

When the clinic is not yet built ... the Avian Park Service Learning Centre story

T Fish,¹ MBA; G Lourens,² RN; L Meyer,² BPhil; J Muller,² MSc Physio; H Conradie,² FCFP

¹ Community Service and Interaction, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

² Ukwanda Centre for Rural Health, Stellenbosch University, Cape Town, South Africa

Corresponding author: T Fish (tfish@sun.ac.za)

The Ukwanda Centre for Rural Health (UCRH) opened in 2001, followed 10 years later by the establishment of the Ukwanda Rural Clinical School in one of the rural health districts of the Western Cape. This paper relates the journey of the Faculty with the underserved community of Avian Park through the provision of healthcare services aimed at addressing needs identified by the local community. It attempts to substantiate the meaning of the word *Ukwanda*, translated 'to grow' and 'develop within the community' in order to reach the primary goal of being an 'engaged institution'. The Avian Park Service Learning Centre (APSLC) is the culmination of the aspirations of a number of stakeholders who wanted to respond to the community needs for access to basic healthcare while providing learning opportunities for students. Initially only patients with chronic diseases of lifestyle, tuberculosis (TB) and HIV/AIDS were seen by community care-workers (CCWs). Through a number of service-learning initiatives in Avian Park, a variety of health services have developed in the community. CCWs have become teachers, community developers and an integral part of the health service team. They enhance access to the residents, community projects and networking within the community. The APSLC improves the opportunities to integrate theoretical academic work with practical application, providing students with a unique opportunity to be involved in healthcare service design and development (as active participants, not observers) based on community-identified needs. University and community collaboration has been purposeful and aims to strengthen community engagement, while up-skilling residents and affording community-based education opportunities for health professions.

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An 'engaged institution' is defined as one in which community engagement is infused within all teaching, learning and research, across all disciplines, as well as the formation of 'reciprocal and inclusive relationship between community and academia' being the priority of university management.^[1] This is orchestrated by the provision of service to a community by members of a higher education institution through the scholarship of engagement.^[2] Community engagement is encouraged in the academic setting in order for students and staff to: discover, integrate and apply knowledge; extract meaning from the experience; develop a sense of social responsibility; and teach while learning to help build the nation.^[1,3]

Stellenbosch University's strategic positioning is aligned to the global development agenda and the National Development Plan of South Africa.^[4] Through this alignment, and its framework for community interaction, the university's HOPE^[5] project provided the leverage for the Faculty of Medicine and Health Sciences to strengthen one of their strategic innovations, the Ukwanda Centre of Rural Health (UCRH). The UCRH was initially launched in 2001 as a platform for the exposure of undergraduate students (albeit for limited periods) to rural settings across South Africa during clinical training. The long-term intention was to immerse students within a rural setting to integrate the pedagogy of place as a key strategy.^[6,7] This came to fruition in 2011 when the Faculty responded to the institutional call to be true builders of HOPE on the African continent, by putting its strengths and expertise at the service of human need.^[5] The Ukwanda Rural Clinical School (RCS), an extension of the UCRH, was established in 2011 in one of the rural health districts of the Western Cape, and created the opportunity for senior undergraduate students to spend an entire year in a rural setting.

This paper relates the journey of the Faculty, involved at the RCS, with the underserved community of Avian Park through the provision of healthcare services aimed at addressing needs identified by the local community. It attempts to substantiate the meaning of the word *Ukwanda*, translated 'to grow' and 'develop within the community' in order to reach the primary goal of being an 'engaged institution'.

Why Avian Park?

The Avian Park (AP) community, established in 1998 as part of government's Reconstruction and Development Programme, has approximately 10 000 residents (five-fold more than official statistics).^[8] As part of the social integration programme, it provided a residential opportunity for individuals from diverse racial and religious groups. Located approximately 6 km from the local hospital, no primary health care (PHC) facility existed in the community.

The community is relatively stable with minimal in-migration. A community profile done in 2011^[8] found that average household size is 4 - 5, with 25% of the households having more than 6 members. A quarter of the residents live on an average income of USD50 monthly (approximately R552 in 2011) and the majority rely on the state for health services.^[8] Diseases of lifestyle, tuberculosis (TB) and HIV/AIDS are cited as the most prevalent diseases.^[8]

How it all started

The Avian Park Service Learning Centre (APSLC) is the culmination of the aspirations of a number of role-players who wanted to provide AP with access to basic healthcare. Stakeholders from the local community, the health authorities at provincial and municipal level, UCRH, community-based services and clinicians collaborated to conceptualise a model by

which research, teaching and other health-related activities have developed. The APSLC has served as a hub from which the university interacts at the coalface with the community.

In 2004 a state-employed family physician started managing patients with chronic diseases of lifestyle, TB and HIV/AIDS with the assistance of community care-workers (CCWs) employed by the Boland Hospice, as well as medical students on their clinical rotations. This arrangement, a partnership between the provincial health services and Boland Hospice, was housed in an old shipping-container, which was in disrepair. The container was refurbished with support of Stellenbosch University Rural Medical Education Partnership Initiative (SURMEPI), a US President's Emergency Plan for AIDS Relief (PEPFAR)-funded grant. It was expanded to enable multiple service-learning project initiatives by students at the RCS and within the AP community. The refurbished structure was, in 2011, named the APSLC.

The partnership

The initiatives are described from the perspective of the mandates of the university, namely teaching and learning, research and community engagement. Over time new initiatives were introduced to AP, based on needs identified by the hospice-employed CCWs, patients through informal and formal discussions, focus group interviews, requests from civil society and the state health services. The partnership between the university, Boland Hospice and the Department of Health continues to enable the mandates of the university to be fulfilled.

Teaching and learning

Previously students spent 2 - 6 weeks rotating in the rural area, after which they returned to the urban academic hospital. In 2011, the first cohort of medical students commenced their entire final year of training (sixth year) at the RCS. Part of the innovation of this educational model was exposure to a PHC setting where they participated in service-learning at AP. This was followed in 2012 with an inter-professional service-learning project with students from divisions of Medicine, Physiotherapy, Dietetics and post-basic Nursing in PHC. The students working alongside resident CCWs, met weekly to do inter-professional home visits to screen households for social, environmental and health risk factors.

The transformative learning and reflective practice that developed as a result of these collaborative home visits^[9] led to interest from other undergraduate divisions (Occupational Therapy (OT), Speech-Language and Hearing Therapy, undergraduate Nursing and Social Work) who joined the project in 2013. In 2013 and 2014, the OT and Dietetics programmes provided opportunities for students to spend their entire final year at the RCS.

Through service-learning projects, a number of health services developed in the AP community with the support of the CCWs. These include family planning services, rehabilitative services, student-driven home-based care, support groups for chronic diseases of lifestyle, TB and HIV/AIDS, individual consultations and health promotion activities by means of wellness, community or sports days held in the community.

Research

A number of research projects by Stellenbosch University have informed the development of the APSLC, viz. a socioeconomic and social capital assessment,^[8] a baseline study to develop an understanding of the nutritional status of young children and their caregivers (personal communication, L du Plessis), and an

evaluation of patient perspectives on the student involvement in AP by the Centre for Health Professional Education.^[9] Student projects in the AP community include, among others: the innovation of an electronic patient record system; an investigation into TB prophylaxis in exposed children; evaluation of diabetic care; and involvement of the community in health promotion.

Community engagement

The relationships with the community and stakeholders have evolved over time. These include collaboration with local clinics and the secondary-level hospital, which refer patients for follow-up at the APSLC.

A collaboration of significance is an agreement signed with the non-profit organisation, Boland Hospice. This expresses the symbiotic relationship of shared space and training opportunities for CCWs, whereby CCWs render health services in the morning and facilitate students' training during the afternoon. The CCW has indeed become a teacher, a community developer and an integral part of the health service team.^[10] Community access, community projects and networking within the community are enhanced with the CCWs as links between the community and the services.

During previous research done in AP in 2011^[8] a few residents were trained as field workers and they now continue to assist with other research projects in the community. In addition, other initiatives have developed as a result of these research projects and the help of the residents, inter alia: an afterschool life-skills programme for grade 4 - 7 learners; the development of a community vegetable garden; employment and up-skilling of a gardener in collaboration with the local soup kitchen; and a co-ordinated afterschool sport programme.

Conclusion

Collaboration between the university and the AP community has been purposeful and aims to strengthen community engagement, while up-skilling residents and affording community-based education opportunities for health professions. The APSLC improves the opportunities to integrate theoretical academic work with practical application, providing students with a unique opportunity to be involved in healthcare service design and development (as active participants, not observers) based on community-identified needs. These initiatives have subsequently led to personal growth, a deeper understanding of development challenges of the country and enhanced students' sense of social responsibility.^[9]

The clinic is still not built; however, the community has some basic primary care, the students have a place to learn, and a clinic is in the Department of Health's planning framework.

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