, and more importantly, coping strategies for the poverty that you are faced with everyday and can do very little about and the feeling of being ‘out of water’ as you are the only person of your culture within this area.” (RESPONDENT 4)

Graduates learned to cope with their anxieties regarding personal safety while at SHAWCO and how to work without fear.

“Instead of being overwhelmed by the clients’ social context I was more able to cope with the environment in which I was placed. Whilst other people who were doing community service were worried about their personal safety all the time I had got over this anxiety whilst I was at SHAWCO and was able to work effectively and efficiently without feeling fearful all the time.” (RESPONDENT 3)

In “Understanding context” the graduates stated that they had learned much about the community, culture and language at SHAWCO and they were able to translate these cultural competencies into their respective contexts during community service. In the subcategory of “Recognise need” graduates learned to

grapple with the needs of the community. At SHAWCO they came to appreciate the stark realities of working in the South African context.

"Working at SHAWCO gave me an opportunity to grapple with the needs of a community – not only the needs of a disadvantaged community, but more specifically the needs of the elderly or ill in a disadvantaged community." (RESPONDENT 1)

"I was brought to the reality of our South African context where, as a health professional, one has to 'get on and do' or it simply will not get done." (RESPONDENT 1)

Having already faced the challenges at SHAWCO, graduates felt better prepared than some of their colleagues during community service. They already understood the complexities of community entry, building relationships and learning basic language and cultural norms.

"At com serve, I witnessed many colleagues become overwhelmed by their first, and new work setting. Having already faced many of the same challenges at SHAWCO, I feel I was better equipped than many to face them at work. For me, this was in many ways the second time around. I was able to understand the complexities of community entry. I knew that many seemingly 'small things' could make or break the relationships you built with members of the community – such as making an effort to learn some basics of the language or learning cultural norms." (RESPONDENT 2)

With "Identifying potential" the graduates stated that they saw great potential in what they were doing at SHAWCO which assisted them while at community service to see issues not as barriers but as challenges.

"So, while some people become overwhelmed by differences, such as language, culture, gender or age, I had already learned at SHAWCO not to view diversity as a barrier, but rather to embrace it as a challenge and an opportunity in building relationships and success. Just showing an effort to learn the language can become a catalyst in communication and relationship building. Patience, understanding, respect, and cultural sensitivity are absolutely vital when working in the community." (RESPONDENT 2)

Graduates learned to accept the different problems and restraints that many SHAWCO clients faced and this forced them to be more flexible and adaptable in their planning and implementation of intervention.

"... I had become used to the restraints and problems, while at SHAWCO, that clients faced on a day-to-day basis such as being unable to travel to the clinic because of the weather or broken

down transport. I realised there that everything did not need to happen when I wanted it to but that I could be flexible and adaptable and could change my plans depending on what was happening at the time. I learned how to take other people's needs into account in the planning. I was more able to change and adapt treatment plans in the moment. I did not have to stick rigidly to a treatment plan like I did in other settings." (RESPONDENT 3)

Graduates felt they learned how to look beyond the limited choices and concentrate on what was available and make the best of it.

"I learned to look beyond the limited choices that were available in the community. When I started working at SHAWCO as a student I looked at what they didn't have rather than what they had. In other words I focused on the weaknesses of clients rather than their strengths. I learned that it was more important to focus on what was available or what a person could do rather than what they couldn't. I learned to look for and build on what was available rather than wishing for different situations or more resources. I made the best of what I did have or what I could do. I was more realistic and worked on the things I knew I could do with clients rather than worrying about what was beyond my control." (RESPONDENT 3)

Appreciating occupation

Graduates felt that they came to "Appreciate occupation as means and as end" at SHAWCO and that they were able to "Achieve change" by making use of this knowledge during community service in getting clients to participate in meaningful occupations. They felt able to recognise and respond appropriately to occupational deprivation.

"... was able to use some of the occupations that I used at SHAWCO such as singing to enable clients to participate in meaningful and positive occupations that are culturally acceptable and provide enjoyment for all." (RESPONDENT 3)

"... encountered the concept of occupational deprivation not only at SHAWCO, but also at my com serve placement. There were very few opportunities for the people attending the centre or the clinic to engage in any occupations outside of the caring role and the struggle to survive in a deprived social environment." (RESPONDENT 3)

"... people tend to focus on survival needs first such as food, clean water and shelter. Although I understand the importance of these factors, I also learned that healthy occupational engagement was also a very important in order for individuals to have meaning and purpose in their lives. Just surviving is an extremely limiting way of life and leads to feelings of apathy and depression in communities." (RESPONDENT 3)

The enthusiasm that was acquired as students was only fully utilised when they became graduates, insofar as they could influence others within the health team regarding the importance of using health promoting occupations.

"The enthusiasm that I learned at SHAWCO for occupation as a treatment tool enabled me to talk to fellow staff members and patients during my community service year about this topic. My enthusiasm for enabling clients to engage in health promoting occupations transferred itself to both staff and clients and led to others in the rehabilitation team talking to their clients about the importance of health promoting occupations." (RESPONDENT 3)

Learning how to make a "Relevant choice" of occupation while at SHAWCO enabled graduates to do so in community service settings. They saw the impact of occupation in treatment and promoting wellness amongst the community and could use this effectively further in their career. They learned how to work with people in a group and how to engage people in meaningful occupations such as choir singing to promote health.

"The need for meaningful occupation, an important theory on which we base our profession, was made very real for me at SHAWCO. In the context of the centre I saw first hand how occupation is not only effective in treating disability and impairment, but also in promoting wellness of the community at large. This I could use effectively while at XXXXXXXX". (RESPONDENT 1)

"I learned the importance of working with others in a group and how powerful that could be to enable clients to change their attitude towards positive healthy occupations. Many of the people who we worked with at SHAWCO were initially apathetic towards occupational engagement preferring to sleep or dream in the sun. Using a simple group activity such as choir singing really helped to engage the clients in meaningful occupations and was a starting point for enabling community members to think positively about a greater range of health promoting occupations that they could engage in. I used similar ideas when I was in the community to introduce clients to the concept of health promoting occupations." (RESPONDENT 3)

"That some of the SHAWCO members had multiple disabilities and we as therapists had to problem solve as to how best ensure that these members are fully active in the programme at the centre. This also was a learning curve for me as many of the members, even though I had thought initially could not do anything, they surprised me with the effort they had put in and the meaning they found by being engaged in the activities and succeeding. I now do not

underestimate the resiliency of my patients and their ability to engage in meaningful occupation.”
(RESPONDENT 4)

Adapting in a working world

In the theme “Adapting in a working world” graduates had to apply all the modalities like communication and management that they had learned at the role-emerging placement, while in the community service year. In communication, they felt they had already grasped the issues of community entry and were therefore easily able to make the adjustment to their new setting, trying their best to communicate a few words in the language of the local people.

“I understand the complexities of community entry. I knew that many seemingly ‘small things’ could make or break the relationships you built with members of the community – such as making an effort to learn some basics of the language or learning cultural norms. At SHAWCO, I learned to speak enough Xhosa to have a basic conversation, but on arrival in XXXXXX I realised that all the remaining official South African languages were prominent in the region! The best I could achieve was to at least learn the basic greetings. This effort, like at SHAWCO, was a great tool to earning respect and warmth from the community.” (RESPONDENT 2)

“Language differences were another area of community service that was a problem. Moving to a non-Xhosa speaking area was a challenge. However, at SHAWCO I had learned that often just a few simple words in the language were enough to gain rapport with clients and assisted greatly in being able to use a more client-centred approach. Joking about my pronunciation and so on assisted in using the client-centred approach, as they were able to teach me something as well.”
(RESPONDENT 3)

Graduates felt that they had learned to utilise other forms of communication including being client-centred in gaining the trust of the clients and in ensuring the sustainability of interventions.

“I had also learned the importance of other forms of communication such as touch, gestures and facial expression to assist in gaining trust of clients.” (RESPONDENT 3)

“I had already learned that you cannot go in expecting to change everything – you have to remain client-centred and by enabling the community, change will be most effective and sustainable. At SHAWCO, I gradually handed over responsibilities to the community as my time there came to and end, carefully pacing this with how ready they were to assume this. Thus by enabling them to be independent and responsible, sustainability was achieved.” (RESPONDENT 2)

Graduates reported learning a great deal about managing a programme or project, which they could apply to their working life as qualified occupational therapists. Time management skills were mastered at SHAWCO and were found to be effective for graduates in prioritising their workload.

"At SHAWCO I was faced with time management issues every day. I remember the days going by so quickly and at the end of each day I would feel like I achieved nothing. I had to find a balance between all the paperwork, seeing the clients and helping out other staff at SHAWCO. I realised that if I wanted to get anything done I had to spread out tasks and prioritise which ones are most important and to focus on those first. This skill was and still is very useful. Currently in my community service year, I am constantly faced with this problem. There is always so much work, patients to see, paperwork and stats to be done, meetings and ward rounds to attend. I constantly have to prioritise which patients need to be seen urgently and which ones can wait." (RESPONDENT 5)

Graduates learned about other people's work ethics and standards and how to adapt to these and not be too idealistic. They realised the importance of a good working relationship with the person in charge and about knowing how to communicate with them to effect change.

"Although we all had good relationships, we still became frustrated with the work ethic of some of them and our expectations were often very high and not met. The ability to deal with other people's work ethics and expectations that are not met is a skill that I have desperately needed here in community service, as not all the colleagues set the same high standards as you do for yourself. I also probably set too idealistic standards at SHAWCO for a more non-idealistic setting. This is a big mistake to make as it frustrates you tremendously and makes working with those people very difficult. The reality of this was met at SHAWCO and this new consciousness has helped me to adapt effectively in the working world." (RESPONDENT 5)

"... understood, based on many frustrations at SHAWCO, that if you want your projects to be sustained, you have to work at the relationship with the CRW or person in charge and resolve any problems. The key to this is often very subtle. In my experience at SHAWCO, I realised that simply learning to really understand the person is the key because changing your approach to them or how you communicate with them, is the recipe for change." (RESPONDENT 2)

Making learning happen

In the last theme “Making learning happen” various infrastructures were laid down by the University and the supervisor in order for the student to gain experience and learn something while at a role-emerging placement. Supervision was an integral part of this infrastructure.

“Although we didn't have a clinician, who would be there to role model from, we had a very helpful and supportive supervisor, who was always there for us. With her knowledge and guidance she imparted information to us which helped us tremendously in our quest for learning.” (RESPONDENT 2)

“Arriving at SHAWCO Nyanga, I was nervous to work in an environment where there were no clinicians and the supervisor only coming once or twice a week. This meant that we, my co-OT student and I, had to be more independent in our work. We had to instigate activities, make adaptations without consultation with therapist first, work with other staff members who treated us as therapists and not students, phone organisations e.g. HBCWs under our own authority and the list goes on ...” (RESPONDENT 3)

It was not only the supervision that assisted the student in learning. There were many other elements as well, including emotional support and academic structures.

“The practical experience at university gave me the opportunity to grapple with questions (clinical and personal) in a manner which did not allow us to be ‘spoon fed’ by a full-time clinician. We were supported by the university in the form of supervision, learner’s logs, telephone calls, email, etc ... without which I don’t think that we would have coped so well. It is important to have these infrastructures in place in any place of work. Have supervisor now, although she is not an OT, but she knows the community and hospital well.” (RESPONDENT 1)

“When placed at SHAWCO we needed many different structures to help us through our placement ... to contain us. I know I needed the emotional support of my supervisor. I knew she was there for me, even though at times it was only at the end of the telephone. UCT provided us with supervision, but some supervisors are not as helpful and caring as others. I think that supervision is an integral part of service learning.” (RESPONDENT 5)

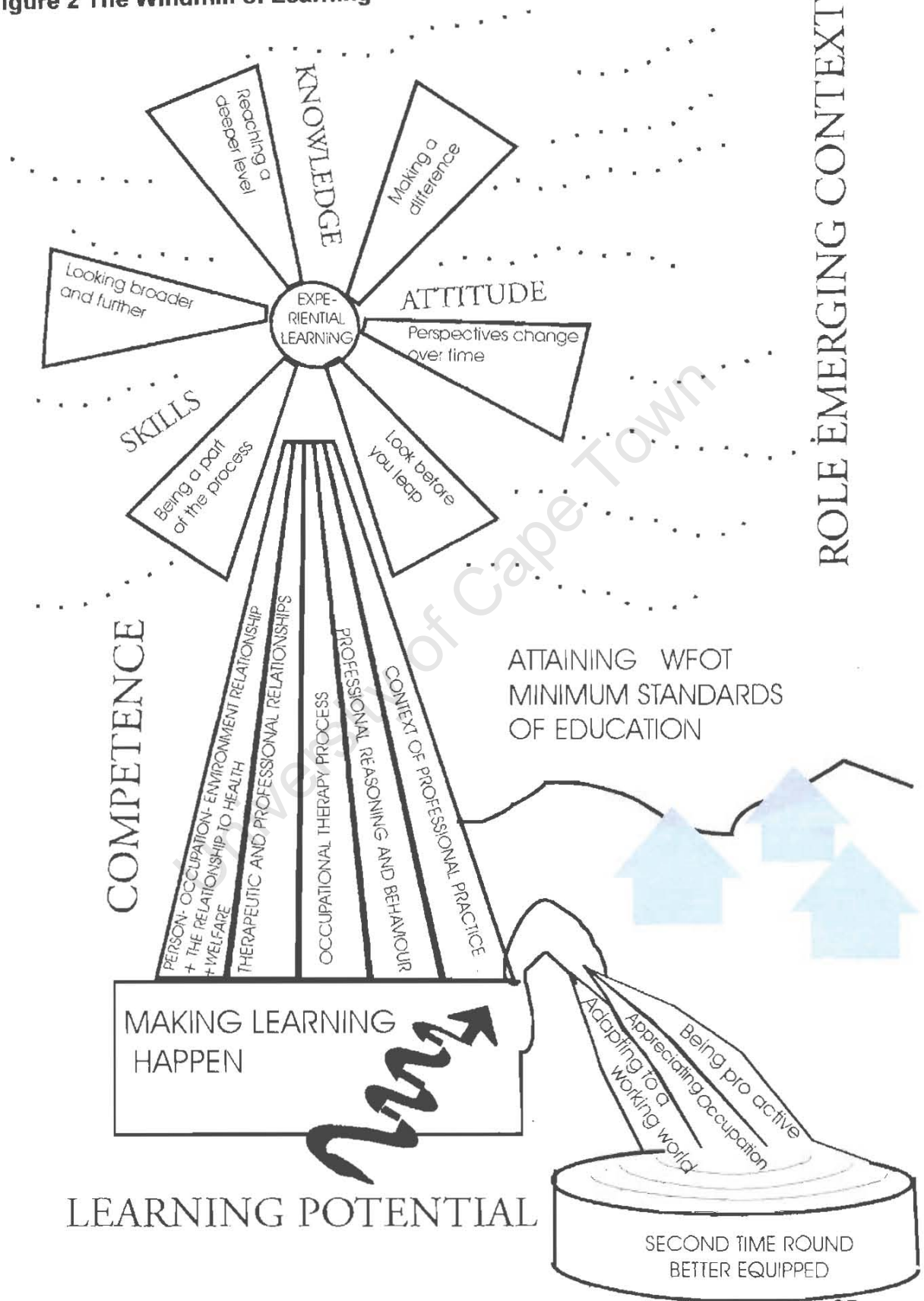
“The Friday tuts and debriefing really helped us to see that we had a wealth of experience than most of our classmates. Our subject choices or topics were much more relevant to the current SA situation. The facilitator could also help us to debate issues and problems and through this process we also added to our learning.” (RESPONDENT 2)

4.5 CONCLUSION

The findings that emerged from the data can be seen as widespread ranging from knowledge, skills and attitudes, attaining of the WFOT Minimum Standards for the Education of Occupational Therapists, while at the same time preparing the graduates for that which lies ahead in compulsory community service. These are summed up in Figure 2 The Windmill of Learning.

University of Cape Town

Figure 2 The Windmill of Learning



CHAPTER 5

DISCUSSION OF FINDINGS

5.1 INTRODUCTION

Using the metaphor of the windmill of learning, this chapter discusses the findings of the research project by means of the themes, categories and subcategories generated by the data analysis.

5.2 THE WINDMILL OF LEARNING

The metaphor “the windmill of learning” represents the findings of the three research objectives. It depicts the research thesis that service learning in role-emerging contexts facilitates the attainment of a range of outcomes that are aligned with the WFOT Minimum Standards for the Education of Occupational Therapists and that service learning promotes the adjustment of graduates in compulsory community service. The metaphor suggests that just as a windmill draws water from the earth, service learning in a role-emerging context elicits the learning potential of students through the wind of context specific opportunities. The wind of context turns the windmill rotor blades for the attainment of particular knowledge, skills and attitudes through experiential learning. Appropriate educational infrastructures, represented by the base of the windmill, provide the foundations for eliciting optimal learning. The five domains of the WFOT Minimum Standards for the Education of Occupational Therapists provide the structure against which to discern the potential of the role-emerging context to elicit the attainment of various competencies. These structures, like the pillars of a windmill, guide the provision of appropriate professional practice education. Water drawn from the earth through a windmill fills a dam for use in the environment. Likewise service learning in a role-emerging context promotes the adjustment of graduates towards working in similar compulsory community service environments because of the familiarity of the demands placed upon them. Issues of critical concern in practice education highlighted by the research findings and depicted in the windmill metaphor include:

- The potential of service learning as a philosophical and theoretical basis for promoting the rationale for OT in a developing community;
- The potential of role-emerging sites to create learning opportunities for the attainment of national and international Minimum Standards;
- Pedagogical and practical infrastructures that enhance the attainment of optimal learning according to NQF Exit Competencies.

Each of these issues will be discussed with reference to the research findings as captured in the different themes and central plot.

5.3 “LOOKING BROADER AND FURTHER”

Service learning (SL) enabled students to look further and broader than they might have been able to in traditional practice education settings such as hospitals for instance. In particular, students were sensitised to issues of social concern such as cultural interpretations of health and well-being; and the legacy of historical injustice in informal settlements and poverty. Stanton, Giles and Cruz (1999), the pedagogical pioneers of service learning, provide substantive evidence for the role that service learning plays in enabling students to recognise their potential for social justice. Social justice, in the hands of the State, aims to improve the social circumstances of its people through social policy. In the hands of students the awareness of social justice motivates them to act in ways that acknowledge and address, within the scope of their influence, issues of diversity and cultural relevance. Due to the extensive challenges facing the South African government, non-governmental agencies such as SHAWCO can assist in redressing past social injustices by improving the lives of the population in places like Khayelitsha and Nyanga. Students, through service learning, contributed towards social justice by, for example, empowering older adults in gaining quality of life for themselves. They achieved this by, amongst others, processing issues of difference and ensuring appreciation of the Xhosa culture.

There is however a difference between social and occupational justice. It may be argued that occupational therapists are better equipped to address the former

through the latter. According to Townsend and Whiteford “social justice addresses processes of dispute resolution, the distribution of goods and services, the restoration of property, or punishment for acts that transgress social norms” (2005:116). Using Wilcock and Townsend’s definition, they describe the focus of occupational justice as addressing “what people do in their relationships and conditions for living” (in Wilcock and Whiteford, 2000:112). An interrogation of the relevance of this definition to service learning may be that occupational therapists need to focus on “the implementation of social inclusion” (ibid:116). Looking broader and further, students at role-emerging placements such as SHAWCO were alerted to the complexities of poverty and the role of occupation in promoting the social inclusion and economic empowerment of the older adults attending the centre.

Eyler and Giles (1999) suggest that students participating in SL gain a new perspective on the social issues of the communities that they were working with. According to them SL impacts on student perceptions of the locus of social problems and on their belief in the importance of social justice, the need to change public policy and the need to personally influence political structures. Occupational therapy students at SHAWCO, in looking further and broader, had to grapple with the different problems relating to poverty. Galheigo, who worked extensively with communities in Brazil, suggests that “besides its traditional role in rehabilitation, occupational therapy has increasingly developed a significant experience with populations below the poverty line, which is a doubly vulnerable condition with regards to both emotional bonds and social support” (2005:88). She states that “OTs must acknowledge the importance of helping people to empower themselves in order to take history in their own hands” (ibid:93). It is important for OTs to adopt a critical standpoint, which implies that they must put this view into practice in all spheres of action including “the education of future practitioners” (ibid:93).

Eyler and Giles (1999) have found that participation in SL leads to the values, knowledge, skills, efficacy and commitment that underlie effective citizenship. This appreciation of citizenship remains with students throughout their

professional careers. This view is substantiated by Stanton et al (1999), namely that awareness of citizenship is a broader and further perspective gained by students during service learning. Dewey and other progressive educators (in Stanton et al, 1999), broke ground for service learning pedagogy by connecting education with democracy and conceptualising the importance of experiential learning in the development of a sense of citizenship (Elam, Musick, Sauer and Skelton, 2002).

The graduates in this study found that the learning that occurred for them at SHAWCO stood them in good stead for being proactive during their compulsory community service year. They were able to look broader and further to find a more systemic locus for the causes and solutions to problems. Because SL involves a combination of education and social action (Stanton et al, 1999) graduates were able to understand context, including their own role in achieving change through occupation as means and end. Sullivan and Finlayson found:

For the success of role-emerging placements, it is important to be explicit about occupation and enabling occupation with students and potential fieldwork sites. Talking about occupational therapy from a disability, rehabilitative or medical perspective limited the students' learning experience (2000:4).

Students are likely to reach a deeper level of understanding the potential contribution of occupational therapy in a role-emerging context if they are encouraged to overtly apply the philosophy and values of the profession.

5.4 "REACHING A DEEPER LEVEL"

Through SL the students reached a deeper level of understanding about a range of professional concepts and social issues. These were more complex than those addressed in traditional occupational therapy practice learning contexts as, for example, hospitals or schools. Eyer and Giles (1999) suggest that SL is a powerful tool for helping students connect their learning with personal experiences as it is rooted in personal relationships and in doing work that makes

a difference in the lives of people within their lived contexts. This realisation of the actual conditions and circumstances of people's lives, while overwhelming students and raising various emotional defences, also precipitates the attainment of a deeper level of self-awareness and understanding of their personal capacity to make a difference. Waskiewicz suggests that students gain an "understanding of strengths, limitations, goals, and fears and identified changes in preconceived understandings" (2002:129). She believes that SL fosters thought about where one fits into the bigger picture, what skills and abilities one already has, and what skills and abilities one still needs to acquire. According to her "moral reasoning is turned into moral action, theory into application and the abstract into the practical" (ibid:124). All five graduates who responded with a reflective essay felt that their experiences and learning at SHAWCO had enabled them to reach a deeper level of personal and professional understanding than may have been possible in more developed occupational therapy service contexts. They learned the importance of acknowledging their own limitations and abilities as well as those of the people with whom they worked. Knowing themselves better meant knowing others better. Self-knowledge and professional knowledge became blended in person-centred care. Eyler and Giles (1999) found that SL contributes towards greater self-knowledge, towards the spiritual growth of the student, and towards finding reward in helping others to help themselves. Students gain more confidence and competence to practice in new and innovative settings by seeing the difference that they can make in small yet significant ways. To reach a deeper level of awareness, students should be encouraged to acknowledge their feelings and guided in understanding how their own strengths and weaknesses can influence the capacity and limitations of their clients. To achieve this, Sullivan and Finlayson suggest that students need to "stretch their wings" and assume full responsibility for their learning and that they can achieve this at a role-emerging placement, where they are offered a "just right" challenge (2000:1). Helping others to find their own agency is a central focus of occupational therapy. Galheigo argues that, since OTs must empower people to change their circumstances:

Empowerment and re-appropriation are meant to be the processes through which people experience opportunities to make decisions and

contemplate new courses of action, and through which they take notice of new demands as well as new life opportunities (2005:93). Galheigo further suggests that these processes foster non-conformity and self-determination on a collective basis. They imply a “move towards making people aware of their right to have rights” (ibid:93). According to the WFOT Minimum Standards, the context of professional practice is concerned with human rights, cultural understandings of health and well-being, health, welfare and disability systems and national health needs and legislation (Hocking and Ness, 2002:20). The distribution of codes during deductive analysis (see Figure 1 in Chapter 4) indicates that students paid less attention in their writing to systemic issues in the context of professional practice. It may therefore be surmised that although students gained some understanding of their internal capacities, they still had some way to go before fully appreciating the external capacity of the older adults and community with whom they were collaborating. Alternatively, the educational requirements may not have been rigorous enough to guide the students towards achieving a deeper level of awareness about political, organisational and systemic issues. Irrespective of the causes, it must be appreciated that this awareness contributes towards the students’ ability to make a difference during service learning in role-emerging contexts.

5.5 “MAKING A DIFFERENCE”

Eby (1998), in discussing why service learning is bad, argues that an over emphasis on learning may teach students inadequate understandings of service and social issues. While service learning aims to develop leadership, social responsibility, and to reduce racism and gain personal and professional skills, it should address the focus of making a difference in the real issues of society. According to Eby “service can be subverted and become a ‘means to an end’ rather than an end in itself” (1998:2). Community members become objects rather than participants or passive recipients rather than actors. He says that helping “another human being may sound like a very simple process. Actually it is one of the hardest things that anyone can be called to do” and he goes on to

argue for appropriate training, orientation and reflection (ibid:3). Dahlgren, Richardson and Sjoström have found that

understanding one's profession can be considered a tool for enhanced awareness of the profession's specific contribution to solving problems. It can also be considered a tool for crossing boundaries and for collaboration between professions. The notion of professions as communities of practice and the emphasis on the cultural learning process could thus be seen as essential parts of the broader process of professional socialisation (2004:71).

On-site relationships between supervisors, students, clients and community representatives all contributed towards the socialisation of students into professional values and attitudes. The power of service learning is rooted within personal relationships and in doing work that makes a real difference in people's lives (Eyler and Giles, 1999). These authors report that when students have real responsibilities and carry out interesting and challenging work they see issues and problems in a new light and respond in innovative ways. Students at SHAWCO found that they made a difference by putting theory into action and by applying occupational therapy philosophy, values, methods and processes in context. Students could link critical learning and practical events to theories and become socialised into occupational therapy philosophy and values through involvement in the processes of community development at SHAWCO. Making a difference required the application of various frameworks, scopes of knowledge and practice as well as principles of good practice. They addressed the bio-psychosocial needs of individual clients and participated in programme implementation at the day care centre and community development initiatives. The ability to apply their knowledge and skills at both an individual and an organisational level was encouraged to avoid the pitfall that Eby cautions against, namely that "by focusing services on individualised needs the students may miss the systemic nature of social life" (1998:4). Dahlgren, Richardson and Sjoström (2004) argue that since knowledge is socially and culturally constructed, the social participation of students in the lives of community members promotes learning as a personal, interpersonal and community process. Findings indicate that students were informed about the theoretical rationale for their actions and the potential difference that their contributions made in the lives of the older

adults and the organisation as a whole. Further research is indicated to find out whether service recipients experienced a difference in their circumstances as a result of student actions. Although Richardson, Higgs and Dahlgren (in Higgs, Richardson and Dahlgren, 2004) suggest that theoretical and practical structures assist people within communities and populations to receive best practice from the OT profession, it remains to be confirmed through structured research whether this was the experience of the SHAWCO community.

Gitlow and Flecky (2005), in describing research into an occupational therapy educational programme's experience of service learning with disabled persons, found that this form of practice education enhanced students understanding about disability as an individual, environmental and societal construct. Students gained a better understanding of and confidence in the role of occupational therapy when working in partnership with disabled persons to enhance the accessibility of their environment. The methods and processes of collaboration and partnerships played a major role in helping students to make a difference at SHAWCO. Becoming part of the process by physically doing things in collaboration with community members helped the students to make connections between theory and personal experience. According to Eyler and Giles (1999) students will never forget this link if they learn to discern the impact of their behaviour and reflect on their actions.

5.6 "BEING PART OF THE PROCESS"

Thomas, Penman and Williamson suggest that emerging practice domains for occupational therapy require fieldwork opportunities that evoke "more complex skills such as negotiation with management for resources" (2005:80). Students had to become part of the management structures, organisational dynamics and activity processes within the SHAWCO organisation in order to achieve their learning objectives and academic requirements. Students applied Freire's Principles of Adult Learning in working with the relevant role players, namely that no education is ever neutral; the relevance of important issues to participants, problem posing versus the banking approach to learning, dialogue, reflection and

action (praxis), and radical transformation (Freire, 1970). By applying Freire's Principles of Adult Learning students accessed information that they may not have discovered through other learning and practice approaches. Newbrough (1980) suggests that "the best learning is that which involves persons doing mutual exploration, learning together, rather than the 'banking' type of learning, which Freire describes as giving something to somebody else" (in Stanton et al, 1999:125). SL should never be developed in a vacuum. It should be a joint venture between the community and the university so that both parties gain from the partnership. "By doing it in a participatory approach, a shared sense of commitment and responsibility is established" (Hay, 2003:189).

Thus it is apparent that communication plays an important role in service learning because it either enhances or hinders the development of effective partnerships between students, clients, managers and supervisors. Hay (2003) maintains that holding regular meetings with relevant role players facilitates the inclusion of students into appropriate aspects of the service process. He feels that all parties should be informed about the number of service hours, liability issues, the lines of communication and issues of confidentiality, ethics and legality in order to "give students opportunities to reflect on how course concepts relate to the activities" (ibid:189). The findings indicate that students at SHAWCO were part of multiple processes including those associated with academic, service, community, individual clients and groups as well as personal-professional issues. They met regularly with peers, supervisors, agency workers and community members to discuss academic, management and service concerns. They were particularly challenged to balance the demands of their academic requirements on the one hand and, on the other hand, to pay attention to organisational and managerial conflicts and individual and group needs within an impoverished and resource poor community. Gitlow and Flecky suggest that students who "participate in service learning gain skills in organisational problem solving and decision making while taking responsibility for community needs" (2005:548). It is clear that the complexity of the processes stretched the learning of students beyond that which may have been possible in traditional practice education settings. These complexities need to be proactively managed so that students do

not feel overwhelmed. They need to be cautioned about the importance of reflective practice and the need to look before they leap in order to protect both themselves and the people with whom they work.

5.7 “LOOK BEFORE YOU LEAP”

This theme emerged from the data that depicted the skills and attitudes of the students at SHAWCO. Students were initially not aware of all the complexities involved with being culturally appropriate and politically sensitive. They had to learn to communicate effectively by thinking things through and learning to look before they leapt into action. Discussing the impact of cultural differences in establishing an occupational therapy service in a developing community, Bourke-Taylor and Hudson suggest that

some values, beliefs and customs clash leaving frustration and bewilderment. Other aspects are more positive resulting in both parties walking away from the exchange with a greater understanding of themselves and the meaning of their daily lives (2005:196).

Initially the students at SHAWCO were very frustrated by the language and cultural barriers but they soon learned to discern alternative communication strategies and culturally appropriate activities. Bourke-Taylor and Hudson (2005) stress the importance of tailoring occupational therapy programmes within local cultural paradigms. They say that this will require “improved training and wider appreciation of the importance of cultural competence amongst practicing therapists” (ibid:196). Service learning at SHAWCO equipped students with basic cultural competencies including skills in communicating in local dialects. Eby (1998) is concerned that students may develop truncated understandings of the nature of social problems and of strategies for fundamental social change. Without proper discernment and reflection their services may in fact be counter productive. This is particularly the case if they view needs as a deficiency that can be treated with a specialised service. Blake maintains that “there is a lot of wisdom in the community. It might not be articulated in the way that you would articulate it, but if you learned how to listen eloquently, you’d hear it” (in Stanton et al, 1999:127). Simplistic understandings of social problems may lead the students to ignore existing strengths and resources in communities. Through

reflection and discernment students come to appreciate the systemic nature of social life. They begin to recognise the political, social and economic problems that create need when academic expectations include attention to social structural issues.

Dewey first described the process of reflection as early as 1910. Many different disciplines have since adopted reflection as a pedagogical concept within their fields (Brown and Ryan, 2003). Being a reflective practitioner has become an essential component of being a health care practitioner. Eyler and Giles (1999) found that the application of subject matter and experience as well as opportunities for structured reflection are associated with measures of perspectives transformation. Reflection must include "critical analysis and understanding of theoretical issues, service strategies, social change, agency policies, social policies and community structure" (Eby, 1998:7). Students at SHAWCO had difficulty in this domain of reflection as the deductive analysis of their writing indicated. They were able to think things through with regards to the skills that they used, but they struggled to discern systemic and political issues, probably because this level of professional reasoning is too advanced for their stage of development (Neistadt, 1996; Kinsella, 2001). However, their perspectives about diversity changed over time. This may be as a result of focused reflection and feedback on their intrapersonal discomfort, defences, values and attitudes as evidenced by 23.92% in the area of professional reasoning and behaviour.

In Stanton et al (1999) reflection is described as an interactive process. They suggest that

the value and discipline of reflection – of stepping back from intense social engagement to learn from it in order to be more effective the next time, and the connecting of these reflections with existing theoretical knowledge – not only distinguishes service learning pedagogy, but it was a practice that also sustained the pioneers themselves (ibid:191)

They continue by saying that

the reflective, questioning pedagogies that were developed for students doing service in cross-cultural and international settings are hallmarks of

the approach to practice expressed by pioneers devoted to student development. Service was important but the primary goal was to have students learn knowledge, skills and self-awareness through structured reflection, so that they would be more effective in their service while in these programmes and throughout their lives (ibid:110)

5.8 PERSPECTIVES CHANGE OVER TIME

Hay (2003) argues that while service learning is an effective means to contribute towards an understanding of the hard realities and needs of South African communities, it

“should however not be viewed as a panacea for the deep rooted social and economic problems of communities. It is a powerful way of educating students and higher education institutions to become more sensitive towards the appalling circumstances of the majority of South Africans” (ibid:190).

Eyler and Giles (1999) state that students participating in service learning are more likely to show an increase in critical thinking and to demonstrate complex problem analysis than those placed where no service or collaboration with community members is involved. Service learning confronts students with issues of diversity. They have to deal with difference in race, religion, age and background. Eby has shown that research on the learning side of service learning indicates that students develop social responsibility, reduce racism, develop leadership and gain personal and social skills (1998:1). Their perspectives are challenged through reflecting, dialogue, writing tasks and feedback. Students at SHAWCO found that as their perspectives changed so change occurred within themselves as well as their attitudes towards others. They saw things in new ways. However, If perspectives do not change positively over time, then service learning may do more harm than good (ibid). Because students come and go, relationships may be short term. What may be a casual relationship for the student may be a very significant one for members of the community thus making termination traumatic for vulnerable members. Students may reflect attitudes of racism and ethnocentrism in ways that are harmful and so create interpersonal distance. This may be evident in the anxiety that leads to

resistance to learning, the use of defences such as frequent complaints and intolerance for which dedicated containment strategies should be put in place (Wood, 2005; Duncan, Buchanan and Lorenzo, 2005). Intrapersonal equilibrium, that promotes rapport and enhances a sense of community, may be attained, amongst others, through reflective writing. Brown and Ryan state that "the use of writing can help to monitor learning, and capture affective and analytical thoughts in a deeper way" (2003:131). This research was made possible through the writings of students at SHAWCO. Findings indicate that while the writing did not fully address all the essential areas of competent practice identified by WFOT Minimum Standards, they still produced substantial evidence of the students' learning and perspective change over time.

5.9 ATTAINING MINIMUM STANDARDS

Deductive analysis of the textual data (see Chapter 4) indicates that service learning at SHAWCO covered all five WFOT essential areas of competent practice. Although the categorisation was audited by an external person with experience in qualitative research, it may be argued that the deductive analysis was based on subjective interpretation of where the codes belonged within the five different essential areas. This analysis nevertheless provides an interesting representation of the distribution of codes within the textual data. The largest percentage of codes occurred in the category Person-Occupation-Environment Relationship and its Relationship to Health. Students at SHAWCO formulated their work using the Person-Occupation-Environment model (Law, Cooper Strong, Stewart, Rigby and Letts, 1996). This model provides a transactive approach to understanding a person or group's occupational performance. It may therefore be surmised that the use of this model influenced the students' writing, their interpretation of practice and the learning outcomes that were achieved. This finding suggests that conceptual frameworks do in fact influence practice and that attention needs to be paid to the kind of models and frameworks which students use in service learning practice to formulate their actions.

Chapparo and Ranka, in discussing the theoretical contexts of practice and education, suggest that three overarching theoretical positions exist in occupational therapy: "health and ability in the absence of disease and impairment; health as personal ability and adaptation; and health and ability as social equity and opportunity" (2005:67). It appears as if students were able to attend to the former two theoretical positions but not to the latter because the least number of codes occurred in the Context of Professional Practice. Hocking and Ness list the following aspects as falling under this area: human rights, cultural understandings and determinants of health and well-being, national health needs, and health and welfare systems and legislation (2002:20). It may be surmised that students were either not alerted to the importance of attending to these areas in their writing and reflections or that the areas are too complex for undergraduate students to grapple with. Various authors have addressed occupational therapy in the social field (Galheigo, 2005; Barros, Ghirardi and Lopes, 2005). They argue that occupational therapists need to move their attention to social groups and issues of marginalisation, to the exclusion and the role of emancipation, and to empowerment and citizenship in occupational therapy action. The fact that students did not extensively address their actions from a critical view suggests that they may not have been developmentally ready for the challenges of population reasoning and political action. This is particularly significant since they were in an environment that was historically comprised by apartheid. Galheigo argues that for occupational therapists to embrace a critical standpoint they must "acknowledge the importance of helping people to help themselves to take their history into their own hands ... For this to happen emancipation and empowerment need to be constantly fostered" (2005:93). While students may be encouraged to reflect on these issues, it may be too ambitious to achieve integration and subsequent critical action in a six or nine week service learning block. There are indications that social occupational therapy, as a possible focus for service learning, requires long term planning for the sustainability of projects run by the students in collaboration with community

members. This implies the need for appropriate academic infrastructures that would enable the attainment of short and long term objectives.

5.10 “LEARNING POTENTIAL” AND “MAKING LEARNING HAPPEN”

The windmill of learning depicts learning potential within the student, the community and other role players in the environment as the source of growth, transformation and change. Learning is defined as “a social process that incorporates thinking, perceiving and problem solving” (McInstry, 2005:133).

Potential needs to be stimulated before it becomes active and may be accessed through education, training and the availability of suitable support systems such as motivated educators, role models and other human and literary resources. Graduates reported that they gained as much as they did from service learning because they had an effective supervisor who, in the absence of an on-site clinician, guided them through the issues and complexities of the placement. According to McInstry supervision “ provides feedback on performance, confirming and reinforcing aspects of practice that are progressing well and identifying aspects of practice that need further development” (2005:135). Supervisors at role-emerging sites may need to be either directive in style by giving ample structure and information or they may encourage students to take primary responsibility for their own learning with input provided as students require it (Mason, 1998). Findings indicate that students at SHAWCO valued both kinds of supervision because their emotional and academic needs varied from week to week. According to Steele-Smith and Armstrong (2001) students may experience stress at a placement that is caused not only by personal responses to the environment but also by the academic requirements and their own life issues.

Students require debriefing and a range of other support strategies such as self-directed learning, peer learning, structural strategies and project strategies that

should be implemented to assist in student learning. Specific learning objectives that enable students to progress at their own pace; learning contracts which direct the students' own learning needs; student generated tutorials that facilitate integration of theory and practical knowledge and orientation folders with relevant information of the placement have all been found to be useful for making learning happen (Steele-Smith and Armstrong, 2001; Duncan, Buchanan and Lorenzo, 2005). Students at SHAWCO made use of all of these strategies to contain their anxiety and to promote their adaptation in the working world.

5.11 “ADAPTING IN A WORKING WORLD”

Mc Insty (2005), writing from a developed world perspective, discusses the transition from being a graduate to a practitioner as a process that requires professional support and development guidance from senior colleagues. These resources are limited in the developing world. Graduates participating in this study indicated that their smooth adaptation to the working world was due, in part, to their service learning at SHAWCO. They found it easier than their peers who had not been on a service learning block in a role-emerging setting, to manage their time, implement programmes and engage with community issues even in the absence of senior staff. Wood (2005) identified the benefits of role-emerging settings in preparing graduates for the working world as including the development of a strong professional identity, independent thinking, planning and problem solving skills. Her research into the changing face and changing place of practice contexts demonstrated that role-emerging placements contributed towards the future employability of graduates by making them “resourceful, imaginative and dynamic as well as being flexible and willing to try new things” (2005:377).

Thus, for example, service learning prepares graduates for adapting to other people's work ethic as they have to work with a wide spectrum of professionals, lay people, auxiliary staff, clients, managers and community representatives.

Findings indicate that graduates who worked at SHAWCO particularly benefited from acquiring cross-cultural communication skills. Bourke-Taylor and Hudson (2005) suggest that “occupational therapists need to understand their own cultural background, both personal and within the culture of occupational therapy, as well as seeking understanding of the cultural norms and variances of the groups that he or she is providing service to” (2005:89). Findings indicate that the placement at SHAWCO enabled students to learn basic cultural competence. They were able to apply these skills elsewhere having learned how to be proactive in gaining the respect and trust of the people with whom they collaborated in Khayelitsha and Nyanga.

5.12 “BEING PROACTIVE”

For Thomas et al

the world of work into which new graduate therapists of the 21st century will emerge is a demanding one ... The new generation of therapists must have a broad range of clinical skills but also an understanding of the possible opportunities and transitions that will confront them and the skills to manage these (2005:80).

According to Fisher and Savin-Baden (2002a) graduates will need to be autonomous, independent and resourceful. Findings indicate that graduates felt proactive in continuing the personal-professional growth that they had acquired at SHAWCO. They could identify potential within their new environment and were able to do so with confidence based on their self-awareness. Dahlgren, Richardson and Sjostrom (2004) state that self-awareness enables us to learn and to control our environment. They suggest that practice education should enable students to act wisely, grounded in an awareness of self as an active agent.

This connotive dimension of a personal disposition to taking professional action and adopting the behaviour of a professional is essential. Competence in learning new knowledge and skills is lost without the ‘hearts and minds’ commitment inherent in a professional manner (ibid:87).

Findings have shown that the graduates in this study were committed to understanding their environment. This required proactive engagement with a needs assessment and capacity identification amongst the people with whom they worked.

5.13 “APPRECIATING OCCUPATION”

According to Wright-St Clair and Seedhouse “enabling people to participate in their human and ecological environments is a central aim of occupation-focused practice in the health, disability and social arenas” (2005:21). Waskiewicz (2002) argues that since OT was founded on the principle that health and well-being are intricately linked with the meaning and satisfaction one places on one’s occupation, concerted effort needs to be made in moving practice away from the medical model towards the founding paradigm of the profession. Graduates indicated that service learning at SHAWCO enabled them to make this transition. They developed an internalised appreciation of occupation as central to their work by selecting and modifying occupations that were culturally meaningful to the older adults, not only in terms of the skills required to perform various activities but also in terms of income generation and promotion of physical health and emotional well-being. Hinojosa (2003a) says that occupation differentiates occupational therapy from other professions because occupational therapists

think about occupation from three perspectives: first we examine our knowledge and attitudes about occupation; second we scrutinise our interventions to determine how effective they are to create the desired changes so that clients can participate in occupations that are personally significant; and thirdly we examine our developing knowledge and expertise of the construct of occupation” (ibid:9).

Graduates, trained in a role-emerging context in a resource poor environment, felt equipped to meet all three of these perspectives during their compulsory community service. During service learning they learned to achieve change by being resourceful themselves and by recognising and identifying under utilised resources in the environment.

5.14 CENTRAL PLOT: SECOND TIME AROUND – BETTER EQUIPPED

It has been argued throughout this discussion that the potential of service learning as a philosophical and theoretical basis for practice education in a developing community deserves attention. It is imperative that we move beyond traditional practice education settings to more role-emerging sites as it makes provision for the student to learn how to cope with the personal and professional realities of occupational therapy in primary health care. Role-emerging sites create learning opportunities for the attainment of national and international Minimum Standards if adequate infrastructures are put in place. "For the profession of occupational therapy to survive and thrive, and for the occupational vision to be realised, we must expose students to a fuller spectrum of occupational learning opportunities" (Thomas et al, 2005:80). Doing so will, as this research has shown, give graduates a sense of being better equipped for compulsory community service because they will be familiar with the challenges of working in under-resourced role-emerging settings. Bourke-Taylor and Hudson (2005) reiterate that the occupational therapy profession needs to "renew and revise some of the core themes underlying its practice" (2005:196). According to Fisher and Savin-Baden (2002b) "urgent action is needed to move forward in relation to training and education" (2002b:281). It is important that we "ensure that a richer and more diverse range of learning opportunities are made available to students" (Fisher and Savin-Baden, 2002a: 236). Through exposure of this diverse range of practice education experiences, the next generation of occupational therapists can be better equipped with vision and strengths to consolidate and expand the diversity of scope and territory that comprises occupational therapy.

5.15 CONCLUSION

After examining the findings that emerged during analysis of the service learning interactive journals as well as the essays submitted by graduates doing their compulsory community service, this chapter has shown that the central plot and rationale of the placement of students at a role-emerging service learning site leaves them better equipped to deal with their compulsory community service as well as the reality of real life practitioners of occupational theory in terms of: second time around – better equipped.

University of Cape Town

CHAPTER 6

RECOMMENDATIONS

6.1 INTRODUCTION

This research project has yielded a wealth of information regarding the benefits of placing students at role-emerging service learning sites. Recommendations, benefits and the implications for the profession of occupational therapists are outlined in this concluding chapter.

6.2 RECOMMENDATIONS

There are many benefits of the study and these are incorporated in the recommendations as follows:

- All occupational therapists need to recognise that the responsibility for student education does not lie with the university concerned alone. It also lies within the occupational therapy profession as a whole. All members of the profession are challenged to recognise that the future of the occupational therapy workforce is reliant on students engaging in service learning over a broad spectrum of practice areas including role-emerging sites.
- As service learning in role-emerging sites prepares the student for compulsory community service, it is imperative that students be granted the opportunity to work in such an area during their undergraduate training so as to adapt to the working world in a developing country like South Africa.
- The placement of human resources in the form of students at role-emerging sites would relieve the pressures of primary health care for the government. It is therefore recommended that universities negotiate as proactively as possible with local authorities, non-governmental organisations and other potential role-emerging sites for the appointment of occupational therapists.
- Academic departments should provide ongoing professional development training for clinicians and supervisors to equip them for the unique challenges of practice education at role-emerging sites.

- The university needs to continue with its support of not only the students, but also to the supervisors by presenting regular workshops, seminars and a second marker for the demonstrations of the students mid-block and at the end of the placement. Continuing professional development workshops could also orientate supervisors towards new trends and technologies, as well as keep them updated with the changes and transformation within the higher education system in South Africa.
- Curriculum design should ensure that service learning at role-emerging sites pays more attention to political issues, legislation, health and welfare systems and cultural interpretations of health and wellness.
- Educational infrastructure at role-emerging sites should be carefully monitored. For example, attention could be given to the flexibility of the placement, timing of the placement, joint placements that cover two services within an area or community, co-supervision, placing multiple students for peer support and to address the growing numbers of students at universities as well as shortages in placements. Group supervision could also be implemented to ease the strain of workload of the supervisor.
- The need for further research to find out whether service recipients experienced a difference to their circumstances as a result of student actions is indicated.
- The findings of this study be compared to the learning which occurs at other more conventional or traditional placements as a further research option.
- It could also be educationally beneficial for students at different stages of training and from different divisions within the School of Health and Rehabilitation Sciences to be placed at the same role-emerging site. They would gain different perspectives and insight into the views of various health professions within a PHC framework.
- Although learning objectives are in place for the various sites, it is important to customise these for every student who is placed at such a site so that the individual needs are also met during the placement.
- The findings of this study may be useful for the quality assurance of the UCT occupational therapy practice education curriculum. It is therefore

recommended that the findings be disseminated at professional board inspections.

- Occupational therapy students at SHAWCO clearly contribute to service delivery. The partnership between UCT and SHAWCO should be valued and reaffirmed.
- A Student Manual should be compiled with all the necessary information regarding the placement as a resource medium. It should include details about the organisation, as well as university requirements, previous students' written work, ideas, etc to ensure sustainability of initiatives and handover between student groups.
- A special interest group concerned with describing the role and scope of the profession in new practice domains may be indicated. Therapists and students can meet to discuss problems, programmes, projects and new ideas or resources pertaining to their work in the community. This interest group could obtain funding from Occupational Therapy Association of South Africa (OTASA) should this be deemed necessary.

6.3 CONCLUSION

From the findings of the study it would appear that the experiences of the students at the role-emerging sites of SHAWCO in Khayelitsha and Nyanga had a substantial influence on their learning and practice competence as new graduates. This learning definitely did not end at the conclusion of their placement, since students were able to apply their acquired competence as occupational therapists in role-emerging practice to similar settings post graduation. Therefore, this study affirms the potential of service learning as a philosophical and theoretical basis for promoting the rationale for OT in a developing community. Role-emerging service learning deserves serious consideration as an essential practice education requirement in South Africa, because it not only is an innovative way of addressing the staff shortages prevalent in our transforming health service, but it also promotes the social responsiveness of the profession. The potential of role-emerging sites to create learning opportunities for the attainment of national and international Minimum

Standards has been confirmed. Attention to the pedagogical and practical infrastructures that enhance the attainment of the NQF Exit Competencies in role-emerging sites will promote the viability of new practice education environments. Universities may consider the contribution of service learning at role-emerging sites as a critical addition to traditional practice education sites. Doing so will require commitment to university-community/organisation partnerships and resource allocation in the form of supervisors and time spent to set up the necessary infrastructure to support student learning. This study has shown that the benefits of service learning are worth the effort and political will of training centres committed to the development of occupational therapists who are competent to practice in South Africa.

University of Cape Town

REFERENCES

- Alsop, A. and Ryan, S. (1996). *Making the Most of Fieldwork Education: A Practical Approach*. Stanley Thomas: Cheltenham.
- American Association For Higher Education Series (1999). *Writing the Community: Concepts and Models for Service Learning. Service Learning in the Disciplines*. Corporation for National Service. <http://csf.colorado.edu/sl/what-is-sl.html> Accessed 22 May 2002.
- Available online: National Service Clearing House <http://www.aahe.org> Accessed 10 October 2005.
- Backman, C. (1994). National perspective: Looking forward to innovative fieldwork options. *Canadian Journal of Occupational Therapy* **61**(1): 7–11.
- Barros, D.D., Ghirardi, M.I.G. and Lopes, R.E. (2005). Social Occupational Therapy – A socio-historical perspective. In Kronenberg, F., Algado, S.S. and Pollard, N. (Eds). (2005). *Occupational Therapy Without Borders*. Edinburgh: Elsevier Churchill Livingstone.
- BBC Learning. (2006). *Returning to learning: Becoming a better learner: Definition of Learning*. http://www.bbc.co.uk/learning/returning/betterlearner/learningstyle/a_whatislearning_01.shtml. Accessed 14 March 2006.
- Beeton, H. (2001). PAPPOT Task Team. Occupational Therapy Executive Committee of the Western Cape.
- Billig, S.H. and Furco, A. (Eds). (2002). *Service Learning Through a Multidisciplinary Lens*. Connecticut: Information Age Publishing.

- Bird, S., Nicholls, G. and White, E. (1995). An overview of the research methodologies available to the occupational therapist and an outline of the research process. *British Journal of Occupational Therapy* **58**(12): 510–516.
- Bossers, A.M., Cook, J.V., Polatajko, H.J. and Laine, C. (1997). Understanding the role-emerging placement. *Canadian Journal of Occupational Therapy* **64**(1): 70–81.
- Bounous, R.M. (Ed). (1997). *New Directions: Teaching and Research. Working Papers Series on Service Learning*. New York: Ithaca, NY, Cornell University.
- Bourke-Taylor, H. and Hudson, D. (2005). Cultural differences: The experience of establishing an occupational therapy service in a developing community. *Australian Occupational Therapy Journal* **52**: 188–198.
- Brevard Community College (1994). *The Power*. <http://csf.colorado.edu/sl/what-is-sl.html>. Accessed 22 May 2002
- Brown, G. and Ryan, S.E. (2003). Enhancing reflective abilities: interweaving reflection into practice. In Brown, G., Esdaile, S.A. and Ryan, S.E. (Eds). (2003). *Becoming an Advanced Healthcare Practitioner*. Edinburgh: Butterworth-Heineman.
- Brown, G., Esdaile, S.A. and Ryan, S.E. (Eds). (2003). *Becoming an Advanced Healthcare Practitioner*. Edinburgh: Butterworth-Heinemann.
- Buchanan, H., Moore, R. and Van Niekerk, L. (1998). The fieldwork case study: writing for clinical reasoning. *American Journal of Occupational Therapy* **52**(4): 291–294.
- Buchanan, H., Van Niekerk, L. and Moore, R. (2001). Assessing fieldwork journals: developmental portfolios. *British Journal of Occupational Therapy* **64**(8): 398–402.

Cape Connected (2006). *Apartheid Shanty Towns in Cape Town*.
http://www.capetown.at/heritage/history/apart_influx_shanty_art.htm. Accessed
4 March 2006.

Census South Africa (2001). <http://www.statssa.gov.za> Accessed 4 March 2006.

Chapparo, C. and Ranka, J. (2005). Theoretical contexts. In Whiteford, G. and
Wright-St Clair, V. (Eds). (2005). *Occupation and Practice in Context*. Sydney:
Elsevier-Churchill Livingstone.

Clifford, C. (1997). *Qualitative Research Methodology in Nursing and Healthcare*.
London: Churchill Livingstone.

Cohn, E.S. (1989). Fieldwork education: Shaping a foundation for clinical
reasoning. *American Journal of Occupational Therapy* **43**: 240–244.

Cohn, E.S. and Crist, P. (1995). Back to the future: New approaches to fieldwork
education. *American Journal of Occupational Therapy* **49**: 103–106.

Come2Capetown. *Nyanga information*.
<http://www.come2capetown.com/development/townships/nyanga.asp> Accessed
4 March 2006.

Craik, C. and Turner, A. (2005). A chronic shortage of practice placements:
Whose responsibility? *British Journal of Occupational Therapy* **68**(5): 195.

Crane, E. (2002). Service learning in ACTION. *District Administration* April: 49–
53.

Creswell, J.W. (1998). *Qualitative inquiry and research design: choosing among
the five traditions*. London: Sage Publications.

Dahlgren, M.A., Richardson, B. and Kalman, H. (2004). Redefining the reflective practitioner. In Higgs, J., Richardson, B. and Dahlgren, M.A. (Eds). (2004).

Developing Practice Knowledge for Health Professionals. Edinburgh:

Butterworth–Heinemann.

Dahlgren, M.A., Richardson, B. and Sjostrom, B. (2004). Professions as communities of practice. In Higgs, J., Richardson, B. and Dahlgren, M.A. (Eds).

(2004). *Developing Practice Knowledge for Health Professionals*. Edinburgh:

Butterworth–Heinemann.

Denzin, N.K. and Lincoln, Y.S. (1998). *Strategies of Qualitative Inquiry*. New

York: Sage Publications.

Department of Health (November 2000). *National Rehabilitation Policy*. South

African Government Press.

Department of Health (November 2002). *Primary Health Care Progress Report*

2000. Cluster: Health Monitoring and Evaluation. South African Government

Press.

Driscoll, A., Gelmon, S., Holland, B., Kerrigan, S., Longley, M. and Spring, A.

(1997). *Assessing the Impact of Service-learning: A Workbook of Strategies and*

Methods. Portland State University, Center for Academic Excellence.

Drummond, M.F. and Maynard, A. (Eds). (1993). *Purchasing and Providing Cost-*

effective Health Care. London: Churchill Livingstone.

Duncan, E.M. (1999). Our bit in the calabash: Thoughts on occupational therapy transformation in South Africa. *South African Journal of Occupational Therapy*

29(2): 3–9.

Duncan, E.M. and Buchanan, H.A. (In press). Engaging with student writing: using feedback to promote learning. In Lorenzo, T., Duncan, E.M., Buchanan, H.A. and Alsop, A. (Eds). (In press). *Practice and Service Learning in Occupational Therapy – Enhancing Potential in Context*. London: John Wiley Ltd. Press release April 2006.

Duncan, E.M., Buchanan, H.A. and Lorenzo, T. (2005). Politics in occupational therapy education: a South African perspective. In Kronenberg, F., Algado, S.S. and Pollard, N. (Eds). (2005). *Occupational Therapy without Borders*. Edinburgh: Elsevier Churchill Livingstone.

Duncan, E.M. and Joubert, R. (In press). Assessing students: Enhancing potential through diverse assessment approaches. In Lorenzo, T., Duncan, E.M., Buchanan, H.A. and Alsop, A. (Eds). (In press). *Practice and Service Learning in Occupational Therapy – Enhancing Potential in Context*. London: John Wiley Ltd. Press release April 2006.

Duncan, E.M. and McMillan, J. (In press). A responsive curriculum for new forms for practice education and learning. In Lorenzo, T., Duncan, E.M., Buchanan, H.A. and Alsop, A. (Eds). (In press). *Practice and Service Learning in Occupational Therapy – Enhancing Potential in Context*. London: John Wiley Ltd. Press release April 2006.

Eby, J.W. (1998). *Why Service-Learning is Bad?* Paper published by Messiah College, Grantham, Pennsylvania.

Elam, C.L., Musick, D.W., Sauer, M.J. and Skelton, J. (2002). How we implemented a service learning elective. *Medical Teacher* **24**(3): 249–253.

Eyler, J. and Giles, D.E. Jr (1999). *Where's the Learning in Service-Learning?* San Francisco: Jossey-Bass Inc.

Favish, J. (2003). A new contract between higher education and society. *South African Journal of Higher Education* 17(1): 24–30.

Fisher, A. and Savin-Baden, M. (2002). Modernising fieldwork, Part 1: Realising the potential. *British Journal of Occupational Therapy* 65(5): 229–236.

Fisher, A. and Savin-Baden, M. (2002). Modernising fieldwork, Part 2: Realising the new agenda. *British Journal of Occupational Therapy* 65(6): 275–282.

Flick, U. (1998). *An Introduction to Qualitative Research*. London: Sage Publications.

Freire, P. (1970). *Pedagogy of the Oppressed*. New York: Herder and Herder.

Galheigo, S.M. (2005). Occupational therapy and the social field: Clarifying concepts and ideas. In Kronenberg, F. Algado, S.S. and Pollard, N. (Eds). (2005). *Occupational Therapy without Borders*. Edinburgh: Elsevier Churchill Livingstone.

Gitlow, L. and Flecky, K. (2005). Integrating disability studies concepts into occupational therapy education using service learning. *American Journal of Occupational Therapy* 59(5): 546–553.

Government Notice No Act No. 56 of 1974: Section 24A of the South African Health Professions Act . *Government Gazette*. South African Government Press.

Government Notice No. 58 of 4 October 1995: South African Qualifications Authority Act, 1995. *Government Gazette*. South African Government Press.

Government Notice No. 498 of 19 May, 2000. *Government Gazette*. South African Government Press.

Government Notice No. R. 732 of 31 May 2002. *Government Gazette*. South African Government Press.

Hagedorn, R. (2001). *Foundations for Practice in Occupational Therapy*. Third Edition. London: Churchill Livingstone.

Hay, H.R. (2003). The nuts and bolts of a service-learning programme. *South African Journal of Higher Education* **17**(3): 184–190.

Health Professions Council of South Africa (2005). Professional Board for Occupational Therapy. Education and Training. *Purpose; Rationale; Proposed Exit Level Outcomes and Assessment Criteria*.

<http://www.hpcsa.co.za/professional-boards/occupationaltherapy.htm> Accessed 18 November 2005.

Heubner, J. and Tryssenaar, J. (1996). Development of an occupational therapy practice perceptive in a homeless shelter: A fieldwork experience. *Canadian Journal of Occupational Therapy* **63**: 24–32.

Higgs, J. (1992). Managing clinical education: The educator-manager and the self-directed learner. *Physiotherapy* **78**(11): 822–828.

Higgs, J., Fish, D. and Rothwell, R. (2004). Practice knowledge – critical appreciation. In Higgs, J., Richardson, B. and Dahlgren, M.A. (Eds). (2004). *Developing Practice Knowledge for Health Professionals*. Edinburgh: Butterworth–Heinemann.

Higgs, J., Richardson, B. and Dahlgren, M.A. (Eds). (2004). *Developing Practice Knowledge for Health Professionals*. Edinburgh: Butterworth–Heinemann.

Hinojosa, J. (2003a). Occupation and continuing competence. Part I. *OT Practice* July 7: 9–10.

Hinojosa, J. (2003b). Occupation and continuing competence. Part II. *OT Practice* August 4: 11–12.

Hocking, C. and Ness, N.E. (2002). *Revised Minimum Standards for the Education of Occupational Therapists*. Perth: World Federation of Occupational Therapists.

Hocking, C. and Ness, N.E. (2004). WFOT Minimum Standards for the Education of Occupational Therapists: Shaping the Profession. *WFOT Bulletin*, **50**: 9–17.

Hocking, C. and Ness, N.E. (2005). Professional Education in Context. In Whiteford, G. and Wright-St Clair, V. (2005). *Occupation and Practice in Context*. Sydney: Elsevier-Churchill Livingstone.

Hope, A. and Timmel, S. (1995). *Training for Transformation – A Handbook for Community Workers*. Revised edition. Gweru, Zimbabwe: Mambo Press.

Jacoby, B. (1996). *Service Learning in Higher Education: Concepts and Practices*. San Francisco: Jossey-Bass.

Jung, B., Sainsbury, S., Grum, R.M., Wilkins, S. and Tryssenaar, J. (2002). Collaborative fieldwork education with student occupational therapists and student occupational therapy assistants. *Canadian Journal of Occupational Therapy* **69**: 95–103.

Kamaldien, Y. (2004). Health workers to receive R500m extra. *THIS DAY*, 29 January 2004.

Katzenellenbogen, J.M., Joubert, G. and Abdool Karim, S.S. (1999). *Epidemiology: A Manual for South Africa*. Cape Town: Oxford University Press.

- Kinsella, E.A. (2001). Reflections on reflective practice. *Canadian Journal of Occupational Therapy* **68**(3): 195–198.
- Knalf, K.A. and Webster, D.C. (1988). Managing and analyzing qualitative data: A description of tasks, techniques and materials. *Western Journal of Nursing Research* **10**(2): 195–218.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy* **45**(3): 214-222.
- Kronenberg, F., Algado, S.S. and Pollard, N. (Eds). (2005). *Occupational Therapy Without Borders*. Edinburgh: Elsevier Churchill Livingstone
- Law, M., Cooper, B., Strong, S., Stewart, S., Rigby, P. and Letts, L. (1996). The person-environment-occupational model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy* **63**: 9–23.
- Lincoln, Y.S. and Guba, E.G. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage Publications.
- Lorenzo, T., Duncan, E.M., Buchanan, H.A. and Alsop, A. (Eds). (In press). *Practice and Service Learning in Occupational Therapy – Enhancing Potential in Context*. London, John Wiley Ltd. Press release April 2006.
- Martin, M., Morris, J., Moore, A., Sadlo, G. and Crouch, V. (2004). Evaluating practice education models in occupational therapy: Comparing 1:1, 2:1 and 3:1 placements. *British Journal of Occupational Therapy* **67**(5): 192–200.
- Mason, L. (1998). Fieldwork education: Collaborative group learning in community settings. *Australian Occupational Therapy Journal* **45**: 124–130.

Mattingly, C. (1991). What is clinical reasoning? *American Journal of Occupational Therapy* **45**(11): 979–986.

Maynard, A. (1993). Future directions for health-care reform. In Drummond, M.F. and Maynard, A. (Eds). (1993). *Purchasing and Providing Cost-effective Health Care*. London: Churchill Livingstone.

McCoy, D. and Engelbrecht, B. (1999). *Establishing the District Health System*. *South African Health Review*. Health Systems Trust.

McInstry, C. (2005). From graduate to practitioner: Rethinking organisational support and professional development. In Whiteford, G. and Wright-St Clair, V. (2005). *Occupation and Practice in Context*. Sydney: Elsevier-Churchill Livingstone.

Meyers, S.K. (1994). Exploring the costs and benefits drivers of clinical education. *American Journal of Occupational Therapy* **49**(2): 107-111.

Mike Wills Learning Services. (2006). *Definition of Learning*.
<http://www.mwls.co.uk/learning.htm>. Accessed 14 March 2006.

Moffett Boyd, M.E. and Garbarini, J.G. (2004). Creative links – supporting the community while meeting strategic goals. *OT Practice* January 5, 2004: 11–15.

Munhall, P.L. (1988). Ethical considerations in qualitative research. *Western Journal of Nursing Research* **10**(2): 150–162.

Neistadt, M.E. (1996). Teaching strategies for the development of clinical reasoning. *American Journal of Occupational Therapy* **50**: 676–684.

O'Shea, B.J. (1977). Muriel Driver Memorial Lecture: Pawn or protagonist: Interactional perspective of professional identity. *Canadian Journal of Occupational Therapy* **44**: 101–108.

PacifiCorp Foundation of Learning. (2006). *Definition of Learning*.
<http://www.pacificorpfoundation.org/Article16920.htm>. Accessed 14 March 2006.

Paterson, M. and Adamson, L. (2001). An international study of educational approaches to clinical reasoning. *British Journal of Occupational Therapy* **64**(8): 403–405.

Patton, M.Q. (1987). *How To Use Qualitative Methods In Evaluation?* London: Sage Publications.

Polgar, S. and Thomas, S.A. (1991). *Introduction to Research in Health Sciences*. Edinburgh: Churchill Livingstone.

Richardson, B., Higgs, J., and Dahlgren, M.A. (2004). Recognising practice epistemology in the health professions. In Higgs, J., Richardson, B. and Dahlgren, M.A. (Eds). (2004). *Developing Practice Knowledge for Health Professionals*. Edinburgh: Butterworth–Heinemann.

Roth, L.M. and Esdaile, S.A. (2003). Role models and mentors: informal and formal ways to learn from exemplary practice. In Brown, G., Esdaile, S.A. and Ryan, S.E. (Eds). (2003). *Becoming an Advanced Healthcare Practitioner*. Edinburgh: Butterworth-Heinemann.

SHAWCO. (2003). *Renewal: SHAWCO Annual Report April – December 2003*. Cape Town: University of Cape Town.

SHAWCO. (2004). *Small steps, Big difference: SHAWCO Annual Report 2004*. Cape Town: University of Cape Town.

Silverman, D. (2000). *Doing Qualitative Research: A practical handbook*. London: Sage Publications.

Sinclair, K. (2005). World connected: The international context of professional practice. In Whiteford, G. and Wright-St Clair, V. (2005). *Occupation and Practice in Context*. Sydney: Elsevier-Churchill Livingstone.

South African Qualifications Authority. (1998). *The National Qualifications Framework Brochure: An Overview*.

South African Qualifications Authority. (2006). *What is the SAQA? and NQF History*. <http://www.saq.org.za/> Accessed 4 March 2006.

Stanton, T.K., Giles, D.E. Jr and Cruz, N.I. (1999). *Service-Learning: A Movement's Pioneers Reflect on Its Origins, Practice, and Future*. San Francisco: Jossey-Bass Publishers.

StatPac Survey Software (2006). *Sampling Methods*. <http://www.statpac.com/surveys/sampling.htm> Accessed 14 March 2006.

Steele-Smith, S. and Armstrong, M. (2001). 'I would take more students but ...': Student supervision strategies. *British Journal of Occupational Therapy* **64**(11): 549–559.

Sullivan, T.M. and Finlayson, M. (2000). Role-emerging fieldwork at the University of Manitoba. *Occupational Therapy Now – on line version*. 1–7. <http://www.caot.ca/otnow/may00-eng/may00-roleemerging.cfm> Accessed 18 January 2006.

Tarvydas, V. (2004). *Disability Studies Ethics. Participatory Ethics: Building Bridge between Disability and Professional Ethics*. <http://rockethics.psu.edu/bios/tarvydas.htm>. Accessed 8 February 2006.

Thomas, Y., Penman, M. and Williamson, P. (2005). Australian and New Zealand fieldwork: Charting the territory for future practice. *Australian Occupational Therapy Journal* **52**: 78–81.

Tompson, M. and Proctor, L.F. (1990). Factors affecting a clinician's decision to provide fieldwork education to students. *Canadian Journal of Occupational Therapy* **57**(4): 216–222.

Townsend, E. and Whiteford, G. (2005). A participatory occupational justice framework: population-based processes of practice. In Kronenberg, F., Algado, S.S. and Pollard, N. (Eds). (2005). *Occupational Therapy without Borders*. Edinburgh: Elsevier Churchill Livingstone.

Tryssenaar, J. (1995). Interactive journals: an educational strategy to promote reflection. *American Journal of Occupational Therapy* **49**: 696–702.

UNESCO. (1998). *World Declaration on Higher Education for the Twenty-first century: Vision and Action*. World Congress on Higher Education held in Paris 9 October 1998. http://unesco.org/education/eduprog/wche/declaration_eng.htm. Accessed 16 March 2006.

Waskiewicz, R. (2002). Impact of service learning on occupational therapy students' awareness and sense of responsibility toward community. In Billig, S.H. and Furco, A. (Eds). (2002). *Service Learning Through a Multidisciplinary Lens*. Connecticut: Information Age Publishing.

Watson, R. (2004). A population approach to transformation. In Watson, R. and Swartz, L. (2004). *Transformation through Occupation*. London: Whurr Publishers.

Watson, R. and Swartz, L. (2004). *Transformation through Occupation*. London: Whurr Publishers.

Western Cape Allied Health Professionals Technical Committee. (2004). Executive Summary: Staffing Proposal: Health Care 2010 and the Allied Health Professions. Provincial Administration of the Western Cape.

Whiteford, G. and Wright-St Clair, V. (2005). *Occupation and Practice in Context*. Sydney: Elsevier-Churchill Livingstone.

Wilcock, A. (1998). *An Occupational Perspective of Health*. New Jersey, Slack: Thorofare.

Wood, A. (2005). Student practice contexts: changing face, changing place. *British Journal of Occupational Therapy* **68**(8): 375–378.

World Health Organization. (1986). *The Ottawa Charter for Health Promotion*. Health and Welfare, Canada. Ottawa: Canadian Public Health Organization.

Wright-St Clair, V. and Seedhouse, D. (2005). The moral context of practice and professional relationships. In Whiteford, G. and Wright-St Clair, V. (2005). *Occupation and Practice in Context*. Sydney: Elsevier-Churchill Livingstone.

APPENDIX I

SITE SPECIFIC SERVICES; LEARNING OUTCOMES AND EXPECTATIONS

*The supervisor and site facilitator negotiate and develop this document prior to the start of the block
(Refer Section 4: roles and responsibilities)*

SITE	SERVICES	LEARNING OUTCOMES	ACADEMIC EXPECTATIONS
SHAWCO	<p>What the student will do for the organisation ie. what the site will GAIN from training students</p> <p>Students will:</p> <ul style="list-style-type: none"> ● Contribute to the skills development of the project co-ordinator and admin clerk with particular reference to maintenance of the implemented programme in terms of administration and organisational as well as rehabilitation, prevention and health promotion methods and techniques. ● Promote implementation of the health promotion programme with particular reference to participation, social inclusion and functional independence of individual clients. ● Enhance the existing data base on individual clients with particular reference to impairment, activity limitations and participation restrictions using appropriate data gathering tools such as the ICF. ● Promote outcomes based practice ie. linking actions to specific client-centered needs and goals ● Contribute to health promotion of the clients, families and staff at the Centre through purposeful and meaningful occupation <p>Staff will:</p> <ul style="list-style-type: none"> ● Escort students into Khayelitsha or Nyanga and ensure that they abide by community entry principles ● Participate in and guide all decisions pertaining to the welfare of clients and those regarding the Centre ● Select appropriate clients & negotiate logistics on a daily basis with students and SL supervisor 	<p>What specific knowledge, skills and attitudes may be acquired at this site.</p> <p>Students will gain:</p> <ul style="list-style-type: none"> ● Personal resilience to cope with the emotional impact of witnessing extreme poverty, AIDS/HIV and other pervasive health and social conditions ● Ability to identify and prioritise occupational therapy contributions in under-resourced contexts and with persons who have overwhelming need. ● Community entry and development skills within the PHC approach. ● Skills in interpretation of relevant health and disability policies in context ● Skills in networking and resource management ● Ability to transfer skills through adult education ● Experience in implementation of occupational therapy philosophy and methods. 	<p>What the students will do for accreditation during the placement at this site (with due consideration of minimum expectations for year of study and domain of practice)</p> <p>Students will:</p> <ul style="list-style-type: none"> ● Run <u>TWO workshops</u> with, if possible, all staff on mutually agreed topics. ● <u>Transfer specific skills</u> to individual staff based on the emerging needs of individual clients or staff members e.g. transfers, assistive technology, trauma debriefing ● <u>Develop an appropriate assessment form</u> to compliment the data gathered through the existing SHAWCO questionnaire. ● Facilitate <u>ONE event</u> that promotes integration, networking and inclusivity amongst clients, carers, and members of the community. ● Have enabled a positive shift in the <u>autonomy & occupational performance of one individual case study client</u> in collaboration with the client, his/her family and other significant role-players. ● Write <u>ONE case study</u> ● Complete <u>TWO group reports of workshops</u> carried out with staff members. Select sections from new OT Report Guide ● Complete <u>ONE programme report OR mind map</u> on the developing OT service at SHAWCO. ● Start a <u>Resource and Network Data Base</u> based on a context related assessment of resources and services ● Update resource file with new evidence pertaining to work carried out during block ● Give at least 4 Health promotive talks on various topics pertaining to the health and well-being of the elderly.

APPENDIX II

My own perceptions of what the students know and what the impact is?

I have worked with students for a number of years and have gathered much information along the way from them. Since the year 2000 I have been involved at SHAWCO, specifically working with the older adults amongst the different communities within the Cape Town Metropole. The journey has been a very interesting and informative one, yet a learning opportunity, not only for the students themselves, but for me as well. I have seen them grow from immaturity to a mature student, one who can face the many different challenges that arise while working with the complexities within the South African health system.

While at SHAWCO, the students not only learn about the various medical conditions pertaining to the older adult such as hypertension, diabetes, arthritis, dementia etc, they see the resultant effects of these conditions such as hemiplegia, obesity and deformities to name but a few. If they never had the opportunity to observe these in practice, they certainly would have had so here at SHAWCO. So they would definitely have the knowledge, skills and hopefully attitude to contend with these conditions on graduation. Performance context, areas and components are definitely mastered while at SHAWCO.

Coming from mostly white middle to upper class society, the students are faced with many issues pertaining to unemployment and subsequent poverty, the atrocities under the Apartheid Government, etc. They often feel guilty for what their forefathers did, but all that they can do is say sorry and listen to the stories of the elders who had suffered greatly during this time. The students sometimes want to make better or do things for the seniors instead of guiding them to do things for themselves. At the end of the placement they are definitely better equipped to handle and cope with these issues. They learn about each others culture and language and come to terms with all the different tribes and races within the rainbow nation. Communication was a big issue for many students. They felt because they could not speak Xhosa they couldn't converse with the elders. This was very frustrating for them. They forgot that one does not only speak through the spoken word. Although they have had Xhosa as first years, the students definitely know more Xhosa words and phrases when they leave SHAWCO. This would have assisted them when facing the new culture in their community service year.

Initially the biggest barrier to learning in the eyes of the students is the fact that there is no on-site clinician. The students especially in the first block find it most difficult to contend with this issue, certainly second and third block students are perceived to have less problems. However I do think that at the end of the day they realise that this placement has been a positive learning experience for them, where they have had to reason, problem solve, make decisions and trust their own abilities, which will put them in good stead for that which lies ahead. I was however always available to them, even though it was only at the end of the

telephone. This I make quite clear throughout the block and this would seem to be comparable to the mentors during the community service year.

Having only worked for SHAWCO on a very part time basis, I did however have to know the communities myself and therefore had first hand knowledge of the different clients, staff members and community workers. Some of these people were at times very difficult to cope with for the students as they had yet to learn or use their coping skills or conflict handling skills, etc. I could therefore assist the students with information pertaining to the ways of dealing with the different situations that arose. I do think I understand the complexities of these issues.

Time management was another problem! Students grappled with this. They had time on their hands when waiting for transport to arrive and often didn't know what to effectively do with it. They had to be advised what they could do, that it was a time for preparation, a time for writing reports, a time for planning etc. They also came to understand Africa Time too! That things don't happen as planned, no matter how hard you try! That one has to wait and that tomorrow is another day!

Some of the students found one of the staff members rather difficult to work with. On occasion I also had issues with her, which caused many problems, also accusations that I was a racist. We had to confront the issues and deal with them appropriately using conflict handling and coping skills. This will most definitely aid the student in her learning and prepare her for such like situations in her community service year.

APPENDIX III

PARTICIPATION INFORMATION AND CONSENT FORM

Researcher's name: Hanske Flieringa

Researcher's position: Occupational Therapist

Aim of the study: This study aims to describe the learning outcomes at one role emerging service learning site (SHAWCO, Khayelitsha or Nyanga) and how graduates, who were trained at these sites, have retrospectively accessed these outcomes during their compulsory community service.

This study is in partial fulfilment of a M Sc in Occupational Therapy.

To describe the student learning, the researcher will make use of the student interactive journals written by final year occupational therapy students who have been placed at SHAWCO, Khayelitsha or Nyanga during 2002, 2003 and 2004. Further data will be obtained from reflective essays based on the research question written by all the graduates during their year of community service. The journals and essays will be forwarded to the researcher electronically via the Internet.

The anticipated outcomes of the study would enhance the curriculum and service learning for future students and not the participants individually.

This research does not intend any harm to the individual participant.

In the final report of the study, examples from the logs and essays will be given, but these quotes will remain anonymous; participants will not be recognised as pseudonyms will be used.

All participating students will have access to the final report.

I am aware of all the necessary details pertaining to this study and my involvement in it, and am willing to participate. I am aware that everything I divulge will be kept strictly confidential and that I can withdraw from the study at any time if I so desire. I realise that I will not personally gain from my participation in this study, but that my contribution will further help the development of more appropriate occupational therapy fieldwork placements and programmes in the community.

Signature of participant:

Address of participant:

.....
.....

Email address:

Signature of researcher:

Date:

APPENDIX IV STUDENT LOG ANALYSIS – OBJECTIVE 1

Student log	Excerpt	Notes	Codes
<p>As the day progressed it appeared that the need was not just for the food or activities to pass the time but also for a temporary escape for many from their home circumstances. L made it clear that it was not a straight forward case of going to the home and speaking to or 'confronting' the family as this had in the past resulted in making life more intolerable for the seniors concerned. Many of the seniors are aware of some of the physical or emotional abuse that occurs but it seems that they feel powerless to change things. The centre appears to offer an outlet for expressing themselves and providing emotional solidarity. Sometimes between themselves it is all they have to keep them going. I felt really sad that this was how it would be for a long time yet. I felt at one point that perhaps I should be focusing on the source of the problem, that is that I needed to focus on uplifting the community as a whole and that this indirectly would ease the burden borne by these seniors. I do feel a bit of confusion now as to how best to direct my energies.</p> <p>I was pleased to have L with us. I realised through her how we should be expected to communicate with the seniors, to gain their trust and respect, how their contributions to discussions should be acknowledged (applause after each speaker), how broaching a topic like savings for funerals (and budgeting) needed to be approached in an indirect way. It took me twenty minutes before I realised what she was guiding the seniors to discuss. It first appeared that they were just talking about customs in general.</p>	<p><i>The trips involved visits to a number of different 'sites', each with a distinct socio-economic status. I was touched by how friendly all the seniors were towards us. The seniors appeared to be very supportive of each other regardless of their different backgrounds, and the more able seniors voluntarily involved themselves in accompanying and assisting the less able into the bus. I was particularly impressed by the number of seniors with strokes (approximately 7 that day) and who had made the effort to attend. It appeared to be a positive sign that Shawco was filling a need for these seniors as well.</i></p> <p><i>As the day progressed it appeared that the need was not just for the food or activities to pass the time but also for a temporary escape for many from their home circumstances ... The centre appears to offer an outlet for expressing themselves and providing emotional solidarity. Sometimes between themselves it is all they have to keep them going.</i></p> <p><i>I felt really sad that this was how it would be for a long time yet. I felt at one point that perhaps I should be focusing on the source of the problem, that is that I needed to focus on uplifting the community as a whole and that this indirectly would ease the burden borne by these seniors. I do feel a bit of confusion now as to how best to direct my energies.</i></p> <p><i>Realised through her how we should be expected to communicate with the seniors, to gain their trust and respect, how their contributions to discussions should be acknowledged (applause after each speaker), how broaching a topic like savings for funerals (and budgeting) needed to be</i></p>	<p>Was aware of the different distinct socio-economic status amongst the people, how friendly the seniors were to the students, very supportive of each other. Many strokes who make the effort to attend, positive sign that SHAWCO fulfils a need in the community.</p> <p>The centre is there for the seniors for food, activity and an escape from their home circumstances. It is an outlet for expressing themselves. Goals of the centre.</p> <p>Feelings of sadness, wonders whether she should focus on the upliftment of the community or the source of the problem ... which would ease the burden of the Seniors. Confusion as to how she should direct her energies.</p> <p>Realisation of expectation of how to communicate with the seniors as well as how little student knows of their culture.</p>	<p>Knowledge of socio-economic status. Need that is catered for the provision of the club.</p> <p>Appreciation of culture and context. Knowledge of ethics and rights.</p> <p>Knowledge about service organisations and role of senior clubs in community. Goals of the centre – service to the community. Skill in ethical reasoning. Attitudes – appreciation of impact of enduring poverty and social disorganisation on health and well-being.</p> <p>Development of emotional resilience. Focus on upliftment of community or source of problem. Development of critical reasoning skills – ability to identify problems. Critical reasoning. Discerning limits of competence.</p> <p>Cultural competence. Building reasoning to identify realistic expectations. Skills in culturally appropriate communication</p>

This particular discussion made me realise how little of their culture I understood. I had not even noticed the cattle wandering around because I had not realised how important it was for these people in fulfilling certain customs.

There is so much education and rehab that could be done at the centre. It seems disheartening to realise that there have been other projects that were implemented but have not been sustained. It came home again how identifying and recognising needs is not enough. If I cannot enable the seniors to take ownership of any projects that will enhance their well-being, then my time there will have been wasted as a therapist. I will be perceived as someone who helped them pass the time. This for me will be the real challenge; to develop the skill to enable the seniors to identify the needs that they can address themselves and implement; to make them their own agents of change.

While initially concerned that I would lose valuable time in learning about the community at Khayelitsha, being at GSH offered a wonderful opportunity to follow up on some ideas for the centre. It also enabled me to observe a range of interventions applied by the OTs that I had not been able to observe before and I felt more relaxed being there this time around. These past few days have given me the time to reflect on what my options are instead of feeling like I should be rushing in and starting a project straight away. It was a relief to return to Khayelitsha. However, I felt very angry initially with L, because she seemed to show little interest in continuing the orientation of the centre to us and it was left to D and I to orient the new students as well as suddenly running the club. There was definitely still confusion in our role expectations because there had been no time the previous week to clarify this. I had been worried about rushing in with ideas, stepping on toes and was reluctant to initiate anything without consulting with the CRW and seniors first. Also I had been unable to establish just what her own aims were and what programmes had been run before and what were the weaknesses regarding sustainability for projects that had been run previously. However, the comment about making "a time to talk adds pressure" struck home and I eventually managed to approach L in a quiet moment as the seniors were leaving, to get a deeper understanding of how she had become involved in Shawco and how she saw her role.

*approached in an indirect way.
... This particular discussion made me realise how little of their culture I understood.*

There is so much education and rehab that could be done at the centre. It seems disheartening to realise that there have been other projects that were implemented but have not been sustained. It came home again how identifying and recognising needs is not enough. If I cannot enable the seniors to take ownership of any projects that will enhance their well-being, then my time there will have been wasted as a therapist. I will be perceived as someone who helped them pass the time. This for me will be the real challenge; to develop the skill to enable the seniors to identify the needs that they can address themselves and implement; to make them their own agents of change.

Wonderful opportunity to follow up on some ideas for the centre. It also enabled me to observe a range of interventions applied by the OTs that I had not been able to observe before and I felt more relaxed being there this time around. These past few days have given me the time to reflect on what my options are instead of feeling like I should be rushing in and starting a project straight away.

I felt very angry initially with L, because she seemed to show little interest in continuing the orientation of the centre to us and it was left to D and I to orient the new students as well as suddenly running the club. There was definitely still confusion in our role expectations because there had been no time the previous week to clarify this. I had been worried about rushing in with ideas, stepping on toes and was reluctant to initiate anything without consulting with the CRW and seniors first. Also I had been unable to establish just what her own aims were and what programs had been run before and what were the weaknesses regarding sustainability for projects that had been run previously.

Realisation of what can be done at centre. Disheartening that some of the projects implemented have not been sustained. Identification and recognition of needs is not enough, must enable the seniors to take ownership of the project to enhance their well-being. Real challenge to develop the skill to enable the seniors to identify the needs that they can address themselves and be agents of change

Time to observe range of interventions in the community, needs to reflect and not rush into things.

Feelings of anger towards L, little interest to continue orientation and expected to run club as well.

Confusion of expectations. Student reluctant to initiate anything, scared of stepping on toes. Wanted clarification of L's own aims and what had been run before.

Understanding of working in community where one needs to enable the people to take ownership and responsibility for the project themselves otherwise it will not be sustainable. Developing emotional resilience. Management skills: Delegate, control, plan, organise.

Skills in capacity identification and development. Knowledge about differences between primary and tertiary levels of health care.

Reflection is important in intervention – reflective practice. Attitude of waiting and being process orientated.

Attitude and skills. Emotional resilience. Negotiating conflict of interest. Coping skills with power struggle. Application of organisational development principles. Interpersonal skills and human resource management. Discerning role and scope of OT. Negotiating skills.

APPENDIX V
OBJECTIVE 2 – WFOT FIVE ESSENTIAL AREAS OF COMPETENT PRACTICE

PERSON OCCUPATION ENVIRONMENT RELATIONSHIP AND ITS RELATIONSHIP TO HEALTH * 87 codes

PERSON * 33 codes

Understanding of elderly.
Knowing about own culture, not knowing about culture of 'the other'.
Understanding of new culture and language.
Understanding of cultural differences.
Knowledge of cultural diversity.
Understanding of elderly, life is routine.
Skills in culturally appropriate communication.
Empowering of knowledge as CRW didn't know what a programme was.
Enjoyment facilitated.
Perception of seniors of student – white woman addressed as Madam.
Seniors very spiritual beings.
Discerning attitude over change and time.
Empowerment of the women.
Insight into the Xhosa culture, customs and the importance of death to the elderly.
Insight into culture.
Understanding of culture – working together.
Knowledge of old age.
Knowledge of different culture and language.
Knowledge of the lived experience of the seniors.
Knowledge of cultural differences.
Understanding of representation of cultures working together.
Disjunction between what seniors expect and what students want.
Insight in culture similarities and differences.
Understanding of respect.
Skills in discerning opportunities for capacity building.
Sense of belonging.
Understanding of working with old people, has grown to know each one individually.
Understanding of working with old people.
Gained insight and understanding in the lives of the elderly.
Understanding of the Elderly.
Knowledge and understanding of the elderly.
Understanding of culture with regards to spirituality.
Growing old and the reaching of dreams and goals.

OCCUPATION * 32 codes

Understanding of differences in culture and language.
Knowing about own culture, not knowing about culture of 'the other'.
Knowledge regarding occupational adaptation.
Knowing about value of clubs.
Discerning potential to achieve sustainable development objectives.
Discerning/ Interpreting capacity potential.

Negotiating demands of sustainability.
 Finding sources to sustain.
 Building working relationships for sustainable development.
 Identifying appropriate occupations and projects. Building empowering relationships for sustainable development.
 Identifying methods to answer sustainability of programme.
 Knowledge of socio-economic status
 Need that is catered for the provision of the club.
 Needs to incorporate prayer and song into programme.
 Importance of occupation and how sewing can introduce a new member to the group.
 Understanding of task orientated groups – enhancement of well being through doing or being engaged in an activity.
 Identifying appropriate occupations/projects with scope.
 Wants seniors to make something for selves.
 Underestimated herself, project will not happen in a while.
 Understands sustainability issues.
 Understanding of the whole process and certain issues pertaining to the establishment of the project.
 Discerning differences to achieve sustainable programme.
 Understanding of sustainability
 Knowledge of what occupation brings about.
 Occupation of story telling.
 Knowledge that seniors need to participate in activity.
 Reasoning why seniors attend club.
 Benefits of attending the club.
 Understanding of difficulties involved in toilet transfers skills.
 Skills in identifying occupational potential.
 Seniors don't see reasoning behind certain activities within the programme.
 Understanding of Occupation, that it is meaningful and purposeful. Motivate.

ENVIRONMENT * 18 codes

Community participation.
 Community Bureaucracy.
 African Time.
 Differences in communities.
 Knowledge about time.
 Reality of community life.
 Understanding of how a memorial service is carried out in the community.
 Understanding of the needs of the community.
 Viable solutions sought.
 Time.
 Knowledge of availability of resources.
 Understanding of context and issues that impact on life in community.
 Knowledge about time.
 Realisation of Time not being an issue here at the Centre while money very important – basic life need.
 Time important with regards to food but not to groups...disjunction here.
 Understanding of resources and how one goes about utilising these.

Skill in time use.
Skill time use.

RELATIONSHIP BETWEEN OCCUPATION AND HEALTH * 4 codes

Understanding of the impact of activity smiles and laughing and strain on body.
Understanding of exercise.
Understanding of what is available for people in need whether primary or tertiary level of health care.
Disjunction between life-stage and life-world of seniors and life-world of students.

THERAPEUTIC AND PROFESSIONAL RELATIONSHIPS *43 codes

RELATIONSHIPS WITH RECIPIENTS OF OCCUPATIONAL THERAPY *10 codes

Dealing with frustrations regarding language barrier.
Participation of members.
Change in locus of control.
Understanding of other elements within communication despite not knowing what was spoken.
Skill in culturally appropriate communication.
Knowledge of communication.
Roles.
Recognising imbalance in locus of control. Dealing with frustration at slow pace.
Interchanging of teaching and skills ... students learning from the seniors and visa versa.
Story telling, seniors shared their life experiences with student- reached a deeper level.

RELATIONSHIPS WITH TEAM AND ORGANISATIONAL MEMBERS * 33 codes

Develop knowledge of intersectoral collaboration.
Team work.
Understanding of intersectoral collaboration.
Capacity to build community.
Teamwork.
Collegiality.
Understanding of person in charge.
Capacity to build skills – empowering.
Human resource management skills.
Knowledge about service organisations and role of senior clubs in community.
Goals of the Centre- service to the community.
Understanding of working in community where one needs to enable the people to take ownership and responsibility for the project themselves otherwise it will not be sustainable.
Negotiating conflict of interest.
Coping skills with power struggle.
Skills in working within organisational structures and limits.
Skills in communication.
Role empowering.

Understanding of interpersonal relationships.
 Sharing!
 Protect group dynamics.
 Networked with various people to facilitate project of making assistive devices for disabled people within the Khayelitsha area.
 Understanding of communication.
 Language barrier frustration.
 Understanding of roles and the importance thereof.
 Identifying factors impact on interpersonal relationships.
 Skill of communication methods.
 Skills of group work.
 Skill of "being part of the process"
 Skill of becoming known as people (not as OT).
 Skill of facilitator.
 Student has skills in building partnerships, trust and negotiation.
 Discerning attitude of CRW (observation).
 Attitude – collegiality, patience.

OCCUPATIONAL THERAPY PROCESS * 49 codes

Knowledge of OT.
 Knowledge of Philosophy of OT.
 Intrinsic knowledge based on philosophical BASIS OF OT integrated into practice.
 Understanding of placement objectives.
 Realisation of the OT Process – knowledge.
 Understanding of importance of assessment – skill.
 Understanding of observation within group setting.
 Discerning capacity potential.
 Expectations.
 Goals – OT Process.
 Discernment whose need is being focused on.
 Variation and change.
 Process – needs to be realistic.
 Knowledge of OT practice in a community setting.
 Marketing – management function.
 Raising awareness of OT.
 Management knowledge.
 Handover processes.
 Knowledge about OT process i.e. termination and closure.
 Focus on upliftment of community or source of problem.
 Management skills: Delegate, control, plan, organise.
 Skills in capacity identification and development.
 Application of organisational development principles.
 Interpersonal skills and human resource management.
 Discerning role and scope of OT.
 Negotiating skills.
 Skills in discerning needs and capacities.
 Assessment vital in OT Process.
 Understanding of Protocols within an organisation.

OT quality of practice.
Role of OT within programme – information resource and facilitator.
Understanding of OT Training process/ curriculum.
4th year is about communities, implementation of programmes.
Understanding of learning process- adaptation is necessary.
Problem solving.
Understanding of community entry.
Discerning channels of practice within an organisation.
Planning is vital in the OT process or with the implementation of a project.
Programme implementation.
Termination issues. Whether to visit again after block has finished.
Use of observation as skill for orientation.
Skills: marketing project.
Management skills.
Multiplying potential of project i.e. skills in activity analysis for social change.
Skills in project multiplication.
Administration skills.
Skills of waiting and being process orientated.
Skill within management structures.

PROFESSIONAL REASONING AND BEHAVIOUR * 61 codes

RESEARCH/INFORMATION SEARCH PROCESS * 6 codes

Results seen.
Critical reasoning.
Development of critical reasoning skills- ability to identify problems.
Building reasoning to identify realistic expectations.
Interactive reasoning.
Pragmatic reasoning.

ETHICAL PRACTICE * 4 codes

Skill in ethical reasoning.
Knowledge of ethics and rights.
Unprofessionalism versus Professionalism.
"Stryd" between the issues.

PROFESSIONAL COMPETENCE * 13 codes

Discerning limits of competence.
Increased professional responsibility: linking with OT awareness raising.
Cultural competence.
Discerning limits of competence.
Learning has taken place.
Learning possibilities.
Understanding of potential of learning possibilities.
Realities of life as an OT student....first time in area with no clinician.
Realisation of learning experience.
Understanding of learning – great opportunity to prepare for community service.
Summary of what student has learnt and how she perceive this learning, experience and the growth in confidence.
Different expectations from different supervisors.

REFLECTIVE PRACTICE * 8 codes

Reflective practice.
Reflective practice.
Reflective practice.
Reflective practice.
Reflective practice.
Reflection is important in intervention- reflective practice.
Reflective self appraisal.
Reflection of student regarding why seniors moan a great deal.

MANAGING SELF, OTHERS AND SERVICES * 30 codes

Discerning attitudes of group.
Discerning potential to achieve sustainable objectives.
Frustration.
Differences in interpretation of situation.
Responsibility versus capacity.
Responsibility.
Inspiration and motivation.
Values of trust and respect.
Proud of achievement.
Ability to self motivate.
Realisation of potential for role development and responsibility.
Contrast in different settings.
Development of emotional resilience.
Developing emotional resilience.
Attitude of waiting and being process orientated.
Attitude and skills.
Emotional resilience.
Restrain self from wanting to help!
Interpreting –what is gained and what is lost?
Praise given.
Self motivation.
Development of emotional resilience.
Dem stressful situation.
Motivation of the seniors.
Learning and improving of skills. Taught by the grandmothers.
Facing the realities and issues when having someone else's money to spend.
Change in attitude.
Discerning attitude within student.
Discerning attitudinal shifts in self and others.
Attitude – inspiration.

CONTEXT OF PROFESSIONAL PRACTICE * 15 codes

Apartheid issues.
Identifying opportunitie-+*s for social change in the context.
Appreciation of culture and context.
Attitudes – appreciation of impact of enduring poverty and social disorganisation on health and well-being.

Knowledge about differences between primary and tertiary levels of health care.
Reality of community life
Understanding of HIV/AIDS.
Pension payout process. Reality different from students view or perception.
Security issues, but felt supported by department.
Understanding of previous governmental policies impact on the people.
Understanding of context.
Understanding of context and issues that impact on life in community.
Understanding of what is available for people in need whether primary or tertiary level of health care.
Realisation of Time not being an issue here at the Centre while money very important – basic life need.

SUMMARY

PERSON OCCUPATION ENVIRONMENT RELATIONSHIP AND ITS RELATIONSHIP TO HEALTH * 87 codes * 34.12%

PERSON * 33 codes

OCCUPATION * 32 codes

ENVIRONMENT * 18 codes

RELATIONSHIP BETWEEN OCCUPATION AND HEALTH * 4 codes

THERAPEUTIC AND PROFESSIONAL RELATIONSHIPS *43 codes * 16.86%

RELATIONSHIPS WITH RECIPIENTS OF OCCUPATIONAL THERAPY *10 codes

RELATIONSHIPS WITH TEAM AND ORGANISATIONAL MEMBERS * 33 codes

OCCUPATIONAL THERAPY PROCESS * 49 codes * 19.22%

PROFESSIONAL REASONING AND BEHAVIOUR *61 codes * 23.92%

RESEARCH/INFORMATION SEARCH PROCESS * 6 codes

ETHICAL PRACTICE * 4 codes

PROFESSIONAL COMPETENCE * 13 codes

REFLECTIVE PRACTICE * 8 codes

MANAGING SELF, OTHERS AND SERVICES * 30 codes

CONTEXT OF PROFESSIONAL PRACTICE * 15 codes * 5.88%

TOTAL : 255 codes

APPENDIX VI STUDENT ESSAY ANALYSIS – OBJECTIVE 3

Student's essay	Excerpt	Notes	Codes
<p>Working at Noxolo Seniors' Club gave me an opportunity to grapple with the needs of a community - not only the needs of a disadvantaged community, but more specifically the needs of the elderly in a disadvantaged community.</p> <p>I was brought to the reality of our South African context where, as a health professional, one has to "get on and do" or it simply will not get done. Working without a full-time clinician was challenging but it was an excellent opportunity to exercise independence, the independence which was going to be so necessary in the year of community service to follow. In 2003 I was responsible for starting up an OT department in a hospital and community who were not aware of the benefits of OT. The practical experience at university gave me the opportunity to grapple with questions (clinical and personal) in a manner which did not allow us to be "spoon fed" by a full-time clinician. We were supported by the university in the form of supervision, learners logs, telephone calls, email, etc ... without which I don't think that we would have coped so well. It is important to have these infrastructures in place in any place of work. Have supervisor now, although she is not an OT, but she knows the community and hospital well.</p> <p>My time in Khayelitsha presented me with the opportunity to learn about another culture as we spent much time interacting with and observing the elderly who had a wealth of knowledge and tradition to share. I was also brought to the realisation of how 'disabled' the elderly are, not only facing physical disability, but also emotional, physical and financial abuse.</p> <p>While it was a fulfilling experience, it also brought with it frustrations:</p>	<p><i>Opportunity to grapple with the needs of a community - not only the needs of a disadvantaged community, but more specifically the needs of the elderly in a disadvantaged community.</i></p> <p><i>Brought to the reality of our South African context. One has to "get on and do" or it simply will not get done.</i></p> <p><i>Working without a full-time clinician was challenging but was an excellent opportunity to exercise independence, the independence which was going to be so necessary in the year of community service to follow. Responsible for starting up an OT department in a hospital and community who were not aware of the benefits of OT. The practical experience at university gave me the opportunity to grapple with questions (clinical and personal) in a manner which did not allow us to be "spoon fed" by a full-time clinician. We were supported by the university in the form of supervision, learners logs, telephone calls, email, etc ... without which I don't think that we would have coped so well. It is important to have these infrastructures in place in any place of work. Have supervisor now, although she is not an OT, but she knows the community and hospital well. Opportunity to learn about another culture as we spent much time interacting with and observing the elderly who had a wealth of knowledge and tradition to share.</i></p> <p><i>Realisation of how 'disabled' the elderly are, not only facing physical disability, but also emotional, physical and financial abuse.</i></p>	<p>Grappling with issues.</p> <p>No clinician very challenging learned to be independent, which stood her in good stead for CCS. CCS start new dept in community where OT was not familiar.</p> <p>Supportive environment created by the university – different things in place.</p> <p>Learning another culture. Observing the elderly.</p> <p>Realised how disabled the elderly are.</p>	<p>Understanding of the needs of the elderly in a disadvantaged community.</p> <p>Understanding of SA context. Doing otherwise it wont be done.</p> <p>Challenging having no clinician, good opportunity to learn to be independent in preparation for CCS.</p> <p>Started OT services in community which didn't know the benefits of OT.</p> <p>Infrastructures in place.</p> <p>Knowledge of another culture, Observing the elderly who had knowledge and tradition to share.</p> <p>Realisation of how disabled elderly are.</p>

1) *The obvious language barrier*
Not being able to talk to the elderly was an immediate barrier to communication.

2) *Apathy of the elderly*
This was apparent and understandable from their many years of oppression. It made me realise the role of OT in community empowerment.

3) *Lack of attention to structure/programme devised*

I learned first hand about the concept of "Africa time"! This did, however, prepare me for community service where I was more able to accept that things were not always going to run as planned and that to be an effective health professional one had to adapt. Some how things always seemed to come together IN THE END! Patience definitely is a virtue!

While these were frustrating elements, they brought with them learning opportunities. I also learned about the importance of treating within context, in this case a context with minimal resources. One learned to make do with what was available e.g. making crockery from newspaper. An important lesson was one about needs. People often have the perception that those with minimal resources should have very basic needs i.e. food, shelter, warmth.

Frustrations:
The obvious language barrier .

Apathy of the elderly.
This was apparent and understandable from their many years of oppression. It made me realise the role of OT in community empowerment.

Lack of attention to structure/programme devised.
I learned first hand about the concept of "Africa time"! This did, however, prepare me for community service where I was more able to accept that things were not always going to run as planned and that to be an effective health professional one. had to adapt. Some how things always seemed to come together IN THE END! Patience definitely is a virtue!

While these were frustrating elements, they brought with them learning opportunities.
learned about the importance of treating within context, in this case a context with minimal resources.
One learned to make do with what was available.
An important lesson was one about needs.

Realisations.

Africa Time.
Preparation for CCS.
Things don't go as planned, but do come together at the end.

Frustrating yet learned.

Importance of treating in context.

Minimal resources.

Frustrations.
Unable to speak Xhosa immediate barrier to communication.
Apathy of elderly.
Understanding of their oppression.
Role of OT in community empowerment.

Africa Time.
Preparation for CCS.
Understanding of working in community.
Effective health professional one has to adapt.
Patience

Learning possibilities.

Importance of treating in context.
Minimal resources.

Needs!