AN EXPLORATION OF COMMUNITY PARTNERS' EXPERIENCES OF A 4TH YEAR MEDICAL STUDENTS' COMMUNITY-BASED RESEARCH AND HEALTH PROMOTION COURSE

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Compulsory Declaration

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature: Nariman Laattoe Date: 13.02.07

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ABSTRACT

The shift to a primary health care (PHC) led curriculum, and the need for graduates to work in a transformed district health system, requires that students in the health professions acquire skills in community-based research and health promotion. Over the past nine years, the School of Public Health and its three divisions of Primary Health Care (PHC), Public Health (PH) and Family Medicine (FM) in the Health Sciences Faculty at the University of Cape Town (UCT) have placed medical students in communities for eight-week rotations. During this time they undertake a community-based epidemiology project, followed by a health promotion intervention, in collaboration with community partners.

The purpose of the research project was, primarily, to explore the benefits, if any, of this model of teaching for community stakeholders. Although the anecdotal impression is that some of the most important learning experiences for students take place in these community interactions, it was thought that an exploration of this model was needed specifically with reference to how it may benefit or impact on the community partners. This included consideration of the sustainability of the interventions.

The research was conducted within a qualitative paradigm and this particular course was used as a case study.
A variety of one-on-one interviews and focus groups were conducted separately with site facilitators, course convenors, other academic staff, and community and state service organisations. In addition, documentation relating to the course and the sites was reviewed. The data from the interviews and focus groups were coded, categorised and analysed using the constant comparative method of data analysis.

Through a lense of primary health care, I extensively reviewed literature on service learning and community-based education, as a result of which the research broadly followed the notion of service-learning as it relates to community-based education. I reviewed the components which comprise the service-learning experience and which are relevant to this particular case. In particular I reviewed social development and partnerships with regard to how they relate to the perceived benefits to community stakeholders.

The research explored questions relating to the impact on the work of community stakeholders of hosting students; the perceived benefits to community stakeholders; sustainability of the student interventions and maintenance of the partnerships between the community stakeholders and the university. The findings supported the literature in that there are some positive benefits for community partners but that there is a lack of focus on the strengthening of partnerships with community partners.

The findings highlighted the need to focus on issues of partnership and alignment with the social responsiveness objectives of the university – and the thesis concludes with recommendations and suggestions for further research.

ABBREVIATIONS

CBE	community-based education
CBO/s	community-based organisation/s
CHC	Community Health Centre
CHD	Community Health Department
CHW	community health worker
EDU	Education Development Unit
FM	Family Medicine
HSF	Health Sciences Faculty
NGO/s	non-governmental organisation/s
PH	Public Health
PHC	Primary Health Care
PHCA	Primary Health Care Approach
PHCD	Primary Health Care Directorate
SoPH	School of Public Health
UCT	University of Cape Town
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

USE OF TERMS

"Community partners"

Community partners and community stakeholders are terms which have been used interchangeably and refer to the service organisations, both NGO/CBO and state, who hosted students in this programme.

"Community service organisations"

Community service organisations referred specifically to NGO/CBO service organisations.

"Stakeholders"

Where the term stakeholders has been used, this differs from the specific use of "community stakeholders" in that it includes everyone who has been involved in the programme, that is, staff (academic and site facilitators), students, the university, the community, community service organisations and management of the community- and state service organisations.

Chapter One
INTRODUCTION

1. INTRODUCTION

This research project explored community partners' experiences of a community-based research and health promotion course undertaken by medical students at the University of Cape Town (UCT).

In this course on Epidemiology and Health Promotion, 4th year MBChB students were placed in community service organisations where they worked in partnership with local stakeholders, conducting epidemiological research projects and health promotion projects on issues which had been identified by the organisations. The organisations were either non-governmental or community-based organisations (NGOs or CBOs) or state service organisations such as schools or community health centres. This study was conducted in 2003 to 2004, during which time 356 students worked on 73 projects in combinations of four to six students per project. While the course took place over eight weeks, each project had to be completed in what was effectively nine days – three to collect the epidemiological data and six to complete the health promotion projects – given the students' other curricular commitments.

At the end of 2004 I was commissioned by the School of Public Health and the Primary Health Care Directorate, both in UCT's Faculty of Health Sciences, to evaluate this model of community-based education (Laattoe, 2006). While their anecdotal impressions were that some of the students' most important learnings were taking place in these community interactions, they felt that a formal evaluation of this model was needed. The evaluation therefore aimed primarily to identify the impact on and benefit to students with regard to knowledge and competencies acquired. A second aim was to explore how the community

stakeholders perceived the benefits of hosting these students.

It is essentially this second issue which I felt needed further research, as this had not been addressed fully in the formal evaluation. This resulted in this qualitative study which focuses on exploring the perceived benefits, if any, for the community-based service organisations of having students placed with them.

This chapter outlines the context, the history of the sites and the partnerships within which the course was conducted. It also elaborates on the purpose of the research.

2. BACKGROUND

2.1 Context

In response to the imminent National Health Act (Department of Health, 2003) which is underpinned by the primary health care approach, the Faculty of Medicine at UCT held a special Faculty Assembly in August 1994 to endorse a proposal that the primary health care approach be formally adopted as one of the Faculty's binding principles. The University's resulting primary health care policy, *The Primary Health Care Approach and the University of Cape Town Medical School,* (UCT, 1994) articulates the response as follows:

> *"This is a time of opportunities as well as threats for the Faculty. To continue to thrive in the future, it must be ready to meet the challenges. South Africa is changing rapidly. An elected government has to set out to ensure that the public services do serve all South Africans. The Primary Health Care Approach provides a useful way of working towards health for all.*

Changes in health services are already under way. Steps are being taken to join the fragmented health authorities, to create a single public sector health service. Health authorities are being made responsible for the full range of services needed by defined populations. While teaching hospital funding is being restricted, there is an increased emphasis on services provided beyond the hospitals. Hospital and ambulatory services are required to cooperate with each other." (UCT, 1994:1-2)

The document continues:

> *"The education sector is changing too, with increased emphasis on developing the 'historically black universities', and on early education."* (UCT, 1994:2)

And it is within this context that it concludes:

> *"These developments in health and education require the Faculty to show that it too is changing, and that it justifies the resources and status it has earned in the past. The Faculty is a national and regional resource, producing professionals and knowledge through its involvement in health services, research and training. In the light of the country's changing needs and demands, this is an opportunity for the Faculty to take steps to ensure that our products remain excellent."* (UCT, 1994:2)

The primary health care approach was seen as a "force for reform, and encapsulating the way health care services are likely to change" (UCT, 1994:2).

Amongst other activities, and relevant to this research, the Assembly committed the Faculty to:

- promote the primary health care approach throughout the Faculty;

- ensure that teaching prepares students to work as professionals at all levels of the health care system;
- develop "off campus" teaching, in community-based sites and to co-ordinate teaching activities with the functions of other agencies and organisations; and
- encourage research in the area of public health, including epidemiology, as well as community-based research (UCT, 1994: 4-8).

2.1.1 Curriculum and course structure

The shift to a curriculum led by primary health care, and the need for graduates to work in a transformed health system, required that students in the health professions acquire skills in population-based research and community-based health promotion.

In their fourth year of study, medical students rotate through eight-week courses or blocks (also known as "rotations"), each of which focused on a specific aspect of medical practice. Over the past nine years, UCT's School of Public Health – and its three divisions of Primary Health Care, Public Health and Family Medicine – have placed 4th year students in communities for one of these eight-week rotations to undertake a course on Epidemiology and Health Promotion. Only two of the three aspects of the course were undertaken in community settings however, being public health (in the form of epidemiological research) and primary health care (in the form of health promotion projects). Family medicine was not taught in community settings, however – and as this study focuses on the communities' experiences of these placements, family medicine is not addressed in this study at all.

The epidemiology research, which specifically introduced students to practical epidemiological approaches and research methods, required them to conduct research which informed the project negotiated with the community stakeholders. The research results – which were presented to the community stakeholders in the form of community needs surveys, or workshops facilitated

by the students – then informed the health promotion projects which invariably entailed the production of health promotion material like pamphlets, posters or videos to address the findings of their epidemiological research.

This rotation required that students learn within community settings in collaboration with community partners through an approach which focussed strongly on experiential learning and team work.

2.1.2 *Roles and sites/areas*

Community partners

As noted above, the term 'community partners' refers to the organisations located in the 'communities' where the students were placed. They were either non-governmental organisations (NGOs), community-based organisations (CBOs) or state institutions such as community health centres or schools. For this rotation, the University partners worked with organisations located in under-served or under-resourced communities within four geographical areas of the greater Cape Town Metropolitan area – namely

- Atlantis / Mamre
- Nyanga / Brown's Farm
- Woodstock and
- Khayelitsha.

The community partners were required to work in partnership with the students to ensure completion of the project outcomes – and, if appropriate or necessary, to continue with the projects when the students had completed their commitment.

University staff

The University employed a full time site facilitator in each area. They were 'non-academic' staff who, while they were predominantly process facilitators, had

content knowledge of primary health care and health promotion. Their key roles were to:

- facilitate liaison between the community partners and students; and
- guide and assess student learning activities in the health promotion projects.

They also negotiated the projects and issues to be researched with the community partners prior to the students arriving.

Students were also assigned research supervisors from the academic staff for the epidemiological research. In this way University-based expertise was available to students for both components of the community placements.

2.2 History of establishing the community-based sites and partnerships

Course documents (specifically the minutes of Site Development Committee meetings) and interviews conducted with staff show that this course was developed in the Community Health Department, now the School of Public Health.

In the 1950s UCT students were offered opportunities for community-based health-related experience through SHAWCO, the voluntary student-run Student Health and Welfare Centres Organisation which worked in local disadvantaged communities. As a volunteer organisation, its activities were non-curricular, however.

In 1978 clinical teaching of 6th year medical students was formalised at Heideveld Day Hospital. This was later extended to the SACLA Clinic in Crossroads and the Lotus River Day Hospital. Between 1980 and 2000, community-based teaching was well-established in the Faculty.

In addition, the Community Health Department was conducting research in

Khayelitsha around women's health issues and a project was started in Mamre which researched that community's health needs. During the research, lecturers and researchers from the Department participated in the community committees and community meetings, which included opportunities to discuss the findings and implications of the research with the communities. Once the research was complete, this was also presented to the communities.

Following the outcomes of the research in Mamre, discussions in the 1980s led to the establishment there of the Community Health Worker Project which comprised local community health workers focussing on the needs identified by the research, mainly related to disability. In 1992 a joint decision was taken by the Community Health Department, SHAWCO and Town II residents in Khayelitsha to implement the Community Health Worker project in Khayelitsha. In this area the community health workers focused on women's health as this was the need most strongly identified by the research in that area. They also worked with the Zibonele community radio station which had been established by the Community Health Worker project for this purpose.

As a result of these relationships, a strong 'partnership thrust' developed, which included clear partnership principles and ethics and provided a sound base on which students' placements were easily negotiated in both areas.

According to the then course co-ordinator (Staff:UCT), the Brown's Farm site was established some time after that, in 1998. This evolved out of the involvement of the course co-ordinator, who had strong links with a Community Health Worker Project attached to the NGO, Health Care Trust. Again, this created easy access to the area and contributed to positive results in the negotiation of placements at the Brown's Farm sites. Again, ongoing meetings were held with the health committees to establish the needs in the area, as well as to involve them in how the community-based aspects of the University course could be improved.

The community-based programme grew to the point where students – in medicine, health and rehabilitation – were located in placements with many different organisations in these four – as well as other – geographical areas.

This meant that the University found itself in loose arrangements with many organisations and in a situation in which a number of course co-ordinators were negotiating separately with the same organisations.

In 1995, under the leadership of the newly-appointed Chair of Primary Health Care (PHC), the Faculty reaffirmed its commitment to the primary health care approach. In January 1996 a site co-ordinator was appointed to "amongst others, co-ordinate primary health care projects by various departments on off-campus sites, establish new sites where necessary and investigate how departments could get involved in the sites" (Faculty of Medicine, 1996). At this time a number of part-time site facilitators, later to become permanent, full-time posts, had also been appointed to assist the site co-ordinator in setting up and running the sites.

A proposal made by the Site Development Committee was agreed to by the Chair of PHC – namely that a more co-ordinated approach to partnership be adopted and that a committee be established in each area with which any University course co-ordinator of community-based education would liaise. This decision is reflected in the 1997 strategic plan of the new Health Sciences Faculty (HSF) which focused on equity, and in 2000 in the revised HSF strategic plan for the period up to 2002 (Faculty of Medicine, 2001).

With the Chair of PHC's full support, workshops were held in 1999 and 2000 to which all stakeholders were invited. These included all Health Sciences staff doing community-based education as well as all the community partners who were hosting students. Following a number of workshops, interim committees were elected for each area, which were tasked with informing members of the

broader community of the process to date and the planned way forward. After this process had taken place in Mamre/Atlantis and Nyanga/Brown's Farm in 2001, the Chair of PHC died unexpectedly, and the Faculty Senior Management Team called a halt to the process, citing a lack of resources as the main reason. (Staff:UCT – interviews S1, S2 and S4; focus group interview Staff:SF1,2,3,4). At this stage, the process had not yet reached this point in the Khayelitsha or Woodstock areas.

Despite representatives from one of these areas writing to the Dean of the Health Sciences Faculty seeking some explanation and a proposed way forward (Staff:UCT - interviews S1, S2 and S4; focus group interview Staff:SF:1), the programmes reverted to the way in which they had been operating before, namely each Health Sciences department negotiated with organisations separately in an unco-ordinated manner. To date all courses continue to be organised in this way.

2.3 Objectives of the course

According to the School of Public Health's course handbook, in the course on Epidemiology and Health Promotion "students are placed in different communities in order to gain an understanding of the primary health care approach and to learn practical public health and health promotion skills" (UCT, 2004: 2). The objectives of the two community-based components are listed as follows.

2.3.1 Public Health

Founded on the sciences of epidemiology, biostatistics and demography, public health uses a population approach to health issues. This public health course proposed to facilitate the following knowledge, skills and/or competencies:

- "a basic understanding of core public health knowledge and concepts;

- be able to apply epidemiological principles to critically appraise published research;
- be able to apply their understanding and skills in conducting epidemiological and/or public health research;
- understand public health approaches to addressing the health needs of vulnerable groups;
- appreciate the importance of human rights for health professionals;
- understand and be able to apply the population approach to health and disease." (UCT, 2004:12).

2.3.2 *Primary Health Care*

In this part of the community-based aspect of the course, the emphasis was on the promotion of health and prevention of disease. By the end of the block students were meant to have gained:

- "a basic understanding of the theory of HP [health promotion];
- knowledge of current debates around HP and PHC [primary health care];
- current information on the ongoing transformation of the health care system." (UCT, 2004:7)

The community-based health promotion project – through which this was taught – aimed to develop:

- 'a deeper understanding of the relationships between the lifestyles and the health of communities; and
- planning, communicating, problem solving, capacity building, teamworking and networking skills' (UCT, 2004:21).

2.3.3 *Summary of objectives*

Staff described the primary objective of the course as being to expose students to community settings and sites where they would learn and apply the primary

health care approach and community-based epidemiology research. This objective was expressed in various ways by a number of staff e.g.

- *"to give students basic public health skills and competencies which relate to being able to plan and implement a basic study and interpret research findings"* (Staff:UCT);
- *"... to move students from a narrow view of clinical diagnosis of one individual ..."* (Staff:UCT);
- *"about 85% of what we teach on the block is about community diagnosis"* (Staff:UCT).

3. RATIONALE AND AIMS OF THE RESEARCH

The literature which I review in Chapter Two revealed that there is an assumption that partnerships between community service organisations and universities are welcomed by community stakeholders and, moreover, that they benefit from the contributions the students make to their organisations. This research project was centrally concerned with examining this assumption.

Within the context of the shift to a primary health care approach, this study aimed to examine this assumption through exploring the community stakeholders' perceptions of this model of education – and of the effects the placements had within their organisations. A further area of interest to the researcher was the usefulness, sustainability and appropriateness to the community stakeholders of these interventions.

The focus of this research was refined through a pilot research project which I initially conducted with community partners within one area which helped to guide the research process and sharpen my questions. While this is discussed in more detail in the chapter on methodology, the pilot and the literature reviewed in Chapter Two indicated that effective community-based education may be dependent on maintaining good relationships and partnerships with the

communities in which the education is located. In this research project I therefore also examine the approaches employed to maintain partnerships in these sites.

Assumption with regard to community impact

Since I did not plan to interview members of the communities in which students were placed, I assumed that they would benefit from accessing the students' products as mediated by the community partners with whom the students were placed.

The aims of the research

In summary, then, the main aims of the research were to explore:

- Through the experiences of the community partners, the benefits for community stakeholders of having medical students placed in their organisations.
- Whether the community stakeholders experienced any challenges with regard to hosting the students.
- How the partnerships between the University, students and organisations were approached.
- The sustainability of the interventions.

Researcher's interests

This research has been complemented by my long involvement in community development which has given rise to an interest in the issue of partnerships and good practice in relation to community-based education. I understand this to encompass issues like, for example, who the initiators and drivers of community development processes are, whether the voice of the community is heard or

acknowledged, whose interests are in fact being served by those "servicing" communities or community organisations, and what the factors are that impact either positively or negatively on community development

I hope that this study will contribute to the consideration of guiding principles for establishing and maintaining partnerships with community stakeholders in order that there is mutual benefit to community stakeholders and the University.

4. RESEARCH QUESTION

In light of the above, the main question therefore is as follows:

> What, if any, are the perceived benefits (of this model) of community-based education for community stakeholders?

The pilot study referred to earlier, and which will be discussed in more detail later, allowed me to refine my question and explore the research question through the following sub-questions:

1. How, if at all, did the community stakeholders feel they had benefited from the student placements?
2. If any benefits had been experienced, were the benefits different from those expected by community partners at the beginning of the course?
3. Were any difficulties experienced during the implementation of the course and if so, how could these be dealt with? If not, what did community partners think contributed to the process running so smoothly?
4. Who did the community partners identify as stakeholders in the process and what were their (the stakeholders') roles?
5. What recommendations would the community partners make to maximise the potential of the course?

The questions listed above were designed to explore the assumption that community partners benefit from community-based education.

5. OVERVIEW OF THIS DISSERTATION

The next chapter, the literature review, closely examines community-based education and pays special attention to community involvement in community-based education. As this course was designed in response to UCT's adoption of a primary health care approach, the literature review will also explore primary health care to provide a context for the course.

The research methodology is outlined in Chapter Three, after which my analysis and discussion of the findings are presented in Chapter Four. In Chapter Five some key issues which arise from the findings are examined, while the final chapter summarises the study and concludes with recommendations for further research.

Chapter Two

LITERATURE REVIEW
AND CONCEPTUAL FRAMEWORK

1. INTRODUCTION

In investigating the value of the community-based education model of the UCT MBChB course to the community stakeholders, the conceptual framework has been based on the literature which deals with the rationales for community-based education as well as service learning approaches. Furthermore, because the course under investigation has been delivered within the context of UCT's shift to a primary health care approach, the rationales for community-based education and service-learning will be reviewed through the lens of primary health care as well as of community development which underpins the primary health care approach.

The aim of this chapter is to draw out a set of principles from the literature which will later be used to analyse the findings.

2. PRIMARY HEALTH CARE

There is much confusion about the term 'primary health care' since it is perceived, interpreted and defined differently in different contexts. In addition, these meanings have evolved and changed over time.

In the original and narrowest sense, primary health care is confused with the term 'primary care which means first-contact care, that is, where people first meet

health care workers. Most common complaints are treated at this level, as are preventive measures such as immunisations.

2.1 Development of primary health care

Primary health care was first conceptualised by the international health sector in the 1940s and 1950s when a need was identified for governments to rationalise their approaches to health care and to develop concrete strategies for improving their health services in ways which would impact positively on health generally (Waggie, 2005:76).

By the 1970s the global health system was in a state of disarray. Major trends leaned towards expensive treatment for a select few as opposed to the provision of promotive and basic health care for all. In response to this, an international conference on primary health care, jointly funded by the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF), was held in September 1978 at Alma-Ata.

The health care philosophy which was adopted at the conference was aimed at providing health care for all by the year 2000. Specific to this research project was the principle that community involvement in health is crucial if primary health care was to impact significantly on health status. Primary health care, therefore, is a product of the community it serves and a successful primary health care strategy will be based on the needs identified by that community.

2.2 Concepts of primary health care

According to Dennill et al (1999:2) the concept of primary health care "encompasses a political philosophy" which "advocates an approach to health care based on principles that allow people to receive the care that enables them to lead socially and economically productive lives".

The definition of this concept was determined at Alma-Ata as follows:

> *"Primary health care is essential care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care service."* (WHO 1988:15 as quoted in Dennill et al 1999:2).

The above illustrates the requirement that health care be integrated into national political and economic strategies, asserting that it is through such a process that communities will gain access to employment opportunities and education as well as the opportunity of accessing improved living and environmental conditions. Primary health care can therefore be seen as a "broad concept that is a combination of task-oriented basic health care services and the process of community development" (Waggie, 2005: 76).

The primary health care approach forms the basis of the current National Health Act (No. 61 of 2003). As noted above, it was in response to this imminent policy that UCT's Health Sciences Faculty adopted the primary health care approach.

2.3 Principles of primary health care

In the definition above, Waggie (2005:79) has interpreted the principles of primary health care and describes them as the building blocks for a strategy for the implementation of a primary health care approach. She interprets the WHO (1978:16-17) principles as follows:

- *"**Universal coverage** of the population, with care provided to need.*
- *Services should be promotive, preventive, curative and rehabilitative.*
- *Services should be **effective, culturally acceptable and manageable.***
- *Approaches to health should **relate to other sectors of development.***
- ***Communities should be involved** in the development of services to promote self-reliance and reduce dependency."* (my emphasis)

Dennill et al (1999:9) describe community participation as a

> *"shift of emphasis, from external agencies supplying the health services, to the people of the community becoming active participants in their own health care. They become partners in health care by generating their own ideas, assessing their needs, making decisions, planning, implementing and even evaluating the care they receive. This process encourages and allows the community to take responsibility for their own situation, thus empowering them. It encourages community development of self reliance and self determination."*

From the above definition and explanations it can be seen that the philosophies of social development and empowerment clearly underpin primary health care.

Community involvement

A further need for exploring community involvement is espoused in UCT's primary health care policy (1994) to which this particular course is a response.

With regard to community involvement, the policy specifically states that

> *"[c]ommunity involvement means giving members of communities, individuals and families the ability to control and take responsibility for their own health, by providing information and education, by involving community representatives in planning health services, and by helping community organisations assert their members' rights and interests."* (UCT, 1994:3)

With respect to the community, the policy further specifies that:

- *"Faculty strives to engage the community of Cape Town with respect to their health care needs, and to assist in the development of their capacity to respond.*
- *Genuine consultation occurs wherever and whenever the Faculty plans actions that may impact on the lives of community members.*
- *The Faculty's unique resources are used by the community."* (UCT, 1994: 8)

The Australian service learning organisation, *PHC Connect,* (2006), supports the link between primary health care, community development and empowerment and community-based education, in noting that "the health status of communities is both a function and a reflection of development in those communities". As reflected in their website, *PHC Connect* clearly details the need for a primary health care approach to take into account local needs and involve communities and individuals in planning and service provision at all levels. They note that, in addition to addressing inequity, services and the technology employed to provide

these services should be both acceptable and affordable to the communities they serve.

Within the context of UCT's adoption of the primary health care approach and its objectives with regard to community participation, it was therefore imperative that the course under investigation paid close attention to how communities were involved in, and empowered through, their participation in the community-based education process.

3. COMMUNITY-BASED EDUCATION

The previous section sketched a background of primary health care within the context of UCT's commitment to the primary health care approach. In addition, it is also clear that a primary health care approach requires health care workers who are responsive and attentive to the community they serve – which leads to the importance of community-based education whose main goal is the development of health professionals who are community-orientated.

As the name indicates, community-based education intends to give health professionals insights into addressing the health needs of communities through locating their learning within community settings (Bor, D. 2003). This is usually undertaken within a context of health promotion and prevention of disease with a focus on populations (communities).

For the purpose of this research project, and taking into account the context and background out of which the course evolved, this section will review the literature for definitions and goals of community-based education. I will also discuss the relationship of community-based education to the aims of the research.

3.1 Definitions and goals of community-based education

The main goal of community-based education – to develop community-orientated health professionals – is identified quite clearly by Schmidt et al (2000). They describe community-based education as

> *"an approach to health professions education (and in particular medical education) in which students, already in the early phases of their training, are confronted with the health problems of the communities they are supposed to serve in the future. It is assumed that through early and extensive contacts with the community, students may become better prepared to deal with those problems in the future."*
>
> (Schmidt et al, 2000:7).

According to Bor (2003), the goals of community-based education, which is generally undertaken within under-served communities, are essentially to improve the health of communities rather than focus on individual cases. Furthermore, it is assumed that if health professionals are trained within under-served community settings, more health professionals may pursue careers in those settings, thereby becoming change agents within them – that is, that they will provide "care for the disadvantaged and engage in local social and political processes that impact individual, family and community health" (Bor, 2003:400).

It is also assumed that academic institutions will become involved with, and influence, processes and decisions affecting the health of these communities. According to Bor (2003:402), the attributes of community-oriented academic institutions include the following:

- *"The institution's mission statement commits to improve the health of its community.*

- *The institution models community engagement and citizenship for its students and faculty [academic staff], for example, by sponsoring community health programmes.*
- *Students and faculty [academic staff] engage in community service as policy makers, advocates, coordinators, health managers or health service providers.*
- *The relationship between the academic institution and the other stakeholders in community health improvement is one of integration rather than domination, mere cooperation or advocacy.*
- *The institution demonstrates social accountability by publicly disclosing specific goals of these relationships, and reporting periodically on progress.*
- *The institution continuously develops new capacities.*
- *The institution disseminates lessons learned in its efforts to improve the community's health.*
- *The institution employs teaching techniques, like problem-based learning, which stimulate life-long, self-directed learning for students and community."*

3.2 Possible benefits to community partners

Because this research project is primarily concerned with the perceived benefits which community partners may derive from the student interventions, it was also useful to review the literature dealing with what benefits *should* be derived for community partners.

Writing on this topic, Schmidt et al (2000:19) state:

> *"The community in addition through its active involvement in the solution of its problems (identification, prioritization, posing feasible solution options, selecting appropriate intervention and planning, implementation, monitoring and evaluation of intervention) contributes to its own development. Awareness as well as leadership capabilities in health and health-related matters is promoted with possibilities for community empowerment, self-reliance, and sustainable development."*

Albeit that the literature on community-based education is expansive, with much having been written to describe what the benefits of community-based education might or should be for participating communities, I have not found much literature related to research which specifically investigates the actual benefits to participating communities. This view is emphasised by Connors (1998:97) who states that "there has been little systematic exploration of the impact of this educational method on the participating communities".

Whilst both community-based education and primary health care point to the fact that true partnerships are vital to community involvement and participation, the literature has also pointed to a lack of true partnership in community-based education. This view is emphasised by Williams et al (1999: 730) who argue strongly that

> *"... more often, the relationship is predominantly one-sided: the community 'partner' may assist with planning and operation of the educational activity, but receives little in return. Although it is assumed that patients/community residents may benefit individually from the increased attention given by students during the CBE [community-based education] activities, by far the greater benefit is to the*

students and the educational institution. This lack of a true partnership might be seen as a shortcoming of most CBE."

El Ansari et al (2004:35) are in agreement with this view, stating that "people or institutions may be reluctant to spend precious time and resources in partnership development activities".

According to Bernal et al (2004:33)

"the literature also reveals that partnerships oftentimes have problems with long-term sustainability. The need by universities for educational sites, research subjects and field sites has not always been in the best interest of communities. While well intentioned, many of these relationships have ended poorly, leaving the community feeling 'used' and 'abused'."

This is emphasised by Williams et al (1999).

The literature generally argues that while community involvement is a specific objective in the implementation of community-based education, in practice the relationships are more often than not one-sided. I have found one example to the contrary, however, which I shall use to illustrate this argument.

Referring to the example of the then-University of Natal in Durban,[1] Williams et al (1999:730) asserted that "communities do not generally receive valued outcomes in exchange for participation in the CBE process". As a result, Williams et al (1999:730) considered the WHO's set of recommendations for community-based education when planning their medical students' community-based course. This also provided them with an opportunity to try to change the fact that the stated objective of community development and empowerment was seldom achieved in the community-based education process. Following one of the most important principles listed – namely "to involve the community in an

[1] The Durban campus of the University of Natal is now part of the University of KwaZulu- Natal.

active rather than passive role", their decision was to "modify the rotation in a more community-responsive direction". A set of goals was established for achieving this, including "to create a true partnership with the community in the planning and operation of the rotation" (Williams et al, 1999:731).

The aim of specifically making the partnership with the community a key objective led to the strengthening of the partnerships between all stakeholders, namely the health centre, local health management team and community members. A specific example of this was "the partnership that developed between the health staff and some traditional healers around treatment of TB patients that led to discussion of other areas of co-operation" (Williams et al, 1999: 735).

4. SERVICE LEARNING APPROACHES

Although this particular course was not specifically designed with a service learning methodology in mind, the literature on service learning is relevant to this research given its emphasis on the importance of partnership which is one of the clearly stated objectives of UCT's primary health care approach.

In light of the above, I therefore turn to the literature on service learning approaches to community-based education (Connors, 1998; Furco, 1996; McMillan, 2002). Having found that education in the health professions, including community-based education, has traditionally emphasised student learning and competencies, Connors (1998:101) states that "service learning, in contrast, seeks to balance service and learning objectives" and "emphasizes the importance of addressing community-identified concerns... incorporating an understanding of broad factors influencing health and quality of life".

4.1 Defining service learning

It is useful to try to define service learning in order to illustrate the link between the course under investigation and service learning.

Definitions and descriptions of service learning vary. Robinson (1995 in Prentice, 2000:1) defines service learning as a teaching methodology that "integrates community service with academic instruction as it focuses on critical, reflective thinking and civic responsibility". According to this article and other literature reviewed (Connors, 1998; Furco, 1996) service learning comprises a balance between service to the community and learning for the students; that is, there are reciprocal benefits. Connors (1998:99) suggests that "service learning is not only a strategy for preparing community-responsive health professionals, but also a strategy for fostering citizenship and changing the relationships between communities and health professional schools".

Although service learning can also be seen as community-based education, its inclusion of a focus on service to the community sets it apart from community-based education which emphasises student learning almost exclusively. This is illustrated by Furco (1996:5) who defines service learning programmes in the following way:

> *"Service-learning programs are distinguished from other approaches to experiential education by their intention to equally benefit the provider and the recipient of the service as well as to ensure equal focus on both the service being provided and the learning that is occurring."*

And according to Connors et al (1998:101), "service learning emphasises the importance of addressing community-identified concerns".

The literature reviewed (Prentice, 2000 and Connors, 1998) also suggests that service learning is also set apart from other community-based education

programmes through its requirement of reflection, which is seen as a critical component of service learning in terms of its goal of helping students to "think critically about their experiences at the service learning agency and how those experiences tie in with their learning of the course material" (Robinson, 1995 in Prentice, 2000:2).

4.2 Community-based education and service learning

In summary, the main reason for juxtaposing these two approaches to education is to reflect on which approach is more closely aligned with the course being studied – with a view to what benefits may have been intended to reach the community.

Firstly, the projects are initiated by, and negotiated with, the community service organisations. Topics and issues are not imposed by UCT, and the lead is taken from the organisations from the communities where the placements are located.

A second major difference in the two approaches was seen in UCT's requirement that the medical students kept journals in which they reflected on their experiences and processes. Whilst this is not typical of community-based education, according to Connors et al (1998:101) "structured reflection is a critical component of service learning and facilitates the students' ability to articulate connections about the service experience, their learning and their own lives". They continue that such "opportunities for critical reflection ... encourage students to consider the larger social, political, economic and cultural contexts of the community concerns being addressed". As described above under course objectives, these are requirements for the learning outcomes of this particular course. Necessarily then, the role of the community partner in achieving this course objective is also a key aspect which needs to be considered in the analysis of the data.

An analysis of the community-based education model under investigation therefore reveals a close alignment with service learning. According to the literature, service learning was conceptualised subsequent to community-based education and therefore places more emphasis on the objectives which are often not achieved in community-based education, specifically service to the community.

The approach offered by service learning as outlined above offers a useful frame within which to examine the course being investigated in this study. These are characterised by the balance it offers between service and learning, the emphasis on partnership, the grounding of the course in experiential learning, and the requirement of a reflection component. I will therefore review the components of the service learning approach which are relevant to exploring the benefits to community stakeholders in particular, namely partnership and social development, and sustainability.

4.3 Partnership and social development

4.3.1 Defining partnership in the context of social development

According to McMillan (2002:61) "any conception of development needs to take into account the views of, and relationship between, a wide range of stakeholders". When parties are required to work together in some form of on-going relationship, this can best be identified through the notion of partnership.

The Collins Dictionary (1994:615) refers to a 'partner' as "either member of a couple in a relationship, a member of a business partnership, one of a pair of dancers or of players on the same side in a game, an ally or a companion". The same source describes a 'partnership' as "a contractual relationship between two or more people or organisations in a joint (business) venture" (1994:615). Thus relationship is the common theme which governs the idea of partnership.

The Collins Dictionary (1994:719) describes 'relationship' as "the state of being related, the mutual dealings, connections or feelings that exist between two countries, people or groups". And according to Bernal et al (2004:33) "the essential idea [of partnerships] is that of sharing and joint responsibility. Both parties, while coming from a different context, share an interest that allows them to work together for their mutual benefit", where mutual benefit is understood as both parties benefiting equally, albeit differently. It is this idea of mutual dealings that this study is partly concerned with.

4.3.2 Community-campus partnerships

El Ansari et al (2004:35) use the definition of partnership as employed by the Mangaung – University of the Free State – Partnership programme (MUCPP). This is

> *"a process in which the stakeholders invest themselves in terms of ideas, experiences, and skills to collectively bear on the problem through mechanisms for joint decision making and action."*

The working definition of a partnership within a service learning approach as used by the American organisation Community-Campus Partnerships for Health (CCPH) is:

> *'a close mutual co-operation between parties having common interest, responsibilities, privileges and power'.* (CCPH, 2006)

Within this working definition, they define the purpose of the campus-community partnership as follows:

> *"Creating healthier communities and overcoming complex societal problems require collaborative solutions which bring communities and institutions together as equal partners and build upon the assets, strengths and capacities of each. Community-*

> *campus partnerships involve communities in higher educational institutions as partners, and may address such areas as health professions education (i.e., through service learning), health care delivery, research (i.e., through community-based participatory research), community service, community-wide health improvement, and community/ economic development."* (CCPH, 2006)

Further, the CCPH (2006) believes that employing community-campus partnerships as a strategy could be significant in contributing to various outcomes, namely:

- "Community-responsive, culturally competent health professionals
- Diversity of the health professional workforce
- Access to health care
- Access to technology
- Community development
- Environmental justice
- Economic development
- Engaged campuses and citizens".

The importance of sharing responsibility and of mutual benefit as elements of partnerships were thus consistently raised in the literature – and bear further exploration in the context of study. While the issue of partnerships may not be directly related to the community stakeholders' perceptions of benefits to themselves as derived from the student interventions, it seemed crucial to their experience of the course in the broader context of benefiting from a partnership with the University.

4.3.3 *Possible effects of partnership: The case of the University of Natal's final-year medical students' community-based education rotation*

Although the final-year medical students' community-based education rotation at the University of Natal (mentioned above) is described as community-based education, the adjustments made after the evaluation of the course were closely aligned to service learning approaches. This case will therefore be used to emphasise this point.

After the evaluation, the University concluded the following:

> *"[F]irst, communities do not generally receive valued outcomes in exchange for participation in the CBE process. Secondly, students are not usually trained to influence health in the community using methods that are realistic in busy clinical practice"* (Williams et al., 1999:730).

In addition to the goals established for this course – namely "to educate the students about the family, home and community context in which health and health care are based" and "to expose students to community-based health care through their work with individual patients" (Williams et al, 1999:731) – they decided to establish two new goals for the community-based education rotation. These were

- "to create a true partnership with the community in the planning and operation of the rotation" and
- "to give students practical skills for influencing the link between individual patients and the home and community context in which they live". (Williams et al., 1999:731)

In order to achieve the goal of community partnership, a course planning committee was formed, the majority of members being from the local area. Furthermore, liaison with the community by academic staff members and students involved both community members who were and were not health care

workers. Out of this collaboration came the decision to "shift the focus of student activity from individual patients with complex problems to a single priority health problem in the community" (Williams et al, 1999:732) – much like the projects being undertaken by the students in the UCT 4th year MBChB course.

The collaboration led to further outcomes which are important to mention. Williams at al (1999:732) note that "[t]his shift would make it possible for the students' work to lead to the establishment of a programme addressing the priority health problem and lasting beyond the time of student involvement", indicating a key concern for addressing issues of sustainability and value for the community stakeholders. In addition they note that there was "joint responsibility for the student rotation and for the development of the community programme"(Williams et al., 1999:732).

These outcomes required a revisiting of the course design, student schedules and activities in a way that was closely aligned to a service learning approach. The results as described in the paper were positive for the community stakeholders – examples of which are given above.

4.4 Sustainability

Although it is not directly stated as an outcome in UCT's primary health care policy, the sustainability of student interventions was included in the terms of the evaluation I conducted (mentioned in Chapter 1), suggesting that the issue of sustainability is important to the Faculty.

The issue of sustainability was also raised in my review of the literature (Bernal 2004; Prentice, 2000). It was introduced by Robinson (1995 in Prentice, 2000:3) and elaborated on by Prentice (2000:3) who proposed that "the issue of program sustainability should be at the forefront of program planning and development" – a position with which I agree.

4.4.1 *Defining sustainability*

Although the term 'sustainable development' was initially used within the environmental sector, it has now evolved to being used in various contexts, including development projects, amongst others. Furthermore, the concept of sustainability in relation to projects and funded organisations has increasingly been linked to financial sustainability.

In their evaluation report of the Community Partnerships in Health Profession Education programme in South Africa, Gershater and Prozesky (2001:3-4) provided several definitions of sustainability drawn from several sources:

> *"The percentage of project-initiated goods and services that is still delivered and maintained five years past the termination of donor resources, the continuation of local action stimulated by the project, and the generation of successor services and initiatives as a result of project built local capacity".* (Honable and Van Sant, 1985 in Gershater and Prozesky, 2001: 3)

> *"Target population/implementing organization has a structure at its command that enables it to permanently guarantee benefits not only for itself, but for others as well."* (Stockman, 1997 in Gershater and Prozesky, 2001: 3)

> *"Static sustainability: the continuous flow of the same benefits, set in motion by the completed programme or project, to the same target group."* (United Nations Development Programme, 2000a in Gershater and Prozesky, 2001:3)

> *"Dynamic sustainability: the use or adaptation of the programme or project results to a different context or changing environment*

by the original targets and/or other groups." (UNDP, 2000a in Gershater and Prozesky, 2001:3)

Gershater and Prozesky (2001:4) also draw on Thaw (1998 in Gershater and Prozesky, 2001:3) who argued that it is the "quality and relevance of outputs" which largely determines sustainability. However, they also refer to Favis (1998 in Gershater and Prozesky, 2001:4) who disagrees with this notion of sustainability, arguing that there are many organisations whose work is valuable, but that this does not guarantee their sustainability as they struggle to survive financially. Not disputing that a key aspect to sustainability is financial resources, Favis (1998 in Gershater and Prozesky, 2001:4) maintains that there are also other elements which are key factors in determining project sustainability. According to Thaw (1998 in Gershater and Prozesky, 2001:4), these are aspects such as "new ideas, current theoretical knowledge, information about stakeholders and knowledge of current government and donor policy".

Gershater and Prozesky (2001:6) further draw on Stefanini (1995) and Stockman (1997) who all agree on a broader notion of sustainability – namely 'systems sustainability'. They define this approach as one that determines sustainability through a project's ability to "impact positively on the broader community and improve the performance of the entire system, e.g. the school or the health system" (Gershater and Prozesky, 2001:6).

In this research project, I have chosen to locate the notion of sustainability within the framework of systems sustainability as described by Gershater and Prozesky (2001) as I was able to gather information from the community stakeholders with regard to whether or not the student projects had been useful to them. Further probing around the way they had found the projects useful would shed light on if and/or how these might have been integrated in their organisational strategies.

5. CRITERIA FOR ASSESSING BENEFITS TO COMMUNITY STAKEHOLDERS

The literature reviewed above made it possible to draw out key principles to be explored to assess the benefits to community stakeholders of the course being researched in this study. This section will therefore focus on these key principles for partnership – embedded in the literature on primary health care, community-based education and service learning – because it is this literature that offers clear criteria for assessing benefits to community stakeholders specifically relating to the underlying issue of partnership. The key principles are:

- Involvement from the community stakeholders.
- Commitment, trust, honesty and a balance of power between stakeholders.
- A common, collective vision, mission, goals and values for the partnership.
- Monitoring and evaluation.
- Communication should be accessible and open.
- Roles and responsibilities are defined
- Partners share the credit for the partnership's accomplishments.

Involvement from the community stakeholders

Referring to the WHO's recommendations for community-based education, Williams et al (1999:730) noted one of the most important as being "to involve the community in an active rather than a passive role". The results that could be achieved through this (uncommon) strategy are seen in the example of positive outcomes following the implementation of such a strategy, as outlined in the case study described by Williams et al, above.

Commitment, trust, honesty and a balance of power between stakeholders

Although already implied in the previous point, commitment, trust, honesty and a balance of power between stakeholders needs to be stated consciously and

separately as a principle of partnership, thus creating an awareness of every partner's responsibility to adhere to these values.

A common, collective vision, mission, goals and values for the partnership

As all stakeholders in the process have different goals and expectations, it is necessary for in-depth discussions to take place to make everyone aware of, for example, the expectations of others, the limitations, the resources that can be committed, etc. While outcomes and benefits for each may therefore necessarily be different, the partnership is nonetheless strengthened by having some common working principles – e.g. that there will be benefit to the community in their terms, that students will be assisted in undertaking their projects; that there will be ongoing and open communication.

Monitoring and evaluation

Partnerships should be built upon identified strengths and also address areas that need improvement. Constant monitoring and evaluation of the partnership should be built into the partnership process and needs or concerns need to be actively engaged with.

Communication should be accessible and open

It is a priority for a good partnership process to establish clear lines of communication. In addition to procedural communication which should be minuted and made available to all stakeholders, there is another level of listening and communication which needs to be addressed – that of valuing and feedback. Needs of each partner in the process should be listened to within the framework of a common language, that is, the partners should have a collective understanding of terms by which they describe, for example, events, incidents, theoretical or methodological approaches.

Roles and responsibilities are defined

The roles and responsibilities of each partner should be clearly defined within a framework of processes to which all partners have contributed and to which they have agreed.

Partners share the credit for the partnership's accomplishments

This last principle – sharing the credit for the partnership's accomplishments – has been taken from the CCPH guiding principles but seemed worthwhile to add since it is one which might lead to strengthening of a partnership as well as building trust. Conversely, trust might be broken if this did not happen.

CONCLUSION

In this chapter I have attempted

- to outline the conceptual framework of primary health care, community-based education and service learning;
- to draw links between UCT's commitment to a primary health care approach, community-based education and service learning; and
- to draw out key principles and criteria embedded in these approaches, which will inform my analysis.

Specifically, I aimed to uncover the possible benefits of this course to community stakeholders.

Chapter Three
RESEARCH METHODOLOGY

This chapter will start with a detailed description of the methodological approaches employed in conducting this study, followed by the research design and the methods used in sampling and data collection. The process of data analysis will then be discussed, followed by how the data will be presented.

The chapter concludes with brief discussions of the validity of the data, of research ethics and of the limitations of the research.

1. BROAD METHODOLOGICAL APPROACH

This research project was located primarily in the constructivist paradigm and the methodology used was qualitative. The research project was conducted in the form of a case study and an interpretive approach was used, allowing a multi-dimensional view of the research project.

1.1 Constructivism

The constructivist approach guided this study inasmuch as it required the researcher to develop a relationship with the participants that "enables a mutual construction of meaning during interviews and a meaningful reconstruction of their stories" (Mills et al, 2006: 8). This was appropriate to the nature of this research, given that I was interested in assessing the benefits to community partners as *experienced, perceived and described by* the community partners themselves. So constructing findings that accurately reflected the community partners' perceptions was of primary importance.

1.2 Qualitative research

It was my view that a mere 'yes' or 'no' response, which is characteristic of quantitative research methodology, would not have illuminated the complexities of the ways in which community stakeholders benefit from student interventions or how these benefits are perceived. This view is supported by McMillan (2002) who cites Shumer's argument (2000 in McMillan, 2002: 60) that quantitative approaches "'are not sufficient to support the dynamic, professional practitioner in the field of service-learning ... [and that] other paradigms and approaches ... are more philosophically consistent and more able to reveal the fine-grain texture of this work'". This view is further supported by McMillan's citation of Stanton (2000 in McMillan 2002:60) who argues that "there is a need for more qualitative research that can begin to provide what he terms 'rich portraits of practice'".

Maykut and Morehouse (1994:13) identify some characteristics of the pursuit of qualitative methods of research as being that "the qualitative researcher seeks patterns which come out of, or emerge from, the data" and that "values are embedded in the research – embedded in the topic chosen for examination, in the way the researcher examines the topic and in the researcher him or herself". They also observe that "qualitative research places emphasis on understanding through looking closely at people's words, actions and records" (Maykut and Morehouse,1994:17). Maxwell (1996:17) concurs with this view, stating that "the strengths of qualitative research derive primarily from its inductive approach, its focus on specific situations or people, and its emphasis on words rather than numbers". This methodology is also corroborated by Struwig and Stead (2001:11) who state that "the term 'qualitative research' does not describe a single research method".

Although qualitative research is not easily defined, it has certain characteristics that distinguish it from quantitative research methods.

1.2.1 Characteristics of qualitative research

Listed below are some characteristics of qualitative research as stated by Struwig and Stead (2001: 12-13).

The participants' and researcher's perspectives

Qualitative researchers are interested in understanding the issues being researched from the perspective of the research participants. According to Struwig and Stead "you are trying to see through the eyes of the participants"

Context

Struwig and Stead note that "human behaviour does not occur in a vacuum" and that behaviour of individuals is related to their specific environments. According to Struwig and Stead, the historical context of the individual may also be important to the researcher. It is therefore the aim of the researcher to analyse and interpret the research data within the participants' various contexts, both current and historical.

Process

Social events are not static and therefore understanding change and process is crucial. It is therefore necessary to understand how historical events play a role in the individual's thoughts and behaviours.

Flexibility and the use of theories

Struwig and Stead state that qualitative researchers prefer to begin research in a relatively open and unstructured manner and may be hesitant to rely excessively on theory to provide a framework of what to research. Qualitative researchers are generally more flexible than quantitative researchers, as methods may be developed as the research evolves. The researcher needs to be wary of being overwhelmed by data and not to lose focus of the initial aims of the research, however.

1.3 Interpretive approach

This research project takes place within an interpretive framework, given this approach's concern with meaning-making. Rather than being concerned only with *what* has happened, interpretive approaches are also concerned with *how* it happened and *why*, thereby allowing the researcher a multi-dimensional view of the project being researched. Indeed, especially when the findings depend so much on how the community stakeholders have experienced the intervention, one is dealing specifically with the perceived reality of the respondents. This requires an in-depth understanding by the researcher of the perceptions of the respondents and of the context in which the event researched took place.

There have been critiques of interpretive approaches, a key one for this research being that researchers operating within this paradigm also need an understanding of how their respondents construct meaning (Scott, 2000:54). In order to address this, this research was carried out in the form of a case study which, according to Maykut and Morehouse (1994:47), provides the researcher with "an opportunity to provide many excerpts from the actual data that let participants speak for themselves".

1.4 Case Study

> "Case study is an ideal methodology when a holistic, in-depth investigation is needed"
>
> (Feagin, Orum, and Sjoberg, 1991 cited in Tellis, 1997:1).

In addition to this, Tellis identifies case studies as "multi-perspectival analyses" (1997:2). This means that the researcher takes into account the voices and perspectives of all the participants and considers the "relevant groups of actors and the interaction between them" (Tellis, 1997:2). This is a key characteristic of case studies and allows the researcher the opportunity of giving "a voice to the

powerless and voiceless" (Tellis, 1997:2) by presenting the perspectives and perceptions of the respondents in the case study. Following this approach, I have hoped to give voice to the community stakeholders in this research project.

The nature of this research project – namely that it had specific aims related to a specific course held in a specific time – matched case study methodology well. As described by Alperstein (2001:53) "Adelman et al (cited in Zuber Skerrit, 1992:131) define case study research as 'the study of an instance in action' in the context that the 'action' takes place".

2. RESEARCH DESIGN

2.1 Phases of research design

This research project was conducted in two phases, the first of which was a pilot phase which was followed by the main research.

2.1.1 Pilot study

The pilot study followed an emergent design, as described by Maykut and Morehouse (1994:64) and a qualitative approach was used. This required that I begin with important ideas and questions that I wanted to explore with the community partners whilst still allowing unanticipated issues to emerge during the interview process. The pilot study enabled me to develop a more detailed set of questions to be used in a non-emergent way for the actual research project.

2.1.2 The research project

In the second phase of the data collection, all the data were gathered using qualitative methods, namely through in-depth interviews and focus groups. In-depth individual and focus group interviews were conducted with University

staff during the evaluation process and with staff from community and state service organisations specifically for this study. The information gathered from staff was used to triangulate data with that gathered from community stakeholders.

In addition, I also referred to official minutes and documents from Site Facilitation Committee meetings produced during the process of establishing community sites. The data was then analysed.

2.2 Developing the research instruments

The pilot study which was conducted as the first phase of the research process was key in developing the interview schedule to be used with community partners[2]. Data from interviews conducted with staff during the evaluation (Laattoe, 2006) were used in this study, although some questions of further clarification were asked for this study particularly.

Although student learning was not the focus of this study, it was useful to use the information gathered from students during the evaluation to further inform the design of the interview schedules.

Preliminary observations

I initially carried out observations of two sites to get a feel for the interaction between the students and the community stakeholders. These were deliberately conducted with different types of community stakeholders, i.e. one group observation took place in a state service organisation and the other in an NGO.

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2 This turned out to be extremely similar to the CHESP SERVICE PROVIDER INTERVIEW/ FOCUS GROUP PROTOCOL (POSTTEST), referred to as *CHESPQA Instrument No.9,* which was later brought to my attention

This was necessary since informal discussions with staff had alluded to these two types of community stakeholders having different attitudes to hosting students.

Further, in order to inform my research and, indeed, the interview schedules which were used as guidelines in the interviews, I conducted a focus group discussion with members of a community service organisation and discussions with four staff members of community service organisations in one area. The discussions were not recorded and they were completely open and unstructured.

I also informally interviewed six students who had done the course over the last few years to assess whether any student reflections and perceptions of the course were relevant to the aims of the research. Each of these interviews lasted for approximately one hour.

Although the interviews were, as previously mentioned, unstructured and open, I had drafted interview schedules to use with both the community stakeholders and students. This assisted me with making modifications to the interview schedule when undertaking the main research with the community stakeholders.

Having conducted the pilot, I was also aware that I would have to cluster the interviews in terms of the organisations' geographical proximity to each other according to areas in which the community stakeholders were located as I found that within each area, organisations were not necessarily in close proximity to each other.

3. SAMPLING AND DATA COLLECTION

In this section I will describe who the respondents were, how they were selected and how the data was collected.

3.1 Sampling

3.1.1 Community sites and stakeholders

I had initially planned to conduct this research in all four areas in which the course was delivered. Unfortunately, information and contacts for only three of the areas were available to me. It transpired that there was not much variation across the three areas in which I collected data, however.

As agreed with participants in the research process, neither the sites nor the people interviewed are named in this dissertation in order to retain the confidentiality of those who participated.

Community sites and projects covered

During the two-year period of this study – 2003 and 2004 – ten rotations were held, five per academic year. In other words, the process of placing students in organisations in all four areas was undertaken ten times in this period.

During these two years, 73 student projects were undertaken by 356 students (as groups comprised four to six students, who worked together on a group project). As several organisations participated in the course for both years and some hosted more than one project group per year, the number of organisations who hosted students was considerably less than 73. As the table below shows, in the three areas we researched, 56 projects were undertaken in 26 organisations, with each area having approximately eight organisations who hosted students.

Examples of student projects

Below are examples of student projects conducted.

- Reasons for non-adherence amongst health care providers and TB clients in Nyanga
- Knowledge, attitudes and practices around HIV amongst youth in Mamre
- Costing of different forms of injectable contraceptives at Protea Park Clinic
- Experiences and effects of violence amongst school children under the age of 16 in Woodstock or Salt River
- Social needs of the elderly in Woodstock.

Table 1

Number of organisations hosting student placements and distribution of projects, by area: 2003 - 2004

Area	No. of organisation/sites	No. of Projects
Atlantis/Mamre	9	20
Nyanga/Brown's Farm	9	19
Woodstock	8	17
Total	**26**	**56**

The remaining balance of the projects – 17 in all – were conducted in the Khayelitsha area for which I was unable to gather information.

The following table details the number of interviews conducted with community stakeholders and the number of student projects covered by these interviews. The table also indicates how many of the interviews were conducted in community health centres (CHCs), schools and NGOs/CBOs. It does not indicate how many CHCs, schools or CBOs / NGOs are in each area, however.

Table 2

Number and location of interviews and focus groups conducted with community stakeholders and the number of student projects addressed by these interviews.

Area	No of individual interviews (18)/ focus groups (1)				No of projects
	CHCs	*schools*	*CBO/NGO*	*Total*	
Atlantis / Mamre	3	3	1	7	13
Nyanga / Brown's Farm	3		2	5	12
Woodstock	1	1	5	7	16
Total	7	4	8	19	41

Sample

I had planned to collect data from at least 50% of the organisations who had participated in the course over the two-year period to ensure that I covered both state service organisations as well as community-based service organisations. I also wanted the selection to cover the full range of interventions in which students were involved, for example, the aged, youth, HIV/AIDS.[3]

As illustrated in the tables above, 19 of the total number of 26 organisations were interviewed, effectively covering 41 of the 56 projects (73%) undertaken by students in the three areas. Eleven state service organisations and eight community-based service organisations were interviewed, including one focus group interview with a community service organisation.

I used a method of pragmatic purposive sampling. In effect, I contacted each organisation on the list and interviewed those organisations with whom I

[3] In a qualitative study such as this, this figure (of 50%) would have no statistical significance. However I wished to ensure some measure of representivity in my sample.

managed to make contact and who were willing to be interviewed. As this seemed to work well, I used the same method for all three areas.

Six of the organisations had hosted several student groups and I felt that these organisations could not be excluded from the sample. I was particularly persistent, and successful, in my attempts to gain interviews with these organisations. Furthermore, certain organisations requested that I fax them a questionnaire to which they could respond in writing. I was happy to do this since this data would, in any case, be additional to my target of 50%. As I received no written responses from these organisations, I conducted telephonic interviews with each of them.

In all, I managed to cover a range of NGO and CBOs as well as schools and community health centres. The projects at the community organisations covered community profiles, refugees, the aged and youth while the projects at schools addressed issues of HIV/AIDS and various topics related to sexual health and education and reached youth in both primary and high schools. Projects at the community health centres addressed issues directly related to their work – for example, nutrition with regard to diabetes, and why women did not take advantage of free gynaecological services like pap smears.

3.1.2 Staff and students

Staff

For the purpose of the evaluation (Laattoe, 2006), I held individual in-depth interviews with a senior staff member in the School of Public Health, the course conveners from both Primary Health Care and Public Health as well as a previous convener of this course. Some issues were followed up during the study with the staff members concerned for purpose of clarification. I have permission to use this data for this study. These interviews are referenced as Staff:UCT.

The focus group interview held with site facilitators – also done during the evaluation – is referenced as Staff:SF.

The purpose of these interviews was to understand how the staff perceived the role of the community stakeholders in the course, whether they perceived any benefits to them of this course and if so, what those benefits might be. I also wanted them to reflect on benefits to the University as well as how they understood the partnership to be implemented from the perspective of the University, with a view to comparing this information with that gathered from the community stakeholder interviews.

Students

As noted above, I evaluated the same 73 rotations undertaken in 2003 and 2004 for the evaluation (Laattoe, 2006) as in this study – and interviewed 96 students in this process.

I have permission to use the data gathered for the evaluation (Laattoe, 2006) in this research – and have partly employed it to illustrate the direct benefits to the University of these placements, given the evidence for value to the students shown in the evaluation.

3.2 Data Collection

3.2.1 The Pilot: Observations and unstructured interviews

I initially conducted a pilot in one area, described above under 'Developing the research instrument'.

3.2.2 *The semi-structured interviews*

From the pilot study the following modifications to the interview schedule and interviewing style for the semi-structured interviews with community partners could be made.

- The purpose of the interview and the aims of the study were clarified at the start of the formal interview. This allowed me, as researcher, and the respondents to be clear about the process such that we did not have to backtrack to clarify these later in the interview.

- Given that the main issues in the research had become clear during the pilot study, I was able to be more flexible during the interviewing for the main research project. Following the pilot study I arranged the questions in the interview schedules in a more logical pattern, such that it was used as a guideline in the main research instead of structuring the interviews. This allowed the participants to lead the interviews, unexpected themes to emerge and enabled me to proceed with data collection as detailed below.

Having already conducted several interviews also added to my confidence.

Interviews with community stakeholders

The semi-structured individual interviews used to gather information from the individual staff of community partners lasted approximately one hour. The one focus group held lasted one and a half hours.

The interviews were in-depth and although I allowed for follow-up interviews, these were not necessary due to the depth of the data collected. All interviews and one focus group were tape-recorded for transcription and analysis.

Sixteen of the 19 interviews and the focus group were conducted at the participants' place of work, while the rest were conducted telephonically. Advantages of being interviewed in their work contexts were that the participants were minimally inconvenienced and did not incur any expenses. I was also able to observe their working environment and circumstances.

I used open-ended questions in the interview schedules to allow the respondents to express themselves fully. I found that the questions were largely a guide and the best way to conduct the interviews was to discuss points as they arose. I therefore used my interview guide merely to ensure that all the questions and information I required had been covered.

The key questions for community stakeholders are summarised as follows:

- What their expectations of the projects were.
- The usefulness of the student projects.
- How the organisation benefited from the student projects.
- How they viewed the roles of the different stakeholders.

The interview schedule is attached as Appendix A.

Interviews with staff

As outlined above, interviews with staff were largely undertaken during the commissioned evaluation (Laattoe, 2006). For this purpose I drafted an interview schedule which focused on their understanding/perceptions and/or experiences of the following:

- Objectives of the course
- What the students, community stakeholders and the University respectively gain from the course
- The nature of the partnership with community stakeholders.

The interview schedule is attached as Appendix B.

Interviews with students

Again as outlined above, interviews with students were undertaken in the course of a commissioned evaluation.

As I have used the data here, however, the interview schedule is attached as Appendix C.

3.2.3 Documents

Course documentation

I reviewed the course outlines, guidelines and outcomes for Primary Health Care, Public Health and Family Medicine (UCT 2004). This was done in order to be able to compare the documented course objectives with those described by staff.

Faculty documents

I was given access to official documents and to the minutes of meetings of the Site Development Committee which recorded the meetings and workshops held to develop the sites and partnerships with community stakeholders.

4. ANALYSIS OF THE DATA

As described below, I constantly reflected on and analysed the data as they emerged from the interview processes and my voice as a researcher is obvious in this process.

While the interviewing was progressing, I was already comparing the data from each interview with data from previous interviews using the comparative method of data analysis. According to Struwig and Stead (2001:170 drawing on Glaser

and Strauss (1997), Lincoln and Guba (1985), Maykut and Morehouse (1994)) "this method of coding is used when data are inductively analysed." This means that one does not begin the research project with hypotheses but that these "develop as the study progresses. Using this method throughout the research process, I was already able to see the patterns emerging from Phase 1 (the pilot study) which allowed me to align the questions in the interview schedule more closely with the aims of the research.

Maykut and Morehouse (1994:54) state that when the study has commenced "and initial data is analysed, the net will narrow or perhaps expand". Certainly through conducting a pilot and working through the literature, I found that salient issues which had not been anticipated at the beginning of the research project required further exploration, specifically the issue of partnership.

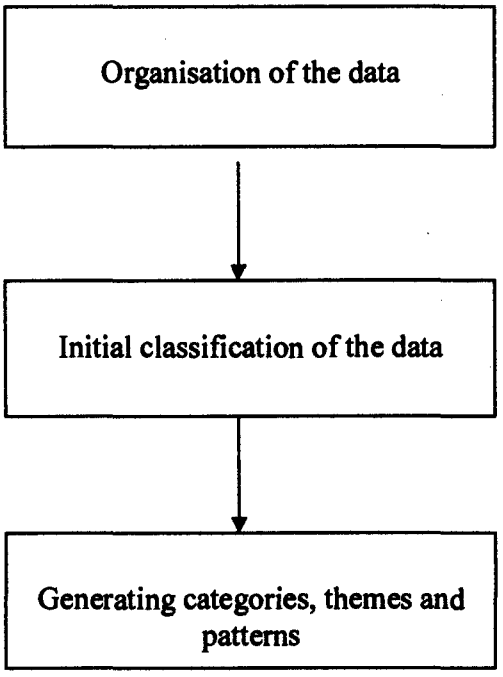
The themes emerging through this process were as follows:

- Time limitation of the eight week rotation
- Impacts on students
- Impacts on organisations of hosting the students
- Benefits to the community stakeholders
- Sustainability of the interventions
- Communication and feedback
- Roles of the stakeholders
- Benefits of the partnership to different stakeholders
- Perceptions of the partnership by different stakeholders
- Social responsiveness
- Community development
- Accountability

Thus, a detailed process was used to analyse the data, using the process illustrated in the flow diagram below (Patton, 1990; Corbin and Strauss, 1990; and Marshall and Rossman, 1995, as cited in Baradien and Keenoo, 2004:30).

Encompassing all the steps of constant comparative method of coding as described by Struwig and Stead (2001:170), it includes the organisation of the data, finding patterns in the data, checking emergent patterns against the data, cross-validating data sources and findings, and lastly, creating links between the different parts of the data and the emergent dimensions of the analysis (Patton, 1990 as cited in Baradien and Keenoo, 2004:30).

Figure 1: Analysis of data



(Source: Patton, 1990;
cited in Baradien and Keeno 2004:30)

4.1 Organisation of the data

The first step was ensuring that all the raw data had been collected and was available for analysis. According to the description of the constant comparative method of coding as described by Struwig and Stead (2001:170) this involved typing the data from field notes, transcribing the interviews and making printouts of the data from which I did a transcript-based analysis. Although the

transcribing was time-intensive, I felt that this would be the most rigorous. Verbatim transcriptions ensured that the data could be analysed in detail.

4.2 Initial classification of the data

The beginning of content analysis, i.e. the process of classification, involved the identification, coding and categorising of the primary patterns emerging from the data. As described earlier, this involved finding patterns in the data, checking emergent patterns against the data and cross-validating sources and findings. This process was done through the use of index cards containing the data organised into the initial patterns. This process required that I examine the transcriptions in great detail. According to Burnard (1991, as cited in Baradien and Keenoo, 2004:31) this allows the researcher to "become immersed in the data".

Ideas and perceptions of some of the data were then developed, as another stage of developing an analysis. Struwig and Stead (2001:170) describe the process as reading through the transcripts in their entirety and identifying important themes/concepts/ideas – from which one would look for recurring themes and patterns in the data.

4.3 Generating categories, themes and patterns

The next step was to "identify chunks or units of meaning in the data". Struwig and Stead (2001:170) refer to this as "*unitizing* the data".

I used a colour-coding strategy to represent each theme which emerged. For example, the "impacts of time limitations" was highlighted in blue and all information which related to this category was then also marked in blue. All the data was labeled in this way, each label describing a different phenomenon. The different incidents were compared so that the same phenomena obtained the

same names (Corbin and Strauss, 1990 as cited in Baradien and Keenoo, 2004:31). Categorising the data in this manner helped to reduce the volume of data (Kitching, 2000 as cited in Baradien and Keenoo, 2004:31).

Through this process, the following four categories were generated from the themes listed earlier in this section:

- Impacts on the community stakeholders
- Benefits to the community stakeholders
- Sustainability and continuity of the interventions
- Establishment and maintenance of partnerships

5. PRESENTATION OF DATA

Consistent with the constructivist approach, I have used the respondents' voices, in the form of quotations, to corroborate my findings. For ease of reference, the interviews were coded as follows:

Academic Staff (individual interviews)	Staff: UCT
Site facilitators (focus group interview)	Staff: SF
Community stakeholders (NGO/CBO) (focus group interview and individual interviews)	Community stakeholder: NGO/CBO
Community stakeholders (state service organisation) (individual interviews)	Community stakeholder: SSO
Student interviews (from interviews gathered for the evaluation)	Student

6. VALIDITY OF THE DATA

I transcribed the interviews and generated themes myself. This was then verified by a postgraduate student from the Education Department, Faculty of Humanities at UCT who also perused the themes which were generated.

I established a reference group with whom to discuss my findings, and to ensure trustworthiness and validity of the data. The postgraduate Education student was also a member of this group.

7. RESEARCH ETHICS

Ethical implications of the research project have been considered in accordance with UCT's Code of Ethics. The initial proposal was submitted to the Faculty of Humanities, School of Education Ethics Committee for approval and no data was collected from community stakeholders until such approval had been granted.

I also informed all participants of the purpose of the research and obtained their permission for their participation. I assured all potential respondents that, should anyone who had been identified as a participant refuse to participate, they would not be forced or coerced in any way to do so.

With respect to the respondents, findings have been reported but have in no way alluded to or revealed the identity of participants.

Participants in the evaluation for the School of Public Health and the Primary Health Care Directorate were informed that I intended to use the information for this minor dissertation and consent was obtained from a senior staff member in the School of Public Health. The initial data analysis was shared with participants and the representation thereof presented for participant approval (via an e-mail attaching the draft evaluation report and committing to any process

they might request for follow up) before a final draft of the evaluation report was prepared and submitted. Furthermore, this research report will be made available to all participants.

The researcher will commit to free and open dissemination of the research findings, including to peers and any faculties of the University who may be interested in the findings.

8. LIMITATIONS OF THE RESEARCH

The time I allocated to conduct this research proved to be insufficient. As a result, I was unable to report back to community stakeholders in focus group interviews as I had intended, and resorted to sending a draft to respondents via e-mail. I received only one response.

It was also difficult to arrange meetings with my reference group and we were not able to all meet at the same time. The interpretations in this research are therefore largely my own, but often discussed individually with different members of my reference group.

Chapter Four
RESULTS AND ANALYSIS OF THE FINDINGS

INTRODUCTION

In line with the interpretive approach, the findings are based essentially on interviewees' descriptions, understandings and perceptions. This chapter describes the findings of the experiences of the community stakeholders and also includes my analyses based on my own interpretations. These were informed by, and triangulated with, the findings from interviews with University staff and students (Laattoe, 2006).

The aims of the research were: To explore –

- through the experiences of the community partners, the benefits for community stakeholders of having medical students placed in their organisations.
- whether the community stakeholders experienced any challenges with regard to hosting the students.
- how the partnerships between the University and the organisations were approached.
- the sustainability of the interventions.

As described in the previous chapter, I used the constant comparative method of data analysis and was able to collate the data according to categories that linked closely with the aims of the research. These categories are:

1. Impacts on the community stakeholders' work
2. Benefits to the community stakeholders
3. Sustainability and continuity of the interventions
4. Establishment and maintenance of partnerships

The data was then further synthesised into the following themes which will each be discussed in turn:

1. Benefits as perceived by the community stakeholders
2. Enablers of the benefits
3. Limitations of the benefits
4. Sustainability of the benefits

Differences between community stakeholders' experiences

Within the context of these findings, it is important to note that there were differences in perceptions between community and state service organisations.

A general finding regarding the experiences of hosting students was that the perceptions of community service organisations differed significantly from those of state service organisations, specifically with regard to their expectations of the university and their engagement with the students. Historically, state services delivered a service to the community, while NGOs have a history of development work with the community. These differences in approach affected the ways in which they hosted students, with NGOs being more engaged in the process than the state service organisations. In addition, a UCT staff member suggested that "the projects, I think, that we get from community organisations and state service organisations are different" (Staff:UCT).

This difference will be picked up on in subsequent sections as I discuss and analyse the findings .

Assessing benefits to community stakeholders

I had found that the underlying issue of partnership was a recurrent theme throughout the analysis of the findings. Furthermore, the literature review drew out key principles to be explored to assess the benefits to community stakeholders of the course being researched in this study. The key principles as mentioned in chapter 2 are:

- Involvement from the community stakeholders.
- Commitment, trust, honesty and a balance of power between stakeholders.
- A common, collective vision, mission, goals and values for the partnership.
- Monitoring and evaluation.
- Communication should be accessible and open.
- Roles and responsibilities are defined
- Partners share the credit for the partnership's accomplishments.

I shall draw on these criteria in my analysis and discussion of the findings where appropriate.

1. BENEFITS AS PERCEIVED BY COMMUNITY STAKEHOLDERS

This section deals with the community stakeholders' responses about whether they felt they had benefited from the student interventions, and if so, how. The findings revealed that, according to the community stakeholders' perceptions, there were both direct benefits and indirect benefits.

1.1 Direct benefits

All except one organisation in the sample of 19 felt they had benefited from the involvement of the students. The main benefits as defined by the community stakeholders were the outcomes of the health promotion projects, which were often products like posters, pamphlets, questionnaires, videos, workshops and comprehensive community profiles. These products addressed the needs or problems identified by the epidemiology research projects.

The respondents measured the benefits by the ways in which the products were used by the community stakeholders – that is, that they were able to distribute the pamphlets and posters, that they were able to use the videos, that they were able to present the community profile to their funders. Some had a necessarily short

lifespan (like workshops), while many are still in use. There were also instances where students had managed to acquire resources (for example, a photocopier, DVD player or television) for the community stakeholders.

The largely positive responses of community stakeholders in the sample were also related to the fact that in all but one instance, their expectations of the outcomes of the student projects had been met.

Within one school site I was informed that the benefits had also been measured in a survey by the school staff through feedback from staff, learners and parents.

Some University staff felt that in addition to the benefits provided by students creating awareness and providing information which is useful to community stakeholders, these organisations often felt "strengthened by the involvement of the University", and that they feel "affirmed that UCT has an interest" (Staff:UCT).

1.2 Indirect benefits

Most organisations, both state and community service organisations, felt that the student placements also highlighted issues within the organisations or further needs within the communities – like organisational development or positive parenting. Although these could not be addressed by the medical students, given that they fell outside of the scope of their projects and course requirements, the respondents valued the fact that they had been identified at all and that this was (indirectly) a benefit.

Both University staff and community stakeholders mentioned that there had also been other indirect benefits, for example, when students worked in schools, the learners had often looked to them as role models.

2. ENABLERS OF THE BENEFITS

In this section I identify the positive factors that enabled these benefits to the community stakeholders to be achieved. The factors are listed here and will each be discussed in turn.

2.1 Meeting the expectations of the community stakeholders

2.2 The role played by site facilitators

2.3 Communication

2.4 Commitment: especially that of community stakeholders

2.5 Mutual partnerships

2.1 Meeting the expectations of the community stakeholders

The data indicated that the projects were largely implemented as planned and that the outcomes negotiated at the beginning of the interventions were achieved. One state service organisation that had hosted several student groups over a number of years reported that "the outcomes were sometimes higher than our expectations" (Community stakeholder: SSO).

Other organisations reported the following:

> *"We negotiate the projects in the beginning and the students just get on with it. But we also learn from them. When they ask us questions, it is a fresh perspective and it makes us think about how we have been doing things."* (Community stakeholder: SSO)

> *"We were very happy with the work that the students produced. We were short staffed and had to accommodate them but it also meant that our project could get done as they had a specific task to do."* (Community stakeholder: NGO/CBO)

2.2 The role played by site facilitators

The main reason cited for the expectations consistently being met was the role of the site facilitators. Community stakeholders described this in the following ways:

> *"A lot of credit must go to the site facilitator. She knows the community, she has a good relationship with us and she gives good guidance to the students."* (Community stakeholder: NGO/CBO)

> *"The site facilitator is very good. We negotiate the project with her and we work out a plan and we all stick to it. She really does a lot to make sure that the students finish the projects."* (Community stakeholder: NGO/CBO)

> *"We actually call her 'Aunty Mercy'. That is a very appropriate name for her. She knows exactly what to do and we have no problems."* (Community stakeholder: SSO)

> *"Their mentor is always with them. She is very good with them and makes sure they know what to do."*(Community stakeholder: SSO)

2.3 Communication

2.3.1 Consistent communication with the community stakeholders

All organisations reported that there were no communication problems and they all attributed the main reason for this being that the site facilitators were "very good" or "great to work with". According to the community stakeholders, dates for meetings and student visits were set and these were adhered to.

Communication and the setting up of meetings and student visits happened via e-mail, fax and telephone, as appropriate to each organisation.

2.3.2 *Adequate feedback to community stakeholders*

All community stakeholders reported that, in their experience, there was adequate feedback – which they defined as the students asking for their opinions and informing them of progress. In addition, the students made formal presentations to the community stakeholders regarding the results of their projects.

2.4 Commitment of community stakeholders towards achieving project objectives

The findings revealed that the community stakeholders felt that they had been fully committed to ensuring that the objectives of the student placements were met.

Most organisations made both staff and transport available when necessary to take students into the communities so that the students could gather the information required. Organisations also introduced the students to the community and, where necessary, made staff available to accompany them to ensure that their interactions with the communities were unproblematic.

2.5 Mutual partnership

Most state service organisations feel that there is a "real partnership" with the University and the students, citing that students always consulted with them, and that "students ask us how we see the problem" (Community stakeholder: SSO). They further said that students "just come in and they get on with what they have to do" (Community stakeholder: SSO). One state service organisation described the partnership in the following way:

"They were definitely true partners. We thought they were the teachers. They bonded with the learners." (Community stakeholder: SSO)

These positive comments on the partnership with the University are essentially derived from the good relationships they had with the students and site facilitators, rather than 'the University', per se.

Community service organisations, on the other hand, held a different view which, in summary, focuses on the idea of partnership with the institution, rather than the students and the site facilitators. This will be discussed in more detail in Chapter Five.

Summary

The findings presented in the previous two sections present a positive picture of the community stakeholders' experiences of the student placements and describe the mechanisms and approaches that enabled these positive outcomes. The next section deals with limitations to the benefits.

3. LIMITATIONS TO THE BENEFITS

In order to put these positive outcomes into perspective, factors which may have limited the benefits to community stakeholders also needed to be identified. Again, a difference was experienced between state service organisations and community service organisations. The factors were identified as follows:

3.1 Impact on the work of the host organisations

3.2 Impact of the limited duration of the projects

3.3 Psychological impact on students unfamiliar with living conditions experienced by poor communities

3.4 Lack of engagement by academic staff

3.5 Further benefits not realised

3.1 Impact on the work of the host organisations

3.1.1 State service organisations

Further investigation revealed that state service organisations often experienced unforeseen problems when students had to be taken to interviews and/or meet with the communities. Some of the reasons given for this were that they were short-staffed or staff had other work priorities to attend to which competed for time with the students' projects.

> *"One example is the time we had a strike. I could not get into the yard to get a vehicle and I had to make a plan to take the students out to the community. Eventually I managed to convince the staff at the gate to let us out."* (Community stakeholder: SSO)

> *"At one time we had a problem at the schools with TB and we had to go out and visit the schools. We were all busy but we had to accommodate the students."* (Community stakeholder: SSO)

Many of the state service organisations interviewed requested that better planning with longer lead times be implemented as this would allow the topics of the projects to be aligned with their management objectives. Where the lead time was insufficient, they often chose topics which, although they are relevant to their work, were not aligned with their management objectives and thus required additional co-ordination or planning.

Referring back to the criteria drawn out in Chapter 2, this could be related to the issue of there not being sufficient involvement from the community stakeholders in planning the course. It could, in addition, be related to the criteria which states that all stakeholders should have a common, collective vision, mission, goals and values for the partnership. In paying attention to these criteria, stakeholders will

understand and respect each others' needs and limitations and a request such as a longer lead time is easily resolved to the benefit of all stakeholders.

3.1.2 Community service organisations

Impacts on the community service organisations related mainly to having to accommodate students whilst being short-staffed. At times the community organisations felt that they were "neglecting students" and that they have 'had to make a lot of adjustments to accommodate them." (Community stakeholder: NGO/CBO).

> *"We were all busy and they just had to fit in. We felt that we maybe needed to spend more time before the placement to get to know the students. There wasn't time to really get to know them before the projects had to be done."*
>
> (Community stakeholder: NGO/CBPO)

It seemed, too, that when placed with NGOs or CBOs, students were required to work more closely with the communities. This required that the host organisation had to ensure that the students were accepted by the communities and that they related well to one another. This was indicated in the following:

> *"They fitted in quite well but we had to set up extra activities and they (the students) had to come in in their own time so that the people could get used to them."* (Community stakeholder: NGO/CBO)
>
> *"They needed to ask the members quite personal questions without having had time to get to know them or build up trust. The environment here was also not conducive to the questions they needed to ask. We had to intervene with the members to create the environment for the students to ask personal questions."* (Community stakeholder: NGO/CBO)

This issue, too, seems to be related, according to the criteria for assessing benefits to community stakeholders, an issue of lack of understanding of the culture and working principles of partners.

3.1.3 *Student safety*

The student interventions were conducted in under-served communities which experience high rates of crime.

Both staff and community stakeholders raised a concern about student safety as a key issue which the community stakeholders had to address. Generally community members were assigned to act as guides, the co-ordination of which required extra planning from the organisations, leading to an increase in the community stakeholders' workloads.

The responses revealed that community stakeholders felt that the fact that the responsibility for student safety had fallen to them had not been sufficiently valued by the University, another issue which can be related to the criteria drawn out in Chapter 2. One respondent expressed this in the following way:

> *"They just drop the student here and we are the ones who have to find guides and people to go with them to make sure they are safe. When we tried to discuss the issue of security with them they just threw that red book at us and said "this is the policy"* (Community stakeholder: NGO/CBO)".

3.1.4 *Indirect costs*

There were also indirect costs to community stakeholders of hosting the students. One site facilitator had the following to say:

"They [the hosting organisations] complain that we are using electricity and toilet paper and soap and we don't cover anything and when we tell them (the University) they just say okay, toilet paper will be provided. And that's it then. They never sit down and discuss it properly." (Staff: SF)

Notwithstanding the good relationships that the site facilitators have built with community stakeholders, this is evidence of there not being clear lines of communication between the community stakeholders and the University. This issue also highlights the lack of clarity around roles and responsibilities. These criteria are both addressed in Chapter 2.

3.2 Impact of the limited duration of the projects

As already mentioned, the course was run jointly by the three divisions of the School of Public Health, all of whom managed their input into the course separately and had separate outcomes and assessments. Each course also required that the students attend lectures and other on-campus activities. As mentioned above, this effectively meant that the students had only three days in which to collect epidemiological data and six days within the eight-week block to complete the health promotion projects.

Most community stakeholder respondents felt that the limited duration of the placements impacted negatively on the projects, both in terms of the pressure it put on the students as well as the quality of work delivered.

An example of the impact of time limitations is where there had been poor attendance of community members at meetings at which students had planned to hold interviews and time did not allow the students to return to the site to repeat the activity. The following statement illustrates this:

"There isn't enough time. For example, when it rains, we do not get a lot of people here so their sample isn't big enough. There is no time for them to come back again." (Community stakeholder: SSO)

One respondent referred to it as being *"too pressure-cooker"*, and had the following to say:

"We did not get what we wanted. In the end it became about the 'poor students' passing and we had to settle for second best." (Community stakeholder: NGO/CBO)

Another respondent felt that the time did not allow for the project to be utilised effectively. He described this in the following way:

"The project was really good. The information was excellent but they only had time to present it to one grade and only a few of the teachers could be there." (Community stakeholder: SSO)

Staff also felt that due to the time constraints, projects were not sufficiently negotiated and that this, in turn, often led to the students running into problems like not being able to meet the expectations of the community stakeholders:

"The whole idea of establishing the process beforehand and then presenting it to the students is not ideal as it contributes to the students often running into problems. But unfortunately it's necessary due to the time constraints." (Staff: UCT)

Generally, when the issue of time was mentioned by the students at all, it was that the time was too short. Whilst most students strongly expressed a desire to work in a more sustained way in community projects, community stakeholders also expressed the need for more continuity and a long-term plan.

3.3 Psychological impact on students unfamiliar with living conditions experienced by poor communities

Only one organisation raised the issue of the psychological impact on students of the impoverished conditions in the communities. They felt quite strongly that "the students experienced a lot of trauma because they were not prepared for the conditions in the community" (Community stakeholder: NGO/CBO). They cited the example of students having encountered young girls who suffered almost permanently from vaginal infections because they could not afford to purchase sanitary towels and had to use newspaper instead. According to the respondent this, and other examples of how the communities were affected by poverty, "traumatised the students" (Community stakeholder: NGO/CBO).

While this was neither raised by other community stakeholders nor by any of the students interviewed, this is noted here given the strength of the organisation's feelings on the matter.

3.4 Lack of engagement by academic staff

The findings also revealed that there was a feeling that the contribution of the community stakeholders were being undervalued by the University, seen in, for example, the fact that no members of academic staff ever visited the sites.

The site facilitators as the primary mediators of the interface between the University and the community stakeholders, commented as follows:

> "We *have evaluation meetings that some of our stakeholders come to and meet with people from the University but it's not – personally, in my case, it's never happened the other way around that anyone from the University goes to the site where they expect their students to be educated, where they expect the communities to receive their students and host their students and work with*

their students. They [the University], aside from working with me and seeing me in the way that they have, have never built that environment where they want their students to learn. They've never contributed on site to the development of the stakeholders and spoken to those people about how it's working or not working. So, from their side, from the University's side I think it's very much one-sided." (Staff: SF)

"I work in a department and am employed by and located in a department where very few people know what on earth we do. We are housed there. They've got no clue what you do. And all the time it goes on I think there's an enormous missed opportunity for the University to make a real contribution to what's happening in communities. Because it's – the students, the University, they're a huge resource – and you, you know, to make things happen or support what's happening in the community. And to get back from that for their students and the development of our health professions. But it's been missed all the time that." (Staff: SF)

"The extent to which those things are put in place and the extent to which other people from the University are present in the sites and show that it's important and valued, the partnership between the University, that will be sort of the extent to which the students take this course seriously. The students can very clearly see the lack of involvement. They can see that the course is about what they need to achieve and I think it becomes very important for them sometimes when they get into the position where they want to make a real contribution and they are told that all you've got is really 6 days because that's what it amounts to over that period of time. And there's a real tussle inside of them why did we come to this point, why did we do all this, why did we engage with the

community? We are going to give them 6 days and we can't do something real here. And that lack of the way in which the course is valued because there's no presence of formal partnerships and so on, it gets reflected to the students and so I would like to know what is the role of the University and their understanding about how important is really engaging with and developing partnerships with communities. It's lip service." (Staff: SF)

Not only are the site facilitators left with responsibilities that would seem to go beyond their understandings of their brief, but this lack of direct engagement by academic staff in the field seems to suggest that it is they who represent for the community service organisations the idea of 'the University' – and consequently, of the strength or otherwise of the partnership with the University.

The principles of a primary health care approach adopted by the Faculty are linked to those of community development, both of which imply partnership with communities. And it is the University's approach to partnership – seen in the actions of the academic staff – which lies at the heart of the perceptions of inequitable benefits to the community.

The context of social responsibility

The academic staff's reported lack of engagement should be seen in the context of recent national policy on the civic responsibility of higher education institutions (Department of Education, 1997). Since 2004 UCT has produced an annual Social Responsiveness Report, both in response to this policy and with a view to highlighting ways in which the University has been engaging with social, economic, cultural and political issues beyond the University. Thus social responsibility is linked to the broader vision of UCT. The implications for this course, as revealed by the findings, are that the University's social responsiveness objectives are not being implemented fully in practice.

3.5 Further benefits not realised

It was also felt that there could be further benefits to community stakeholders resulting from their involvement with the University. Examples of additional benefits were given as access to statistical information, and access to resources or to the University library. One respondent articulated this as follows:

> *"They (the University) get a lot of information from this, like stats and info about the communities. Maybe we can also get some information sometimes or we can use the resources at the University, like the library."* (Community stakeholder: SSO)

Summary

Throughout the interviews the benefits to the community stakeholders were voiced by the community respondents. However, the sections above also indicate some of the challenges to achieving these, as well as an ambivalence with regard to whether these benefits to the organisations and communities are fully maximised.

This ambivalence is illustrated by the following two comments from a community service organisation:

> *"On the whole we were very pleased. We were left with a document which we could take to our funders. We now have a good profile of that community."*

But they also went on to say:

> *"What does the community get out of this? The University gets a placement for their students and the students get their marks, but what does the community get?"* (Community stakeholder: NGO/CBO)

Another community partner described this ambivalence in the following way:

> *"This work is really important but not only to the health services. There are people in the community with different social needs that are not being educated."* (Community stakeholder: SSO)

Referring back again to the criteria for assessing benefits to community stakeholders, described in Chapter 2, it is clear that the lack of attention paid to maintaining partnerships between the University and community stakeholders undermines the benefits which are achieved through participation in this course.

4. SUSTAINABILITY OF THE BENEFITS

In the literature reviewed in Chapter Two, a detailed explanation of how sustainability would be used within the context of this research project is given. This led me to use the notion of systems sustainability as described by Gershater and Prozesky (2001:6). In my understanding this notion of sustainability does not measure sustainability in terms of whether a project is financially sustainable, but rather takes into account whether outcomes had been found to be useful, whether they had contributed to broader strategic changes by organisations or whether they had contributed in any way to the knowledge or quality of life of a community. In line with this – and the fact that as the interventions were not full projects they could not be assessed in terms of financial sustainability – I reviewed the projects in terms of their usefulness to the community stakeholders as experienced or perceived by them.

4.1 Use value

Most organisations felt that the interventions were indeed useful and that they were satisfied with the work produced by the students. Furthermore, many of the posters, videos and pamphlets produced by students were still in use.

About a quarter of the projects were once-off interventions (like conducting a survey) and these, it was felt, had served their purpose in terms of gathering information which would assist the organisations to serve the communities better. Whilst such interventions could not be proven to still be in use, the community partners said that the results had contributed to a broader strategy in terms of their adjusting their organisational strategies on the basis of the information gathered.

4.2 Continuity of projects

The question of whether the student projects had been continued after the students had left the community organisations was seen as important to the issue of sustainability.

In most cases the students produced health promotion materials which were still in circulation but were not being mediated to community members through, for example, workshops, as had been done by the students. In certain cases, however, information gathered from the epidemiological research had informed future practice of community stakeholders, for example, students had identified the reasons why women did not make use of free services for PAP smears and the community stakeholder subsequently changed its communication strategy with regard to this service.

4.3 Impact

Since the community organisations viewed the benefits primarily in terms of the products of the students' interventions, there is no data available on the impact of these interventions, which systems sustainability requires.

So, for example, although the community stakeholders reported that the results contributed to adjusting their organisational strategies, there is no evidence that

this had led to any change in behaviour within the communities. For instance, where health promotion materials had been developed and disseminated to address sexual behaviour of high school students, community stakeholders reported that learners were more knowledgeable about sexual behaviour and the consequences thereof – but there was no evidence or follow-up to determine whether the sexual behaviour of learners had changed.

In my view, whether or not an intervention has had any impact or produced any lasting change are some measures of systems sustainability. Failure to produce either raises questions about whether the interventions are sustainable or not.

4.4 Consultation and learning

4.4.1 Consultation

The findings revealed the need for broader consultation within the University and between faculties and departments with regard to community-based education. Community stakeholders also argued strongly for the need for longer-term projects.

Linked to both the principles of community participation and multi-sectoral collaboration, a need was expressed by community partners for all stakeholders (community stakeholders, community stakeholder management where appropriate, and the University) to enter into a process of consultation with one another. The outcome of such a process would inform the way forward in terms of the needs in the communities and where student interventions could be employed to achieve maximum impact.

4.4.2 Learning

Both community stakeholders and staff expressed an interest in a process which would facilitate the sharing of experiences and learnings. Community

stakeholders indicated that they would be prepared to participate in a workshop where they could share learnings linked to the process of hosting students with a view to improving their practice. The community stakeholders felt that this would also contribute to networking and would impact positively on the issue of continuity and sustainability for a particular group of beneficiaries, especially if this happened between community stakeholders in a specific area.

5. CONCLUSION

It is clear from the findings presented that the community stakeholders do indeed benefit from the student interventions – although they experience some challenges in doing so. However, these benefits are not perceived by NGOs and CBOs as being equal, but rather as weighing in favour of the University, when taking into account the perceptions of benefits to the University (both directly as well as in terms of the student benefits) as well as the costs, direct or indirect, to the organisations of hosting the students. The state service organisations are less expressive about this.

It is also clear that the community stakeholders would value their contributions being more expressly valued by the University and that this would contribute to building the partnership between community stakeholders and the University.

The findings from the data have revealed underlying issues relating to the maintenance of partnerships, social responsibility and community development. As these issues go somewhat beyond the immediate aims of the research, they have not been addressed under 'Findings' but will be discussed in more detail in the next chapter. I felt that this discussion was critical to the research report as a discussion of these issues raised above may give insight into why the benefits seem to be undermined by the limitations.

Chapter Five
IMPLICATIONS OF THE FINDINGS

INTRODUCTION

Three issues arose from the findings which, while they were not related to the immediate aims of the research, raise key questions that warrant further discussion. These are

- community development
- establishing and maintaining partnerships
- social responsiveness.

Whilst the community stakeholders appreciated the student projects which were found on the whole to be useful, some responses implied that community stakeholders were dissatisfied with aspects of the relationship with the University. I believe these opinions were related to issues of community development and expectation of the partnership. In addition, national and University policies are increasingly requiring that higher education institutions engage more actively with the communities around them, essentially providing a context which supports their engagement with community development issues and which encourages partnership.

Arising from my analysis of the findings, therefore, it seemed important to explore the following:

- the principles which informed my view of the results which could be achieved in the interests of 'the community' – namely community development;
- the issue of how partnerships could be established and maintained to strengthen the relationship between the community stakeholders and the University and therefore contribute to perceptions of equal benefit; and

- possible motivations for the University to change and engage in thorough consultation with communities, as espoused by both the Faculty of Health Sciences' policy on the primary health care approach as well as the University's annual Social Responsiveness Report.

1. COMMUNITY DEVELOPMENT FROM ALL STAKEHOLDERS' POINT OF VIEW

According to the Community Development Exchange's website (2006), community development is about "building active and sustainable communities based on social justice and mutual respect. It is about changing power structures to remove the barriers that prevent people from participating in the issues that affect their lives."

There is certainly evidence to suggest that all stakeholders were committed to development – but it is also clear that there are differences in how development is interpreted and implemented. This seems to relate to questions of objectives and how each stakeholder views community development in relation to their core business. I will discuss these separately as they relate to each stakeholder in turn.

1.1 The University

The core business of the University is higher education – which largely comprises teaching and learning, research and social responsiveness. In the preamble to UCT's Social Responsiveness Report 2003, Prof Martin Hall describes the priorities of the University as follows:

> *"While social responsiveness sits alongside teaching and research as priorities for universities, these categories are not mutually exclusive. Thus much research will be socially responsive, as will a range of academic programmes. In addition, universities such as UCT have for many years supported a range of "outreach"*

activities that seek to improve the quality of life in a variety of ways" (UCT, 2004:3).

Whilst the University partners with community stakeholders – and through this provides a service to these organisations and thus contributes to the development of local communities – it is my view that the focus is primarily centred on the value to students and the success of student placements.

Nonetheless, community stakeholders felt that the medical students' interventions highlighted issues which were not covered by the scope of their projects, and that these therefore provided opportunities for other departments – and the University more broadly – to engage with them. Not only could this contribute to a more integrated approach by the University, but would lead to more comprehensive development in those communities.

1.2 Students

Although the course was undoubtedly a learning experience for students, their main objectives were to get through the course.

By their fourth year of study, students were unlikely to have been introduced to the concept of community development. While they would have undertaken a short community project during their first year of study, according to the data gathered from students, most had forgotten this by the time the 4th-year rotation took place – although some students may have been exposed to community development in their personal capacities.

Despite their need to get through the course, students felt that they would have liked to have contributed to something bigger, for example, a longer term project, and that it was "difficult not knowing what happened with the project afterwards" (Student).

1.3 Community partners

As mentioned in the previous chapter, it was clear from their approaches that community service organisations viewed their roles in relation to the community differently to the approaches of state service organisations. State service organisations primarily viewed the community as clients, while there is more of an interdependency between NGOs/CBOs and communities.

1.3.1 State service organisations

State service organisations, e.g. community health centres, are required to attend to their core business of delivering services. They therefore contribute to the development of the communities they serve through the delivery of first contact health services – although this is not necessarily done within a developmental approach.[4]

While the student placements contributed to the state service organisations delivering these services to the community, the institutions felt they would not be negatively affected without this assistance.

1.3.2 Community service organisations

The core business of NGOs and CBOs is, I believe, community development. As such, their expectations of the University will be different (and possibly more demanding) than those of the state institutions, since their credibility and sustainability in a community rest on the quality of services they deliver and on the work they do, more directly than the SSOs. Unlike state service organisations, therefore, community service organisations are more likely to

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4 Within the context of the South African government's having adopted a primary health care approach, state service organisations (specifically health service organisations but not excluding schools) *should* be operating within a development paradigm or approach.

regard both the students and the University as partners in their development work, even though this may not be articulated in this way.

Evidence for this is seen in the proposal by a number of organisations interviewed, namely that the University engages in long-term planning with them, some suggesting that perhaps an integrated three to five-year strategic plan be produced for each area

Summary

It is clear that the stakeholders engaged in different approaches to community development, given their respective core businesses.

A key factor in community development is the vision of the organisation which reflects its ethos, interpretation, approach and implementation of development, to which the objectives of their projects or programmes are aligned. Thus, when organisations enter into partnerships, there is a need for dialogue to take place in order that all stakeholders understand each others' visions and objectives. Ideally this kind of dialogue would also address mechanisms for accountability between partners and could contribute to developing respect for strengthening each others' core business.

2. ESTABLISHING AND MAINTAINING PARTNERSHIPS

As indicated in the literature review, a key principle of primary health care is community participation, which requires that partnerships – between organisations and the communities they serve – be established and continuously maintained and evaluated. In addition, it is important that outsiders working with these community stakeholders – like the University – work in close partnership with these organisations located in the community so that their work and relationships are strengthened and not undermined.

The importance of partnerships is acknowledged in UCT's primary health care policy (1994: 8), which states the following:

- *"Faculty strives to engage the community of Cape Town with respect to their health care needs, and to assist in the development of their capacity to respond.*
- *Genuine consultation occurs wherever and whenever the Faculty plans actions that may impact on the lives of community members.*
- *The Faculty's unique resources are used by the community".*

Despite these commitments, however, community stakeholders maintained that the importance of partnership had lacked attention in this particular course.

The following themes regarding partnership emerged from the data, and will each be discussed in turn:

1. Clarity and agreement on roles of the stakeholders
2. Establishing mutual understanding of partnership (by bringing out different and similar perceptions of the partnership by the different respondent groups)
3. Mutual and equal benefit to communities and the University (which includes students)
4. Continuous feedback and communication
5. Equal accountability

2.1 The roles of the stakeholders

In this section I will examine the perceptions and understandings of the roles of the various stakeholders with regard to partnership.

In the process of talking about the roles of the various stakeholders, I left it up to the respondents to identify who they perceived the stakeholders in the partnership process to be.

The following stakeholders were identified by the community partners, the perceived roles of each will be discussed in turn:

- Community stakeholders
- Management structures: Community stakeholders
- Community
- Students
- The University
- Site facilitators

2.1.1 *Community stakeholders*

The community stakeholders are clearly significant parties in partnership with the University. I will again distinguish between the two kinds of organisations, however, as community service organisations and state service organisations worked differently with regard to relationship and partnership.

I observed this difference during the observation pilot phase when I deliberately chose to visit both types of host organisations. Whilst the state service organisations seemed to 'want to get the session over with', the community service organisations were more actively involved in negotiating their needs as well as contributing resources such as time and sometimes materials required by the students.

With respect to the students, they all saw their role as supporting them and helping them to complete their projects in order that they as community stakeholders could improve their services to the community. As noted below, they did not consider students to be contracting parties per se.

2.1.2 *Management structures: Community stakeholders*

Again a difference was observed here. Generally, decision-making in the NGOs/CBOs takes place within the structure of the organisation, which operates almost autonomously from its governing body such as a Board of Directors or Trustees. In contrast, the bureaucratic nature of state service organisations does not allow such autonomy. So whereas in most NGOs and CBOs there were managers who decided where and how to place students, the state institutions were required to get permission from their management structures.

Whilst staff at a particular state service organisation may have been willing and committed to hosting students, they had to ensure that their management were equally committed and supported them in order to be able to undertake the projects or incorporate the interventions based on their findings into their overall work programmes. This was articulated as follows:

> *"If something happens to us or the students when we go out to the communities, like for instance if we have an accident, our management will just say that we did not have permission to go there or to take the students there."*
>
> (Community stakeholder: SSO)

> *"We can't use the results of the students' (epidemiological) research in our planning if we don't get permission from our management for the projects."* (Community stakeholder: SSO)

The implications for partnership is that staff of NGOs and CBOs are freer to actively contract in a partnership with the University than their counterparts at state service organistions who are likely to require their managements' permission, or involvement, to do so.

2.1.3 *The Community*

As indicated earlier, NGOs and CBOs partner with the community with whom they are working, while the state service organisations have a relationship characterised as service-provider-client, rather than as a partnership.

In the context of student placements, communities are not expected to partner directly with the University, but this is rather done through the state and community service organisations who pass on the benefits of the partnership to community members in the ways suggested above.

In terms of student interaction with the community, however, the NGOs and CBOs viewed the communities as active participants in the processes relating to the students' projects while the state institutions viewed the communities primarily as beneficiaries or end-users of the products (such as the posters and pamphlets that the students produced).

For example, NGOs/CBOs said that they "organised extra activities so that the people could get used to them (the students)" and "we assigned someone to go with them as a guide into the community" (Community stakeholders: NGO/CBO).

In contrast, state service organisations made statements like "we put the posters up in the library and people are now more aware about the AIDS" (Community stakeholder: SSO).

2.1.4 *Students*

The students' role was perceived by all community stakeholders as being one of 'learner'. None mentioned service to the community partners as a role, although

it was clear from community stakeholders' responses that students did provide a service to the community – seen in, for example, students having acquired resources for community stakeholders or having developed relevant health promoting materials for the organisations to use.

In terms of partnership, students were not perceived to be contracting parties in the partnership between stakeholders, although working closely with their host organisations was valued and seen as important.

2.1.5 *The University*

Again there was a marked difference between the way the two types of community stakeholders viewed the role of the University vis-à-vis partnership.

It was significant that during the initial interviews, the state institutions did not distinguish the site facilitators from the University, but, in fact, saw the site facilitator as representing the University. NGOs and CBOs on the other hand discussed these as separate roles, which allowed them to differentiate between the way the respective roles were enacted (see below), and voice their expectations of the University's needing to be a more formal and active partner in the process.

In summary all community stakeholders wanted to partner more formally with the University, although the way this would be done and their respective interests would be different

2.1.6 *Site facilitators*

As mentioned above, there was a significant difference in how the role of the site facilitator was perceived in the partnership, with the state service organisations

merging them with the identity of the University while NGOs and CBOs did not see them as the contracting agent for the institution.

Both state and community service providers, however, viewed the site facilitator as their first line of communication with the University and as a key role in ensuring the smooth implementation of the project. The site facilitators were also often referred to by community stakeholders as the "student guides" or "mentors".

2.2 Establishing mutual understanding of partnership

2.2.1 Perceptions of the partnerships

Community stakeholders

As reported earlier, state service organisations felt that they were indeed working in a partnership with the University, while NGOs and CBOs did not. State service organisations described partnership as being with the students and site facilitator while community service organisations defined partnership as taking the form of consultative discussions with the University rather than just hosting the students and liaising with the site facilitators.

NGOs and CBOs wanted an opportunity to indicate what they wanted from the partnership, and their comments included the following:

> *"UCT has initiated a process, now what? They should make more effort."* (Community stakeholder: NGO/CBO).

> *"They are building expectations. What are they giving back to the community?"* (Community stakeholder: NGO/CBO).

As previously mentioned, state service organisations requested only that the projects be negotiated ahead of time so they could align these with their

management objectives to ensure management support and to minimise the need for additional planning and co-ordination.

Further investigation revealed that a key issue for both types of community partners was that the University should be involved in long-term sustainable plans with a community. They articulated this as a willingness to meet together with the University as a group servicing the area, to work out how best they could collectively maximise the potential of the course to contribute to community development.

In addition, they all felt that the issues highlighted by the MBChB students but which fell outside the scope of their course, could be followed up by social work or psychology students – suggesting an interest in a more comprehensive partnership with the University which goes beyond the medical school.

Differences in community stakeholders' views

The difference in views between community and state service organisations can be attributed to the distinctive roles of these organisations. State service organisations deliver specific services to the community, such as providing health care or education. These services are not evaluated by the community and the sustainability of these institutions is not dependent on their credibility within the community but on state funding. On the other hand, NGOs and CBOs have to ensure that the services they deliver are directly related to needs identified by the communities. This is partly because their sustainability depends on the organisation's credibility with the communities it serves, as well as the funders' increasing requirements that organisations report on the impacts of their work.

These differences may lead to varying expectations by the respective community stakeholders in the process.

The University

While the research focuses on community perceptions of the experience of student placements, the University's perceptions of partnership must be considered if an attempt is made to understand the failure to develop the kind of partnership in which the community stakeholders have expressed interest.

The University did not seem to have a clear vision for these partnerships, resulting in the staff's perception that the University neither valued the contribution of the community stakeholders nor maximised the benefits that could be reaped for the University from these partnerships. Staff, including site facilitators, articulated their feelings in the following ways:

> *"Partnerships need to have a clear vision which needs to be known and practiced."* (Staff: UCT)
>
> *"We must make a distinction. We are 'happy' to use the communities to teach there without formalising anything."* (Staff: SF)
>
> *"I've always wanted to believe that the University values its community partnerships. I think the University is a bit ambivalent about it. It likes the benefit of those relationships but I'm not sure it invests sufficient resources in developing those relationships."* (Staff: UCT).
>
> *"I think the University could gain a lot more if they were serious about this and they built really mutual partnerships with communities because I think that there is a wealth of knowledge and human resources that could be tapped in communities that are not being tapped. And in fact generally, the way the University works with communities is by, you know, you go there, you have one meeting and they agree that you can come there and then fine, that's our partnership. And then after that, the expectation is that we'll just have students, we'll have staff, there's no ongoing discussion about how's it going, what could be improved, how can we make sure that our courses are appropriate to your needs, all of those things. I mean I think there's a wealth*

of participatory research the University could gain by. UCT is supposed to be a research University. They could gain by producing the research." (Staff: SF).

The lack of clarity about who the contracting parties are and the basis on which the partnerships would be contracted has allowed partners to make assumptions and operate on unfounded expectations of one another which have hindered the building and maintenance of effective and strong partnerships.

2.2.2 *Building mutual partnerships*

In the absence of formal partnerships having been established between the University and community stakeholders, it was the view of all staff interviewed that the University had to invest in, strengthen and develop the relationships with community stakeholders (which, according to the literature reviewed, should be a continuous process). And all staff, including site facilitators, felt quite strongly that the University's partnerships with the community stakeholders needed to be formalised.

Intersectoral collaboration – identifying interests and common goals

The implications for this study of how the various stakeholders experienced the partnership relates to another key principle of primary health care, namely intersectoral collaboration. This entails that all stakeholders should be working towards common goals and objectives. Whilst stakeholders are likely to have different interests, goals and objectives according to their core business, they can nonetheless agree on common goals for a particular project if these goals are clarified and carefully planned.

In the same way, stakeholders can negotiate common goals and objectives for a partnership while retaining their own interests and outcomes. For example, the

following questions could be asked in the negotiation phase of the students' interventions:

- What does the University want from the community stakeholders?
- Are there any costs, either direct or indirect to the community stakeholders? If so, are the community stakeholders willing to carry the costs?
- What would the community stakeholders gain from the process/what do the community stakeholders want? Are the benefits equal to the cost of hosting students?
- How would the broader community benefit?
- What are the roles of the various stakeholders? How are they accountable to each other?
- What is the process which will be followed with regard to consultation and planning?
- How are the stakeholders in the process accountable to each other?

Building partnership through consultation

University staff identified the annual feedback meeting held at the end of each year as a possible forum at which dialoguing about the nature of the partnership and the need for longer term planning could have been addressed. All community partners were invited to these meetings, and it was attended by course conveners, site facilitators and staff from the School of Public Health and Family Medicine and the Primary Health Care Directorate.

This meeting did not seem to have served this purpose, however, despite its having been convened to talk about what had and had not worked with regard to the student projects and placements and also to strengthen links and confirm partnerships for the following year. Staff agreed that although these meeting had highlighted issues and raised concerns, there was not enough time to engage with these issues. Critically, this process did not extend beyond the student projects to address the issue of ongoing partnerships more generally. Furthermore, there

were no ongoing discussions around these issues and the subsequent meetings were only scheduled to take place a year later – by which time organisations who may have raised serious issues may no longer be part of the course.

In addition, the timing was identified as a problem as these meetings took place at the end of the year when many community stakeholders could not, or did not, attend:

> *"Annually we have a sort of review meeting where the community people come and we talk about what we did and what problems there were. And they're valuable. We use that [the review meeting] but it's not, I mean, it's at the end of the year and a lot of community stakeholders can't get there and don't come."* (Staff: UCT)

Thus opportunities for the University to learn from ongoing discussion with these organisations – and to build stronger and more mutually beneficial partnerships – have been lost, given the lack of a real process or mechanism through which to consult one another.

2.2.3 Accountability

I have used the University of Warwick's definition of accountability – which is "the principle that individuals, organisations and the community are responsible for their actions and may be required to explain them to others" (University of Warwick, 2006). Given that the findings of this study revealed a lack of formal partnership, it follows that accountability could not have been a key consideration in negotiating the relationships.

This once again reflected the need for partners to dialogue around principles of community development and accountability of each stakeholder, towards respecting others' core business. It also indicated the importance of negotiated and maintained partnerships in which each partner's expectations are clarified.

The lack of dialogue and clarity of roles and responsibilities and the absence of accountability often impacted on the site facilitators who have been described as the first line of communication with community stakeholders. They often dealt with various impacts on organisations of hosting the students – as well as the negotiating and maintaining of relationships with them. This responsibility might be better placed at University or at Faculty level.

The literature and the findings suggest that when universities embark on community-based education or service learning programmes, it is imperative that mechanisms for accountability be put in place. This could be done by the partners in the process entering into dialogue to clarify the roles of each partner, understand what it is that each partner will bring to the partnership, and what it is that each partner expects from the partnership. As noted above, a common vision and objectives for the partnership – which recognises the legitimate different interests and core business of each stakeholder – needs to be agreed to and a communication process should be developed to ensure the accountability of each partner to maintain the partnership.

2.3 Feedback and communication

Although it was reported in the findings that there were no communication problems, the findings also revealed the need for additional and different forms of communication that go beyond the student projects. One organisation said that

> *"although there was no problem with communication practically or physically, there needs to be clearer communication around guidelines, expectations, and how these are recorded. There need to be minutes"*. (Community stakeholder: NGO/CBO)

While a lack of formal record is consistent with a lack of formal partnership, this was a lesson for the community respondent from this particular organisation who would choose to keep minutes in the future.

Learning through shared reflection

Nine of the organisations interviewed felt that, in addition to feedback by the students on the outcomes of their projects, it would have been useful to have had deeper reflection and shared learning experiences between the community partners, especially where the organisations were located within the same area. While it was felt that this would have strengthened the community partners' service to their communities, they also felt that it would have been beneficial in terms of networking and engaging in joint projects. Furthermore, since it was the University which had a relationship with all of these organisations, there was an assumption that the University would be responsible for co-ordinating this process. One community stakeholder expressed this in the following way:

> *"Their presence is assisting a lot but there are areas where we are lacking. Multi-sectoral collaboration is needed. We need everyone to be involved. We are struggling to get all sectors involved. How could they assist in that regard?"* (Community stakeholder: SSO)

Another organisation felt that

> *"They should be doing similar stuff with other organisations in the area – then we can all work together."* (Community stakeholder: SSO)

2.4 Mutual benefit to the community stakeholders and the University

While the University and community stakeholders may have different agendas and seek different benefits, an equitable partnership would require that each recognised that working together could be mutually beneficial.

2.4.1 *Benefits of the partnership to the University and students*

Albeit that the benefit to the University and students was not the key focus in this study, it was useful to explore this since perceptions of these benefits may have impacted on how the community stakeholders viewed the relative equity of the relationship with the University. It may also have impacted on the building of equal partnerships.

Community stakeholders' perceptions of benefits to the University

In addition to the placements for the students' education, community stakeholders said that the key benefits to the University were the information the University gained about the communities (for example, statistics and other forms of data) as well the opportunity to assess the levels of competence of both community and state service organisations.

University staff's perceptions of benefits to the University

Benefits to the University cited by staff were that the institution gained recognition in communities, as well as partnerships and relationships which enabled the placement of students and access to research sites. It was also thought that the relationship effectively provided opportunities for marketing of courses and of the University itself to organisations working in communities.

Staff also felt that students gained a lot from the course and that this was a benefit for the University. It was not clear that this was either expressly or publicly voiced or valued by the University outside of the interviews, however.

In some contrast to the community stakeholders' perceptions of benefits to the University, staff felt that more benefits could be derived for the University in terms of there being a "wealth of knowledge and human resources that could be

tapped in communities" (Staff: UCT). Six of the eight staff interviewed specifically stated that the information gathered from the interventions with the community stakeholders could contribute significantly to their work and could "give a whole new dimension on research" (Staff: UCT).

A key theme to emerge was that all staff felt that more could be done to invest in, develop and strengthen the relationships with community stakeholders. This view was echoed by the community respondents, many of whom felt that there needed to be greater co-operation with all organisations working in an area to ensure a co-ordinated and holistic service to the community.

Students' perceptions of benefits to themselves

As mentioned above, the benefits for students were a positive feature of the partnership for the University.

According to the students' responses gathered for the evaluation (Laattoe, 2006), apart from the acquisition of life skills (like working in teams, learning to be assertive, communication, negotiation and leadership skills), students gained valuable vocational skills such as how to do research and how to plan and manage projects, as well as computer skills, presentation skills and facilitation of groups and processes.

All students cited the exposure to the communities as a positive benefit, some qualifying this by adding that they had "learned to look at a problem not only from a medical basis" and that they had learned to "include and collaborate with partners" (Student). Although all students had learned valuable lessons from the teamwork, many found the process difficult, albeit in the end, rewarding and "an invaluable life lesson" (Student).

Only five of the 96 students interviewed during the evaluation study (Laattoe, 2006) said that they would not consider community practice as a future career option – but this was as they had already chosen areas in which they would like to specialise.

Community stakeholders' perceptions of benefits to students

Community stakeholders felt that the main benefit for students was the exposure to communities as the placement was "giving them insight into community problems" (Community stakeholder: NGO/CBO). They also felt that students benefited by the acquisition of skills through their participation in the work of the community stakeholders.

All University staff views concurred with this.

University staffs' perceptions of benefits to students

It is clear that the exposure to the community is indeed valuable for students. All staff referred to related skills in research, planning, liaising and networking and that the students had come to "realise the limitations of just treating people as they come in" (Staff: UCT). This was understood as highlighting the limitations of a decontextualised approach to clinical teaching and a recognition that students needed more exposure to the communities and environments of the people they are expected to treat.

2.4.2 Benefits of the partnership to the community stakeholders

The community stakeholders' perceptions of benefits to themselves were outlined in the findings in Chapter Four. In summary, these largely comprised an appreciation of the usefulness of the products developed during the student projects, as well as the identification by students of issues or needs not yet

addressed. A lesser benefit was that the students had provided role models when they had worked in schools.

University staff felt that community stakeholders often felt "strengthened by the involvement of the University", and that they feel "affirmed that UCT has an interest" (Staff: UCT).

Summary

Reviewing the benefits to students and to the University as a whole and comparing these with community stakeholders' perceptions of benefits to themselves allowed me to view the developing picture of whether or not there was an equal partnership between the community stakeholders and the University.

Benefits were perceived by the community stakeholders to weigh in favour of the University as they felt that the University's key objective – finding placements for the students – had been achieved, whilst the University was unaware of the commitment of the community stakeholders to achieving this objective.

Comments from NGOs and CBOs were that

> *"All they [the University] wants is a placement for the students. They just send the students here but we are the ones that see that their projects get done."* (Community stakeholder: NGO/CBO)
>
> *"UCT has benefited but they are not giving anything back to the community."* (Community stakeholder: NGO/CBO).
>
> *"They should leave us with something, like a long-term plan."* (Community stakeholder: NGO/CBO).

Staff agreed that not enough had been done to "invest in the partnerships" (Staff: UCT) or to ensure that community stakeholders benefited in ways which

extended beyond the products of the students interventions. They suggested this imbalance resulted from the failure to build a balanced partnership.

3. SOCIAL RESPONSIVENESS

3.1 Education policies

According to the Higher Education Act of 1997 (Department of Education, 1997), one of the key objectives of publicly-funded higher education institutions in South Africa is "social responsiveness". Whilst the core business of universities would still be teaching and research, social responsiveness could no longer be excluded from these core activities.

In terms of a definition of social responsiveness[5] "UCT defines engagement much broader [than] institutional engagement with the local community" (Favish, 2006:1) – and pledged to make research and curricula increasingly socially responsive. The course under review is one such example.

Moore and Lewis (2000: 2) assert that South Africa's higher education policies reflect two key concerns, namely "a response to developments in the global economy and the changing role of higher education internationally, and a local concern for economic development, social reconstruction and equity".

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5 Social responsiveness was defined as "Scholarly based activities (including use-inspired basic research) (Stokes 1997) that have projected and defined outcomes that match or contribute to development objectives or policies defined by a legitimate civil society organization (or community organization), local, regional or national government, international agency or industry." Favish, J. 2006. Abstract submitted for the FOTIM Quality Assurance conference 20-22 June 2006. *Portraits of social responsiveness at UCT – the interconnectedness between teaching, research and engagement*

3.2 Health care policies

In the changing context of health care delivery and education in South Africa – and as presented in the context and background to this course – the Faculty of Health Sciences responded in August 1994 to the newly formulated national Policy on Primary Health Care by adopting the primary health care approach as one of the Faculty's binding principles.

In the process of conducting my research, I carefully considered this context as well as UCT's Faculty of Health Sciences' interpretation of the primary health care approach, espoused in their primary health care policy, which I have drawn on throughout this study. This further required that I review how the Faculty's principles aligned with the broader principles of the University, one of these being the principle of social responsibility or responsiveness.

I found that the course being studied here is closely aligned to the issue of social responsiveness, and indeed, it had been chosen as one of the courses to evaluate for inclusion in the University's Social Responsiveness Report 2003 (UCT, 2004). This issue is highlighted in this study, given the opportunities this course presents for implementing the University's current policy of developing socially responsive graduates.

3.3 Addressing the legacy of apartheid

Another phenomenon which social responsiveness is intended to address is one of the effects of apartheid, namely that universities – including UCT – are perceived to be inaccessible to poorer communities in which they are located. Manuel Castells refers to this phenomenon as universities historically having been "mechanisms of selection of dominant elites" (Castells, 2001:207). This has hindered the development of relationships between poorer communities and higher education institutions which could contribute to addressing some of the

socio-economic challenges encountered in an ever-changing social and political context.

An example of a project that is responding to this challenge is the Community Higher Education Service Partnerships (CHESP) initiative, being implemented at various universities including UCT. Funded by the W K Kellogg Foundation, its aim is

> *"the reconstruction and development of South African civil society through the development and promotion of socially accountable "models" for higher education, research, community service and development. Central to these "models" is the development of partnerships between higher education institutions, historically disadvantaged communities, and the service sector (i.e. public, private, NGOs and CBOs) so as to address the development priorities of South Africa and support the transformation of higher education institutions in relation to these priorities."* (CHESP, 2006)

Although the course being investigated here was not always directly part of the CHESP initiative it is useful to note that, within the parameters and constraints of Faculty administration and resources, especially financial resources, the community-based medical education course was influenced by and attempted to address some of the issues raised by the CHESP project. The course particularly aimed to produce more community responsive graduates, which it does in partnership with community and state service organisations, thereby serving the communities in which the community-based education is conducted. This course differs from the CHESP model in that the partnerships were negotiated with service providers whereas the CHESP service learning model strongly emphasises a three-way partnership including the community, that is, a partnership between "the higher education institution, the community and the service provider" (Mouton & Wildschut. 2005:122). It is, however, closely

aligned with the notions of service learning on which the CHESP model draws. According to Eyler & Giles (1997: 77 cited in Mouton & Wildschut, 2005:118)

> *"service learning is a form of experiential education where learning occurs through a cycle of action and reflection as students work with others through a process of applying what they are learning to community problems and, at the same time, reflecting upon their experience as they seek to achieve the real objectives for the community and deeper understanding and skills for themselves."*

What cannot be ignored here, however, is that the course also presented an opportunity for the University to build, strengthen and support what is already in place to advance both social responsiveness imperatives as well as the primary health care approach throughout the Faculty. This study suggests that there is still further work to be done by the University in this regard.

The course also presented an opportunity for other departments and faculties within the University to rise to the challenge of social responsiveness in a more co-ordinated way. This point is emphasised by Subotsky who argued that "teaching and research universities in South Africa should 'become more responsive to *social* problems and to function as a forum for the expression and negotiation of social discourse'" (Subotsky, 1999 cited in Waghid, 2002:457-488),

These social responsiveness initiatives are examples of responses to post-1994 legislation and policies in South Africa which have been developed to address some of the social inequities resulting from apartheid.

CONCLUSION

This chapter draws on the findings presented in Chapter Four and presents a further analysis in terms of the implications of the findings as they relate to the current study.

The findings revealed that, contrary to a primary health care approach and despite the Faculty's stated objectives with regard to engagement with communities, the University has not been seen to prioritise this aspect. Unless this is rectified, this could impact negatively on the social responsiveness objectives of the University.

While recognising that the University's core business is education, any engagement with community stakeholders requires a responsibility to sufficient and open dialogue with regard to roles and responsibilities of each stakeholder as well as the accountability of each in the process. Partnership dialogue does not necessarily assume the same benefit, but ensures that the benefits for each partner are balanced. This ensures that partners in the process value each others' contributions and, in turn, feel valued for their own contributions.

These findings raise the issues of community development processes and principles which highlight the importance of "building active and sustainable communities based on social justice and mutual respect" and which change "power structures to remove the barriers that prevent people from participating in the issues that affect their lives" (Community Development Exchange, 2006[6]). This study proposes that these principles need to be developed and articulated by

6 http://www.cdx.org.uk/about/whatiscd.htm downloaded 28 December 2006

all stakeholders, as do issues of accountability within the relationships between the stakeholders.

Furthermore, through a commitment to establishing and maintaining partnerships through the development of common partnership principles, goals and objectives – and in the context of UCT's stated commitment to engage with the experiences of the community stakeholders as highlighted in these findings – this kind of community engagement could be seen as contributing to UCT's being a socially responsive university.

Engagement with partnership principles would necessitate dialogue around the clarification of roles, accountability on various levels and around various outcomes. It would also identify the importance of clarifying how each partner may be perceived, both by the other partner as well as by the community in which they work.

This deeper engagement and consultation with the community stakeholders would also result in the University's being more aware of the needs of the community and, where suitable and in consultation with the community stakeholders, be able to respond through its research and student projects to the some of the real needs within communities.

Chapter Six

CONCLUDING THE RESEARCH

INTRODUCTION

In this final chapter I refer back to the aims of the research and relate the findings to the theoretical framework. I summarise the findings as described in Chapter Four and the implications discussed in Chapter Five.

Finally I identify areas for further research and conclude with recommendations and suggestions for this work.

1. AIMS OF THE RESEARCH

The aim of the research was to explore perceived benefits to community partners of a university community-based research and health promotion course undertaken by UCT medical students through placements in community settings.

2. APPROACHES TO THE RESEARCH

The programme was offered within the context of a curriculum framed by primary health care, as well as the need for graduates in the health professions to acquire skills in community-based research and health promotion.

In addition to literature on primary health care, I reviewed literature on community-based education and service learning which illuminated both the similarities and the differences between the two educational approaches. Within this context I found it useful to explore the aims of the research within a service

learning approach rather than that of community-based education, given that the latter has traditionally centred around student learning whilst service learning emphasises both learning as well as service and the university's and students' civic responsibility.

3. SUMMARY OF THE FINDINGS

The following summary briefly presents the findings as they have been discussed in Chapter Four.

3.1 Perceived benefits to the community stakeholders

Community stakeholders reported that they had indeed benefited from the student projects. These benefits were mainly defined as products of the student interventions, for example, brochures, pamphlets or posters that the students produced and which were used as health promotion materials. Identification by students of issues and needs still to be addressed were also regarded as a benefit, despite these not being able to be met by them.

3.2 Enablers of the benefits

The findings presented revealed that community stakeholders contributed significantly to the achievement of the project objectives and to ensuring that the students completed their projects. Examples of these were that the community stakeholders

- mediated students' access to community members;
- appointed community members to accompany students to ensure their safety; and
- provided transport for students to visit community members, when necessary.

The site facilitators were also said to play a significant role in the enabling of the relationship between the students and the community stakeholders.

3.3 Limitations of the benefits

While the benefits to the community stakeholders were voiced by the community respondents throughout the interviews, the findings also revealed that

- these benefits could be maximised and communities could benefit further from the student interventions through students from other departments addressing issues that were beyond the scope of the MBChB students;
- the contributions of the community stakeholders were perceived to be being undervalued by the University; and
- there could be further benefits to community stakeholders resulting from their involvement with the University, examples being gaining access to statistical information, to resources or to the library.

3.4 Sustainability of the benefits

The sustainability of the student projects after their limited intervention was viewed within a framework of systems sustainability.

Community respondents reported that the findings from students' epidemiological research had contributed to the adjustment of their organisational and broader strategies. All student projects had been used at least once and many continued to be used.

There was, however, no evidence that the student projects had resulted in any impact in terms of any changes in behaviour on the part of community members as there had been no follow-up in this regard.

4. SUMMARY OF IMPLICATIONS OF THE RESEARCH

The implications of these findings were discussed in Chapter Five and are summarised here.

4.1 Community development

Given that the respective stakeholders' core businesses differ, it follows that they will have different approaches to development.

This implies that where there are differences in their approach to development, they will also implement development differently. However, the findings and responses revealed that there is a need for the community stakeholders and the University to engage in partnership dialogue in order to understand each others' interpretation and approach to development. This could help towards achieving common objectives for the partnership and respect for each others' core businesses.

4.2 Maintaining and improving the partnerships

Much could be done to properly establish and maintain the partnership between community stakeholders and the University. There seemed to be no clear common vision and this led to the perception that the University neither valued the contribution of the community stakeholders nor maximised the benefits that could be reaped for the University from these partnerships.

In addition to a collective vision, my findings suggest that common goals, objectives and principles for the partnership should be negotiated and should be revisited periodically.

4.3 Social Responsiveness

The Faculty's adoption of the primary health care approach is closely aligned to the social responsiveness objectives of the University specifically and higher education generally. The achievement of these could be enhanced by the Faculty's adopting a more developmental approach and more fulsome engagement with community partners, which they have not yet done.

5. RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

Throughout the process of data collection and analysis I identified areas that went beyond the immediate aims of this study. These might be best presented as recommendations and suggestions for further research, and this study concludes with these.

5.1 Partnership between community stakeholders and the University

Throughout the research issues of partnership have been strongly identified. However, this was only one component of this research project rather than its key focus, and was not explored in great depth. There is therefore a need for further research to be done to investigate how the issue of partnership is defined by the different stakeholders and how, within the current context of resource limitations, partnerships might be strengthened.

5.2 Role of the site facilitators

Throughout the interview process all stakeholders identified the site facilitator's role as having been key to the success of the programme. It is clear from the interviews conducted that it was not only their competencies but also their personal experience and approach that had contributed to the success of the

programme. Despite the site facilitators' dissatisfaction regarding the University's approach to maintaining the partnerships with the community stakeholders and with the University's perception of their role, their professionalism prevented this from impacting negatively on the experiences of the students or community stakeholders.

Further research could be done to explore how best these strengths could be harnessed, and the site facilitators supported, to maximise the potential of the programme for all parties concerned.

5.3 Social responsiveness and integration

This programme is a good example of social responsiveness – of which there are also other examples at UCT, according to the Social Responsiveness Report 2003 (UCT, 2004).

Although this has been discussed in some detail in Chapter Five, there is a need for further research around how various departments and faculties in the University might develop an integrated approach to engaging with communities to provide a more comprehensive or holistic service, thereby enhancing its social responsiveness.

5.4 Impact of student interventions on the community

This research project primarily explored the perceptions and experiences of community stakeholders participating in the course. It also explored the perceived benefits to stakeholders of the student interventions and how these were viewed or defined by the stakeholders. However, there is no data on the impact of the student interventions on the members of the community accessing these services.

Further research could focus specifically on the impact of the student interventions on the community to assist the University in measuring this.

6. CONCLUSION

The aim of the present study was to explore the benefits of community-based education to community stakeholders. This was done through a service learning approach which emphasises both service to the community as well as formal student learning.

Whilst it was found that there are indeed benefits to community stakeholders, it may be concluded that these benefits are perceived to be unequally weighted in favour of benefits to the University. This study identifies a number of issues which might begin to rectify this perception and possibly add to actual equity. This includes the need for greater emphasis to be placed on the negotiation and maintenance of equitable partnerships between the University and community stakeholders, especially in the context of the increased focus on social responsiveness of universities.

And finally, in keeping with the Faculty of Health Sciences' adoption of the primary health care approach, the University is encouraged to adopt a more developmental approach to working with community stakeholders.

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APPENDIX A

INTERVIEW SCHEDULE: COMMUNITY STAKEHOLDERS

RESEARCH QUESTION

What, if any, are the perceived benefits (of this model) of Community Based Education for community stakeholders?

INTERVIEW QUESTIONS

1. Please introduce yourself (your name and organization) and briefly describe how you were involved with the students

2. Did the project run as you expected? If not, please explain why this was so.

3. How do you think you organization benefited from being involved in this programme?

4. If benefits were experienced, were the benefits gained different from those you expected at the beginning of the students' placement? Please explain.

   If no benefits were experienced, why do you think the organisation did not benefit as planned/expected?

5. Were there any difficulties in the implementation of the programme?

6. If yes, how could these difficulties be dealt with?
   If no, why do you think things worked so smoothly?

7. Please describe the roles of the various stakeholders in the programme.
   Were these roles fulfilled as expected at the beginning of the programme?

8. How did the communication work between the partners, i.e. what systems/ways of working were in place which allowed you to communicate? Did they work well?

9. At the end of the programme did the various partners share their experiences? If yes, how was this done?

10. Is there anything else you want to say about the programme?

APPENDIX B

INTERVIEW SCHEDULE: STAFF

1. What's the primary objective of the course?

2. What do think the students gain from the course?

3. What does the university gain from this course?

4. What do you think the community stakeholders gain from being involved in this programme?

5. What are your perceptions of the partnership?

6. Were the experiences of all the stakeholder ever shared collectively and if so, how did this happen?

7. In your opinion, could you talk about what you think worked/didn't work?

8. Is there anything we haven't covered?

APPENDIX C

INTERVIEW SCHEDULE: STUDENTS

LOCATION: Block: Year:

Topic

1. *In your opinion, how did you feel about the health promotion course in general?*

2. *What did you enjoy the most?*

3. *What did not work for you?*

4. *With hindsight, what skills did you learn?*

5. *How did you learn it?*

6. *How do you feel about the quality of the work you provided the community organizations you worked with?*

7. *Would you consider working within a community practice*

8. *Please elaborate*

9. *Would you be interested in participating in a focus group discussion?*