

## **TOWARDS INTERDISCIPLINARY PRACTICE: A SHARED COMMUNITY-BASED PRACTICE EXPERIENCE**

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### **Abstract**

#### **Introduction**

Service-learning is an educational approach that allows for a structured learning experience for students, combining community service with preparation and reflection. Through service learning, students not only provide community service but also learn about the context in which the service is provided.

#### **Methods**

Shared Community-Based Practice (SCBP) is a pioneering service-learning initiative of the University of the Western Cape (UWC) for all health and welfare disciplines located within a community setting. It is unique in the sense that it affords students from discipline-specific domains, an opportunity to practice interdisciplinary in a structured and coordinated manner. SCBP was designed to meet discipline-specific, multidisciplinary and personal goals through the development and implementation of an intervention care plan. Four centres in Nyanga and Mitchell's Plain were targeted for placement of students in the Community and Health Sciences Faculty at UWC. Focus group discussions were held with the centres personnel and the needs of the centres were identified. Interventions were designed based on these needs.

#### **Results**

The main themes identified included the need for training, awareness and lack of resources. Implementation of the projects had its challenges but students were able to overcome them.

#### **Conclusion**

Shared community based practice is an initiative that can be used effectively in communities in an interdisciplinary manner.

#### **Key words**

Shared Community Based Practice, Service learning, Students, Interdisciplinary

## **Introduction**

Service-learning is an educational approach that allows for a structured learning experience that combines community service with preparation and reflection. It is a community-based model of service delivery described as a collaborative model with the intention to shift cultures of general practice from simple referral models to stronger models of collaboration (Keleher, 2006).

Through service learning, students not only provide community service but also learn about the context in which the service is provided. According to Eyer & Giles, (1999), 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 real objectives for the community and deeper understanding and skills for themselves. The connection between the service and students' academic course work, and their role as professionals and citizens is enhanced through community based programmes.

## **Shared Community Based Practice**

Shared Community-Based Practice (SCBP) is a pioneering service-learning initiative at the University of the Western Cape (UWC) for all health and welfare disciplines located within a community setting. It is unique in the sense that it

affords students from discipline-specific domains, an opportunity to practice interdisciplinary in a structured and coordinated manner. Shared practice includes academic staff, students from various disciplines, the community and clients.

The programme involved the collaboration between the Physiotherapy (PT) students of the Faculty of Community and Health Sciences, the service providers, disadvantaged communities and other related agencies in Mitchells Plain and Nyanga. The focus for intervention areas selected reflected the unique health and social care needs including geographic and cultural barriers; inadequate coverage, and limited availability of services.

## **Rationale for SCBP**

The main rationale for this programme came from three primary sources as stated by Waggie (2004). The first source was from the Higher Education Directive; (White paper 3: Transformation of higher education, 1997) which emphasized, "Responsiveness to economic and social developmental needs, interdisciplinary programmes, structured collaboration between higher education institutions and civil society and services, promote community linkages and partnerships." The second source was the Department of Health Directives: Strategic priorities for the National Health System 2004-2009

(Andrews & Pillay, 2004), namely: “Promote healthy lifestyles, contribute toward human dignity by improving quality of care, Improve management of communicable diseases and non-communicable illness, Strengthen primary health care and Partner with communities in health care decisions.” The final source came from the mission statement of the Faculty of Community and Health Sciences at the University of the Western Cape (UWC): “Practice based on Primary Health Care (PHC) approach which includes preventive, promotive, curative and rehabilitative health care, demonstrate critical thinking, reflection, & problem-solving, spearhead innovation in interdisciplinary education/practice, embrace a personal ethic of social responsibility and service, work in interdisciplinary teams, ensure care that balances individual, professional, & societal needs and focus on wellness and provide culturally sensitive care.”

### **Content Outcome**

The module was designed to meet discipline-specific, multidisciplinary and personal goals through the development and implementation of an intervention care plan. By doing so, students were expected to develop a deeper understanding of their roles as individual health professionals and within the interdisciplinary team in addressing the needs of the clients in the communities.

The students had to achieve four aims for the module by the end of the programme. These included: (i) demonstrating in depth knowledge and skills when working with communities in a community setting, (ii) demonstrating a comprehensive depth of knowledge about the role and responsibilities of other role-players that contribute to multidisciplinary practice, (iii) demonstrating in depth knowledge of basic concepts such as patho-physiology, epidemiology, legislation relevant to service provision through independent literature research using the internet, and library for the relevant information and (iv) demonstrating the skills needed to practise in a community setting through development and implementation of a comprehensive intervention strategy in an independent discipline-specific and collaborative manner.

### **Community Intervention Sites**

“The University of the Western Cape Community Rehabilitation Project (UWC CRP) is an outreach project based in Mitchells Plain and Nyanga. The Occupational Therapy (OT) Department was previously responsible for the management of the project. However, as part of a decision made by the Faculty Board in 2006, the UWC CRP is now supported by the School of Public Health. This change in management allowed the UWC CRP to open their doors to other disciplines/departments within the Faculty of Community and Health Sciences

(FCHS) so that service provision would adopt a more holistic and interprofessional approach.

The focus of the UWC CRP is to re-integrate people with disabilities back into society, equip students from the FCHS with practical experience and to allow them to develop clinical skills within a Community Based Rehabilitative (CBR) framework. The UWC CRP also assists with placement, supervision, monitoring and evaluation of students to ensure that they meet with the faculty's standard of practice and criteria for in service training" (Hull, 2006). In 2007, only forty-nine, third year PT students were placed at the UWC CRP in Mitchells Plain and Nyanga.

### **Community Placement**

Although only one discipline was involved, the vision for this module was that students from two or more disciplines practicing in the various projects at a specific community come together once a week from 14h00-16h00 for the duration seven weeks of their community block. The students were divided into 8 groups. Each group had an average of six students and learning was facilitated by academic and site facilitators.

The Project managers at the UWC CRP identified various needs beforehand in both Mitchells Plain and Nyanga. These needs included: training for Community Rehabilitation Workers (CRWs) and

caregivers, awareness of physiotherapy and services offered by the UWC CRP and resources. On the students first visit to the community, each group had to discuss these needs with the relevant role-players and together agree on one intervention strategy for the focus of their projects. The students spent the remaining six weeks planning, implementing, evaluating and presenting their projects.

### **Intervention**

Following the needs assessment, students carried out three projects at Masincedane special educare home, Ilinge Labantwana educare centre, Joy educare centre and UWC CRP. The students conducted focus group discussions to identify needs for the centres. These focus groups included the managers of the centres, CRWs and caregivers. Student interventions were grouped into three themes and are discussed below.

### **Theme 1: Training**

During the first visit to these centres it was observed that children were improperly positioned and there was a general lack of stimulation. At Masincedane special educare home and Ilinge Labantwana educare centre, seven CRWs and caregivers were trained on how to take care of children with Cerebral Palsy (C.P.). At the end of the sessions, it was observed that the caregivers handling techniques had improved. Posters were

made and booklets on how to manage CP children were disseminated.

Beaconvale Frail Care centre: The management staff were concerned about smoking, hygienic conditions, lack of physical activity, poor back care of staff and mobility of bed-ridden clients. These concerns were addressed in the form of workshops for clients and staff. Clients were educated on the dangers of smoking, the importance of personal hygiene and engagement in activities of daily living. Staff was educated on back care exercises with a practical component and demonstrations of passive movements for bed-ridden clients. Booklets were developed and supplied to the centre for ongoing learning for clients and staff.

UWC CRP works hand in hand with rehabilitation workers and home-based carers based in Mitchells' Plain and Nyanga. These workers care for people with different disabilities and is sometimes challenging. The students identified the following needs for training that would assist them in doing their jobs more easily such as: broadening knowledge about stroke, education about precautions that need to be taken into consideration when treating patients with disabilities, knowledge about spinal cord injuries (safety precautions and treatment) and back care education when handling clients with different disabilities. Students developed booklets and DVDs, which were made available to the workers for ongoing education. Participants were offered

certificates of attendance at the end of the training.

### **Theme 2: Awareness**

UWC CRP: A mini survey was conducted to assess the knowledge of Mitchells' plain community about physiotherapy services. It was found that there was a need to advertise PT services. An awareness campaign was conducted at the Promenade shopping mall in Mitchells Plain. Students explained to individuals what PT was, its benefits and services available in the community. In addition students handed out pamphlets with information related to PT. The students demonstrated a few pain relieve techniques on volunteers who presented with muscular pain.

### **Theme 3: Resources**

The two educare special centres in Nyanga (Ilinge Labantwana and Masincedane) and one educare centre in Mitchells Plain (Joy Educare Centre) had common needs regarding shortage of resources within their centres. Students sourced for toys, clothing, carpets, blankets, furniture and bedding from different organisations and developed funding proposals.

### **Challenges**

Challenges to the implementation of the projects included the following: Unequal participation of students in the projects.

Non-involvement of other health science disciplines, limited the intended impact in service-provision.

Transport for supervisors to visit all the sites was insufficient.

The time was not enough for students to do need assessments, plan, implement and evaluate an intervention in a comprehensive way.

There were only few supervisors for the eight projects.

Lack of funding restricted/limited resources development and supply.

### **Summary/Conclusion**

All the projects that were conducted in the identified areas were successful. All the aims and objectives of this module were met successfully, besides the absence of other health science disciplines. Students managed to complete and presented reports to stakeholders at the end of the placement. The communities of Mitchells Plain and Nyanga benefited from this programme, through resources acquired, training of CRWs and caregivers and increased awareness about PT.

Community health services heavily rely on a broad spectrum of professions and service providers, knowledge, skill, experience and creativity. Health professions should not contribute their expertise in relative isolation from one another. Shared community based practice has presented both an opportunity and a pressure to incorporate interprofessional learning and teaching

within qualifying health science programmes in the Faculty of Community and Health Sciences in service provision.

This model of shared care can be applied to integrating other specialized services into communities. The programme gave direction to the need for interprofessional practice to be incorporated in student placements. Interprofessional practice allows the opportunity for comprehensive care, genuine consultation and collaboration, and offers great benefits for clients in the community.

A strategic approach to health care in the community is more than the aggregate of individual activities within a practice setting. According to Doyle and Thomas (1996), it implies a shared practice view of priorities to improving the health of the practice population. It is argued that while there are clear educational gains from a more systematic development of shared practice learning and that these would apply to a range of professions connected to each other, the complexity of organisational arrangements may serve to render such developments impractical (Torkington, Lymbery, Millward, Murfin & Richell, 2003).

### **Recommendations**

Other disciplines in the CHS faculty should be involved in the programme to provide more comprehensive services in the communities. Transportation of students in the field must be made available to ease their mobility. Organizations should be

contacted and support including finances sought. Timetables of student placement should be synchronized to allow shared practice. Facilitators for shared practice must be trained to regularly meet students and facilitate the learning process.

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