

**AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY  
SERVICE-LEARNING IN PHYSIOTHERAPY**

**BY**

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BLOEMFONTEIN**

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**September 2020**

## DECLARATION

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I hereby declare that the compilation of this dissertation is the result of my independent work and that persons who assisted me in this endeavour have been acknowledged. The research sources used are cited in the text responsibly and the authors and compilers of the references for the information provided credited as required. I further declare that this work is submitted for the first time at this institution and faculty to obtain a Magister Degree in Health Professions Education and that it has never been submitted at any other institution by myself or any other person to obtain a qualification. I also declare that all information provided by study participants will be treated with the utmost confidentiality.



04 September 2020

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**Ms CMB Saaiman**

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**Date**

I hereby cede copyright of this dissertation in favour of the University of the Free State.



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## **DEDICATION**

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I hereby dedicate this work to my Heavenly Father and my Saviour the Lord Jesus Christ who gave me the ability to gain knowledge and to serve others.

Proverbs 23:12

The best way to find yourself is to lose yourself in service to others. (Mahatma Gandhi: 1861)

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## SUMMARY

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### **Key terms: Community Service-Learning, Good Practice Guide, Physiotherapy**

Social and educational transformation was needed in post-Apartheid South Africa (SA) to address numerous social problems that the country was experiencing. Higher educational institutions were identified as vehicles to bring about transformational change to addressing inequalities in the South African society. As such, Education White Paper 3 laid the foundation for making community service, community engagement and service-learning integral to higher education. Building on national directives, the University of the Free State (UFS) established community engagement and community service-learning (CSL) to bring about transformational change. The Department of Physiotherapy at the UFS adheres to the Higher Education Quality Committee directive that CSL in South African educational programmes is used to enhance social transformation.

Physiotherapy departments need to ensure that their CSL offerings remain relevant to educational directives and changes in the profession, the higher education environment as well as communities by way of continuous evaluation. The aim of this evaluative case study was to evaluate the undergraduate Physiotherapy CSL module at the UFS. This evaluation involved engaging with relevant literature, including national and institutional policies and guidelines as well as with all stakeholders involved in the named UFS CSL module.

The key concepts identified by the different authors in the literature review closely corresponded with the *Good Practice Guide for managing the quality of CSL*. Key concepts included partnerships, planning, teamwork/collaboration, management of the CSL process (including orientation, assessment and sustainability), recognition and celebration, evaluation of the impact and/or monitoring as well as expansion and/or termination and teamwork/collaboration. The Good Practice Guide was identified as a tool to evaluate the undergraduate physiotherapy CSL module as it encapsulates all the important aspects of CSL.

The researcher used three different data collection methods, namely focus groups with UFS CSL experts and physiotherapy academics, semi-structured interviews with service providers and questionnaires with community members and physiotherapy students.

The limited quantitative data collected through a questionnaire survey was mainly analysed as descriptive statistics to describe the profile of the study participants. For the qualitative data analysis, the researcher used thematic analysis by identifying and summarising data from the transcripts and questionnaires.

A wide variety of themes were extracted from the data such as communication, collaboration, equality, social responsibility, graduate attributes, assessment strategies, sustainability, as well as the quality and impact of the module. In building sustainable partnerships, acknowledgement of community elders at first contact is cardinal. The importance of student and community preparation before commencing a community project also arose as critical in this study. The community voice that plays an integral role, even in the planning of a CSL module, was emphasised. Another important aspect was to monitor the impact of a CSL project on the different stakeholders. It also came to light that CSL programmes should continuously be evaluated against abovementioned concepts, policy directives and stakeholders' expectations for adherence.

In terms of the undergraduate physiotherapy CSL module at the UFS, recommendations included that informal connections and relationships be formalised, interaction be effective and a reciprocal participatory approach to development initiatives be followed that engages community members/leaders in fostering equality in the triad partnership. Celebration with all partners is recommended as this helps acknowledge and appreciate all partners playing a part in the CSL module and serves as motivation for future partnerships. In addition, constructive alignment and scaffolding of information must be applied consistently to outcomes and assessment strategies in the CSL module.

The study's value lies in that it provides comprehensive (i.e. multi-stakeholder) insight into the current CSL undergraduate physiotherapy module at the UFS and may influence changes to the module in terms of teaching and learning, and equal and inclusive partnerships. Interprofessional collaboration to expand and incorporate more stakeholders was suggested to improve the impact of CSL and possibly reduce the fragmentation of CSL.

This study also serves to encourage more and extensive research in the field of CSL in physiotherapy education on a national level. This could be facilitated by the *Good Practice Guide and Self-evaluation Instruments for Managing Quality of SL* as it proved to be a very valuable tool in creating a comparable space for CSL offerings in HEIs and, more specifically, physiotherapy.

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## **LETTERS OF APPROVAL**

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- ii. UFS Authorities Approval Letter
- iii. Health Sciences Research Ethics Committee (HSREC) Provisional Approval Letter
- iv. HSREC Interim Approval Letter
- v. HSREC Final Approval Letter
- vi. Biostatistics Letter
- vii. Department of Physiotherapy Approval Letter

### **2. GOVERNMENTAL AUTHORITIES**

- viii. Department of Health Approval Letter
- ix. Department of Education Approval Letter

### **3. SERVICE PROVIDERS APPROVAL LETTERS**

- x. TLGTLG School
- xi. Mustangs Wheelchair Rugby Club
- xii. BOHBOH Old Age Home
- xiii. JWJW Home and EDCEDC Centre
- xiv. FOHFOH Old Age Home
- xv. BSBS Centre

### **4. LETTER OF EDITING**

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## LIST OF ACRONYMS

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<b>CBE</b>	<b>Community-Based Education</b>
<b>CBR</b>	<b>Community-Based Rehabilitation</b>
<b>CEMC</b>	<b>Community Engagement Management Committee (UFS)</b>
<b>CHE</b>	<b>Council on Higher Education</b>
<b>CSL</b>	<b>Community Service-Learning</b>
<b>CHESP</b>	<b>Community Higher Education-Service Partnerships</b>
<b>CE</b>	<b>Community Engagement</b>
<b>DHET</b>	<b>Department of Higher Education and Training</b>
<b>DoE</b>	<b>Department of Education</b>
<b>DoH</b>	<b>Department of Health</b>
<b>DoSD</b>	<b>Department of Social Development</b>
<b>HE</b>	<b>Higher Education</b>
<b>HEI</b>	<b>Higher Education Institute</b>
<b>HEQC</b>	<b>Higher Education Quality Committee</b>
<b>HPCSA</b>	<b>Health Professions Council of South Africa</b>
<b>IPE</b>	<b>Interprofessional Education</b>
<b>JET</b>	<b>Joint Education Trust</b>
<b>NQF</b>	<b>National Qualifications Framework</b>
<b>PHC</b>	<b>Primary Health Care</b>
<b>SA</b>	<b>South Africa</b>
<b>SAQA</b>	<b>South African Qualifications Authority</b>
<b>SASP</b>	<b>South African Society of Physiotherapy</b>
<b>SL</b>	<b>Service-Learning</b>
<b>UFS</b>	<b>University of the Free State</b>
<b>USA</b>	<b>United States of America</b>
<b>WHO</b>	<b>World Health Organizationz</b>
<b>WCPT</b>	<b>World Confederation of Physical Therapy</b>

## DEFINITIONS OF TERMS

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**Community-Based Education (CBE):** a means of attributing educational relevance to community needs and implementing a community-orientated educational programme. It consists of learning activities that take place within communities and can be conducted wherever people live, be it rural, suburban or urban areas (WHO 1987:8).

**Community-Based Rehabilitation (CBR):** a strategy within community development for the rehabilitation, equalisation of opportunities, and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services (WCPT 2011:79).

**Community Engagement (CE):** the collaboration between institutions of higher education and their larger communities (local/state, national, global) for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity (Preece 2013:270).

**Volunteerism:** a category of community engagement, defined as the engagement of students in activities where the primary beneficiary is the recipient community and the primary goal is to provide a service (CHE 2006b:33).

**Community outreach:** a category of community engagement. Students engage in activities where the primary beneficiary is the recipient community and the primary goal is to provide a service. Community outreach involves more structure and commitment from students than volunteerism and results in student learning (CHE 2006b:33).

**Internships:** Internships engage students in activities where the primary beneficiary is the student and the primary goal is student learning (CHE 2006b:25).

**Co-operative education:** Co-operative education provides students with co-curricular opportunities that are related to, but not always fully integrated with, the curriculum. The primary beneficiary of co-operative education programmes is the student and the primary goal is student learning (CHE 2006b:25).

**Developmental Engagement:** a dynamic, interactive endeavour aimed at ensuring positive outcomes within communities and maximising the quality of life of those involved (UFS –CSL Policy 2006:8)

**Interprofessional Education:** an approach to learning in health education which encourages two or more professions to learn with, from and about one another to improve collaboration and quality of care (Davids *et al.* 2013:145).

**Primary Health Care (PHC):** essential health care based on practical, scientifically sound and socially acceptable instruments and technology made universally accessible to individuals and families in the community. It is the first level of contact of individuals, the family and 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 process (WCPT 2011:101).

**Public Health:** the science and art of preventing disease, prolonging life and promoting health through organised efforts of society (Tulchinsky & Varavikova 2014:60).

**Service-Learning (SL):** The UFS Community Service policy (UFS 2006:9-10) cites Bringle and Hatcher (2009:38) that SL is a “course-based, credit-bearing educational experience in which students (a) participate in an organised service activity that meets identified community needs, and (b) reflect on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of personal values and civic responsibility. It requires a collaborative partnership context that enhances mutual, reciprocal teaching and learning among all members of the partnership (lecturers and students, members of the communities and representatives of the service sector).”

**Social Justice:** a term reflecting the idea that justice is social and collective. Social justice strives for equality and solidarity in societies, the eradication of poverty, the respect for human rights and the recognition of human dignity regardless of background (Osman & Petersen 2013:2)

## CHAPTER 1

### ORIENTATION TO THE STUDY

---

#### 1.1 INTRODUCTION

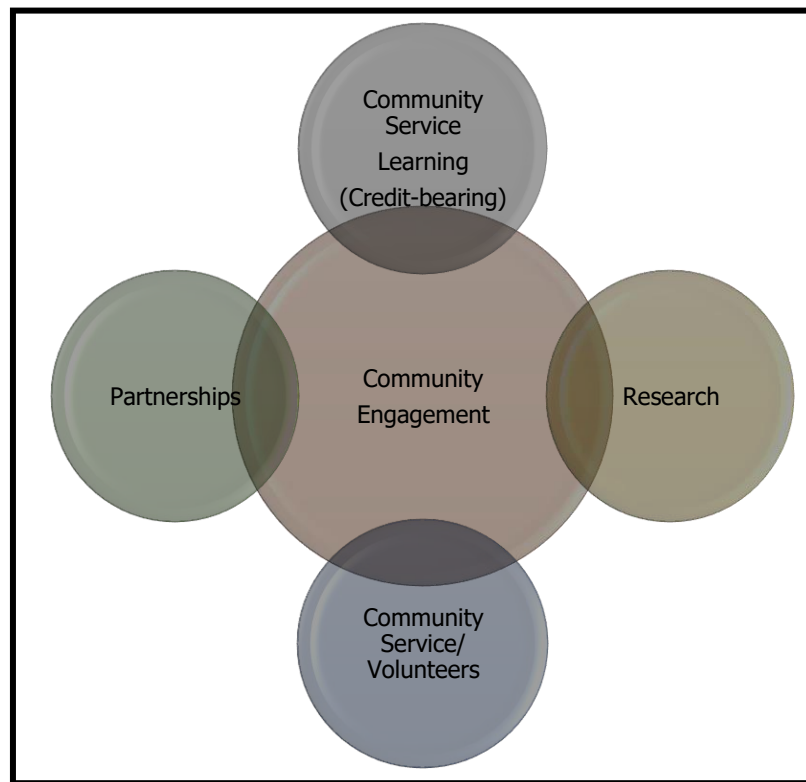
Higher education (HE) in South Africa (SA) has undergone significant changes due to the ideological changes that took place in the country. Transformation was one of the focus areas of change in HE. To bring about these changes, new legislation such as the Higher Education Act of 1997 (RSA DoE 1997a) and the Education White Paper 3 (RSA DoE 1997b) was promulgated.

The Education White Paper 3 (RSA DoE 1997b) laid the foundation for making community service an integral part of HE in SA, to bring about transformational change and social responsibility in communities (CHE 2006b:7). In the abovementioned White Paper, the terms community service, community engagement and service-learning are used interchangeably and have become embedded in various SA policy documents. One such document is the founding document of the Higher Education Quality Committee (HEQC 2001:xxvi) which pinpoints “knowledge-based community service” as one of three areas – along with teaching and learning, and research – necessary for the accreditation and quality assurance of HE programmes. Subsequently, the HEQC incorporated community engagement and its service-learning component into its national quality assurance systems (CHE 2006b:7).

Building on this legislation, the Community Higher Education Service Partnerships (CHESP) initiative was introduced by the Joint Education Trust (JET) in 1999 (CHE 2006b:8). This initiative aimed to promote and support community engagement (CE) through service-learning (SL) in higher education institutions (HEIs). The initial stages of CHESP were to establish a national network of SL scholars and practitioners with the CHESP model including a service sector partner as part of the initiative, forming a three-way partnership consisting of the university, community and the service sector. Five HEIs (the University of the Free State (UFS) being one) formed part of this initial endeavour (Mouton and Wildschut 2005:122).

The CHESP initiative ensured that CE and SL became two of the priority areas at the UFS which instituted a policy document in 2006 that established CE as one of the core functions of the university (UFS 2006:5). In this policy, SL and community service-learning (CSL) are

used interchangeably. CE is the overarching concept in the institutional policy and consists of four pillars namely CSL/SL (credit-bearing), community-engaged research, external partnerships and community service/volunteerism (cf. Figure 1.1). In addition, this policy states that CE has to be facilitated effectively at all academic levels of the university (UFS 2006:6).



**Figure 1.1:** The UFS community engagement structure (Adapted from UFS 2014:online)

For this research study, the focus was only on CSL (cf. Figure 1.1) as it is the area of CE underwritten by the Department of Physiotherapy at the UFS. CSL is included as a credit-bearing module within the current undergraduate physiotherapy programme. Henceforth, the researcher will make use of the term CSL, and not SL, as the former is the term used in the mentioned physiotherapy programme.

As CSL programmes must provide contextualised and relevant teaching and learning, they must be evaluated continuously to ensure focussed modification and contextualisation of what is taught, learned and researched to guarantee an enabling environment for the community and the university (UFS 2006:7). Moreover, the alignment of the undergraduate physiotherapy programme to the CSL policy of the UFS and identified community needs must be evaluated to ensure that the CSL programme remains relevant to community needs and development, relevant policies and stakeholders.

This is required since any evaluation of this programme, specifically pertaining to the CSL module, may possibly lead to module changes if deemed necessary.

## **1.2 PROBLEM STATEMENT**

Social responsibility to bring about social transformation remains a key concept of the vision and mission of the UFS. CSL, as one of the core policies of the UFS, is an identified vehicle to bring about this change in all faculties and departments at the university. Although the Department of Physiotherapy adheres to this policy, it must ensure that it remains relevant in response to the constant changes that occur in the physiotherapy profession as well as in communities. Besides changes in the profession and communities, the researcher as the coordinator for CSL in the department of physiotherapy, was constantly faced with different interpretations of CSL. To stay current, address constant change regarding the needs of all stakeholders and develop an indepth knowledge of CSL, an evaluation of the current physiotherapy CSL module, to assess the alignment with policies, expectations and to possibly identify changes that could be made to enhance the module, was proposed.

## **1.3 RESEARCH QUESTION**

Is the undergraduate physiotherapy CSL module at the UFS aligned with current CSL literature, national and institutional policies, opinions of CSL experts at the UFS, as well as the expectations of the community, service providers, students and academic staff currently involved in the physiotherapy CSL programme?

## **1.4 AIM OF THE STUDY**

This study aimed to evaluate the undergraduate physiotherapy CSL module at the UFS for alignment with current CSL literature, national and institutional policies, opinions of CSL experts at the UFS, as well as the expectations of the community, service providers, students and academic staff currently involved in the physiotherapy CSL programme.

The evaluation included engaging with relevant literature, including A Good Practice Guide for managing the quality of SL (HEQC 2006a:30-32), national and institutional policies, the UFS CSL experts, the community, service providers, academic staff and students involved in this module.

## 1.5 THE OBJECTIVES OF THE RESEARCH

The objectives of this research study were to:

- i. Analyse the key principles of CSL in the South African context, as well as national and institutional policies related to CSL (literature review).
- ii. Evaluate the alignment of the undergraduate physiotherapy CSL module at the UFS against CSL key principles and the institution's Community Service policy through document analysis and focus group interviews with CSL experts at the UFS.
- iii. Evaluate the alignment of the undergraduate physiotherapy CSL module at the UFS against the expectations of physiotherapy-related CSL stakeholders\* (focus groups, semi-structured interviews and questionnaires).

*\*Physiotherapy-related CSL stakeholders include physiotherapy academic staff, community members, physiotherapy students and service providers.*

## 1.6 RESEARCH DESIGN

Research design and methodology direct a researcher in planning and implementing a research study in a way that is most likely to achieve the intended aim of the study (Polgar & Thomas 2013:18). The next section gives an overview of the research design and methodology used in this study.

### 1.6.1 Description of the research design

To answer the research question, the researcher employed a case study research design. Ebersohn *et al.* (2007:130) define this type of design as a strategy of enquiry into an event or related events that aim to describe and explain the phenomenon of interest (Maree 2007:75). According to Yin (2014:220), an evaluative case study differs from other case studies in that it captures the complexity of a case with relevant changes over time and attends fully to contextual conditions, including those that potentially interact with the case. The researcher thus opted for an evaluative case study because of the complexity of CSL within the context of the UFS as well as the field of physiotherapy.

An evaluative case study perspective strives to capture the complexity of a case (i.e. CSL in this case). The contextual conditions that interact with one another and how participants relate and interact with one another play an important role in the phenomenon under study. Evaluative case studies offer the opportunity to investigate the complexity and the multi-perspectives of the different stakeholders as well as the policies guiding the subject studied. The Good Practice Guide and Self-evaluation Instruments for Managing Quality of SL (HEQC 2006a:30-32) mainly guided the compilation of questions for the different data collection tools used in this study. This guide was used for this study for its specific relevance in a South African context. Another reason for using it for this study was because of its standing within this field as an instrument that was developed by the Council on Higher Education's (CHE) quality assurance body, namely the Higher Education Quality Committee (HEQC). To ensure the quality of SL modules (cf. 1.1), the Good Practice Guide is a vital resource for developing the capacity of South African HEIs to manage the quality of SL at an institutional, faculty, programme and module level (HEQC 2006a:ix).

This study consisted of a predominantly qualitative research approach with quantitative elements. The quantitative elements only focussed on the demographic detail of the participants in the study while the qualitative aspect, as employed in this study, helped explain social processes (Yin 2011:9). Since Yin (2011:9) states that qualitative research strives to collect, integrate and present data from a variety of sources as evidence, different stakeholders were therefore included in this study to gather various perspectives regarding the undergraduate physiotherapy CSL module. Seeing that it is responsive to local situations, conditions, stakeholders' needs and especially to changes that occur during a study (Maree 2007:50), the qualitative approach was highly relevant in the context of this study owing to CSL being a dynamic process within which changes occur regularly.

## **1.7 RESEARCH METHODOLOGY**

### **1.7.1 Research context**

The research context is the undergraduate physiotherapy CSL module (which includes community-responsibility projects and clinical community work) presented by the Department of Physiotherapy at the UFS. The researcher will further elaborate on the research context in Chapter 3 (cf. 3.5.1).



### 1.7.2 Data collection instruments

Three data collection instruments were utilised simultaneously during the research study, including focus groups, semi-structured interviews, and questionnaires (cf. Table 1.1).

**Table 1.1:** Data collection instruments linked to the relevant stakeholders

Data collection instruments with the physiotherapy-specific CSL stakeholders		
<b>Focus groups</b> <i>(conducted with two different groups)</i>	<b>Semi-Structured Interviews</b>	<b>Questionnaires</b> <i>(conducted with two different groups)</i>
CSL Experts at the UFS (CEMC Members) <b>Appendix C</b>	CSL Service Providers at the different CSL sites <b>Appendix G</b>	CSL Community Members <b>Appendix J</b>
Department of Physiotherapy Academic Staff <b>Appendix D</b>		Physiotherapy Students <b>Appendix L</b>

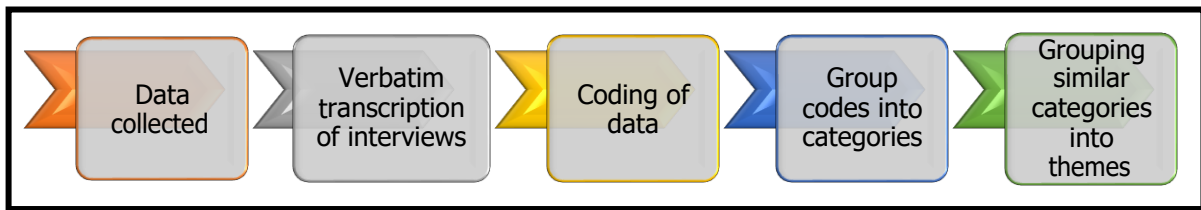
For this study, the researcher compiled the questions for the data collection instruments using the:

- Good Practice Guide Indicators from the Good Practice Guide for Quality SL, applicable to module/course level (HEQC 2006a:30-32).
- Evaluation for Community Members and the Service Sector of SL at the UFS (UFS 2011:online)

To gain insight regarding their experiences and perspectives on the undergraduate Physiotherapy CSL module, data was collected from all the relevant CSL stakeholders through the mentioned data collection instruments.

### 1.7.3 Data analysis

Analysis of qualitative data is defined as the non-numerical scrutiny and interpretation of explanations for determining underlying meanings and configurations of relationships (Babbie 2010:400). Data analysis requires integrating and synthesising the description of the non-numerical information assigned to categories and themes using a coding process (Brink *et al.* 2012:55). The researcher used thematic analysis (cf. Figure 1.2), a systematic approach to qualitative data analysis that identifies and summarises content from transcripts (Maree 2007:107).



**Figure 1.2:** A schematic presentation of the thematic data analysis process for the focus groups and the semi-structured interviews (Diagram compiled by researcher, Saaiman 2020)

With thematic analysis, all the data is interpreted to identify the common issues that recur and identify the main themes that summarise all the views collected. The audio recordings of the focus group and semi-structured interviews from each of the population groups (cf. Table 1.1) were transcribed verbatim by a professional transcriber. The researcher then coded the data, grouped similar codes into categories and, lastly, grouped similar categories into themes (cf. Figure 1.2).

#### 1.7.4 Trustworthiness

Streubert-Speziale and Carpenter (1999:333) describe trustworthiness as establishing the validity and reliability of qualitative research. In qualitative research, as is this study, trustworthiness is when said research accurately represents the experiences of the study participants. Guba and Lincoln (in Nieuwenhuis 2007:80) state that credibility, transferability, dependability and confirmability are the key criteria to check the quality and trustworthiness of a qualitative study. Chapter 3 provides a detailed discussion of the application of these concepts as applicable to this study.

### 1.8 ETHICAL CONSIDERATIONS

Ethics are concerned with beliefs about what is right or wrong from a moral perspective. In the research context, ethical practices focus on what is morally proper and improper when engaging with participants (McMillan & Schumacher 2010:117). It is essential that ethical practices are considered throughout the research process, starting from the commencement of the study to reporting and storing of data (Creswell 2014:94-95).

A number of ethical considerations were part of this study and are described in detail in Chapter 3. Some ethical considerations included approval from the applicable authorities at the UFS, governmental structures and Service Provider Management.

In addition, informed consent was obtained from all study participants in the questionnaire survey as well as the semi-structured interviews and focus group interviews. Participation in the study was voluntary and participants could withdraw from the study at any time. All data collected was treated confidentially as no one but the researcher, the research assistant and transcriber of the audio data had access to individual data or participants' names. The data was handled and reported in such a way that it could not be linked personally with any particular participant, as all participants were allocated an identification number that was used throughout the study to ascertain and maintain confidentiality. Furthermore, each completed questionnaire was kept safe in a locked cabinet. The participants were informed that the results obtained during the study may be published, although no personal details will be made available.

### **1.9 DEMARCATION AND SCOPE OF THE STUDY**

The main field of the study was Health Professions Education, more specifically, within the fields of physiotherapy and CSL education. The findings of the study may be applied to similar contexts.

As CSL must provide contextualised relevant teaching and learning, such programmes need to be reviewed continuously to ensure focussed modification and contextualisation of what is taught, learned and researched to guarantee an enabling environment for both the community and the university (UFS 2006:7). Firstly, to stay relevant to stakeholder needs in CSL partnerships, it is essential that all stakeholders' expectations be aligned with the CSL module outcomes. This was accomplished by evaluating the CSL module to ensure that physiotherapy CSL remains relevant to community needs and development. Secondly, the CSL module must align with the policy document of the UFS and guidelines from the HPCSA, WCPT and government directives.

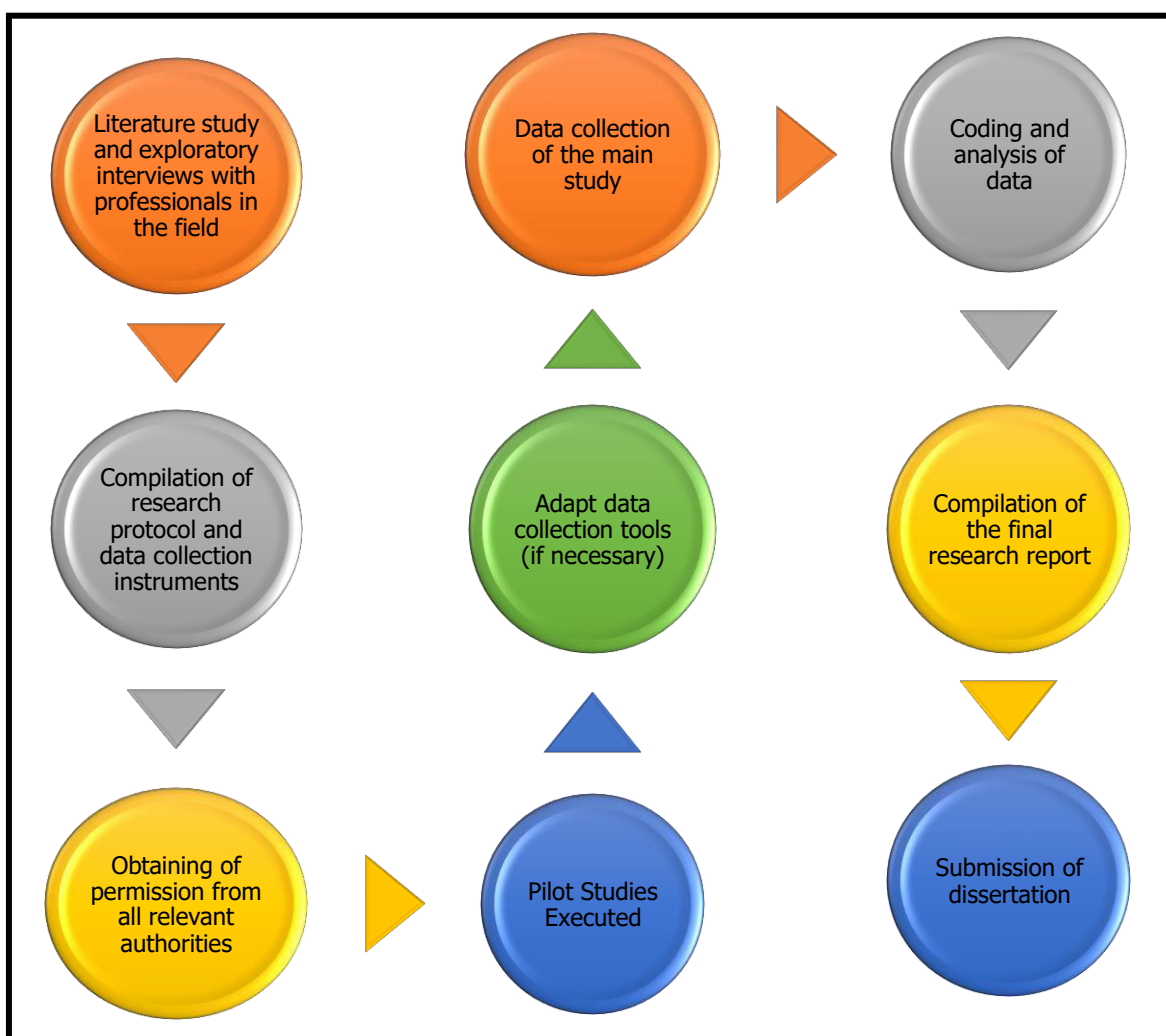
Gaps, particularly relating to CSL, were identified in physiotherapy training by scholars such as Ramklass (2009b:528) (cf 2.8.2), making it prudent that the CSL module at the UFS is evaluated.

### 1.10 VALUE, SIGNIFICANCE AND CONTRIBUTION OF THE STUDY

The value of this study was in that it provided comprehensive insight in the current undergraduate physiotherapy CSL module at the UFS and may influence future changes to the module concerning teaching and learning, and equal and inclusive partnerships. This study also served as a starting point for further research in the field of CSL in physiotherapy education.

### 1.11 SCHEMATIC OVERVIEW OF THE STUDY

The schematic overview in Figure 1.3 on the next page illustrates the research process using a flow chart. It includes all the relevant aspects of the research process, as referred to in this chapter.



**Figure 1.3:** Schematic overview of the study

## **1.12 ORGANISATION OF THE DISSERTATION**

Chapter 1, Orientation to the research study, provides an introduction and background to the study and states the problem, while the research questions are also specified. In addition, the aim and objectives are stated and the research design and instruments that were employed briefly discussed. The significance of the study is also indicated.

Chapter 2, Perspectives on Community Service-Learning (CSL), provides a review of national and international journal articles, books and theses, including relevant policies regarding CSL. This chapter serves as the theoretical framework for the study.

Chapter 3, Research design and methodology, describes the research design and instruments used in detail. Data collection is also discussed.

Chapter 4, Results and Discussion of findings, deals with the results of the analysis of the qualitative and quantitative (demographic) data. The research findings are also discussed in this chapter. Moreover, the research findings of the study are appraised and integrated with relevant literature.

Chapter 5, Conclusion, limitations and recommendations of the study, gives an overview of the study, draw conclusions, makes recommendations and describes limitations.

## **1.13 SUMMARY**

This first chapter presented the orientation to the study. It addressed the background to the problem, problem statement and research questions briefly and stated the overall aim and objectives of the study. Furthermore, the chapter briefly introduced the research design and research methods, ethical considerations and the demarcation and scope of the study. The chapter concluded by providing an outline of the dissertation and the chapters to follow.

Chapter 2, entitled Literature Review (Perspectives on Community Service-Learning), is an overview of the literature relevant to this study.

## CHAPTER 2

### LITERATURE REVIEW

---

#### 2.1 INTRODUCTION

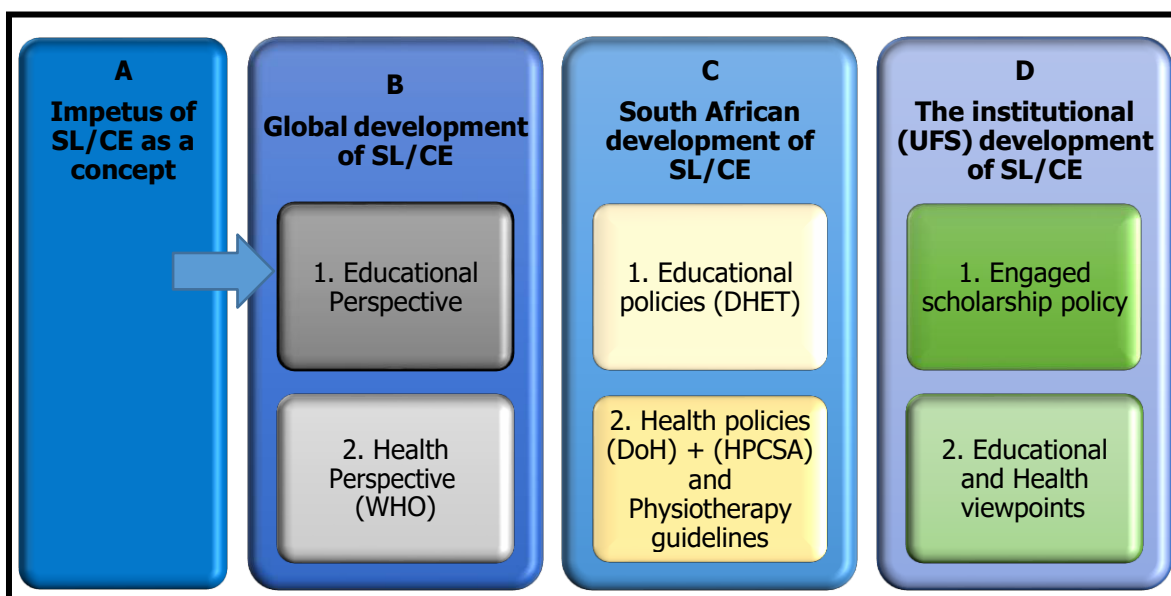
Chapter 1 presented orientation to the study and addressed the background to the problem statement, research question and stated the overall aim and objectives of the study. In this chapter, the relevant literature about service-learning (SL) / Community Service-Learning (CSL), the key principles of SL in the South African context, as well as UFS and national and international policies related to SL will be examined.

To do a literature review, different documents such as international and national journal articles and books about SL were researched. South African legislation, policies and guidelines regarding higher education were scrutinised. Information regarding SL in physiotherapy was obtained from international and national policies, guidelines and journal articles to get both international and national perspectives. Different databases such as EBSCO, Cinhal and Cochrane were also used to find SL information.

This literature review was done to gain a wide perspective regarding SL and to investigate different evaluative instruments to review the quality of the physiotherapy CSL module and its alignment with the different literature sources. In the rest of the chapter, concepts relating to SL such as community engagement (CE), community-based education (CBE) and community service-learning (CSL) will be discussed according to the:

- Impetus of SL as a concept;
- Global development of SL;
- South African development of SL;
- Institutional (UFS) development of the concepts about SL.

A visual outline of the chapter is presented in Figure 2.1 on the next page.



**Figure: 2.1 A visual outline of the literature discussion of this chapter**

## **2.2 THE IMPETUS OF SERVICE-LEARNING AS CONCEPT**

The concept of serving one's community can be traced as far back as Confucius (550-479 BC). The philosophy of Confucius, also known as Confucianism, emphasised personal and governmental morality, the correctness of social relationships, justice and sincerity. He stated in his golden rule: *"Tell me, and I will forget. Show me, and I may remember. Involve me, and I will understand"* (Confucius, 450 BC). One of the principles of SL that can be linked to the Confucian philosophy is *"serving to learn and learning to serve"* in one's community (Parsons 1996).

Other historical and philosophical foundations of SL's roots can be traced to the 1700's and the historical commitment of American colleges and universities to prepare leaders for their local communities, states and the nation (as stated by Benjamin Franklin). Benjamin Franklin was one of the Founding Fathers of the United States and part of the five-member committee that helped draft the Declaration of Independence. He envisioned the University of Pennsylvania as an institution dedicated to promoting civic involvement. In 1749 he published a pamphlet entitled *Relating to the Education of Youth in Pennsylvania*. In it, he posits the following about educational goals: *"The idea of what is true merit should also often be presented to youth, explain'd and impress'd on their minds, as consisting in an Inclination join'd with an Ability to serve mankind, one's country, Friends and Family... which Ability should be the great Aim and End of all Learning"* [emphasis in the original] (Harkavy

& Hartley 2010:419).

The concept of serving one's community can also be found in other historical books and was quoted by different historical figures such as Mahatma Gandhi (1869 – 1948) that stated "*the best way to find yourself, is to lose yourself in service to others*" [[https://www.biography.com/activist/mahatma-gandhi?li\\_source=LI&li\\_medium=biography.com&li\\_pl=208&li\\_tr=biography.com](https://www.biography.com/activist/mahatma-gandhi?li_source=LI&li_medium=biography.com&li_pl=208&li_tr=biography.com)] and a more recent quote by Dr Martin Luther King Jr. (1929 – 1968) stated that "*everybody can be great because everybody can serve*" (History:Online). Thus greatness can be found in serving others.

Serving one's community is thus as old as human history itself. In the next section, we will discuss the linkage of service and learning and how it was formalised and developed as a pedagogical concept.

### **2.3 SERVICE-LEARNING: HISTORICAL BACKGROUND**

SL as a teaching and learning approach, gained prominence in the 1960s and 1970s in the USA (Stanton & Erasmus 2013:65) when major social turmoil was experienced in communities and educational systems. During this period, urban uprisings and a war on poverty brought attention and resources to the social problems experienced in communities and, according to Stanton *et al.* (1999:1), concerns were expressed regarding the education system by activists and educators in the USA.

Stanton *et al.* (1999:1) reported that the education system in the USA was then found to be teacher-centred, irrelevant and alienating to learners and communities as it failed to involve, serve and address the needs of an emerging diverse population of learners and students. Higher education institutions (HEIs), during this period, were no longer relevant concerning the problems and possible contributions they could make in society.

An investigation into the educational system in the USA was also made by Boyer (1996:143-144) who maintained that HEIs have played a leading role in advancing the position of humankind throughout history by fostering the common good of civilisation through revolutionary advancements in medicine, technology and other sciences. This can be traced as far back as Benjamin Franklin's statement mentioned in the previous section. The relevance of HEIs and whether they still promoted the common good in civilisation were



questioned since they only remain relevant and contribute to society if the needs and challenges of communities are identified and addressed (Boyer 1996:143-144).

Resulting from the questions posed by activists and educators, a change was therefore needed to address these disparities in the USA educational system to ensure that HEIs did not become irrelevant and isolated from communities. This much needed educational change was brought about, amongst others, by the emergence of SL programmes in the USA (Stanton & Erasmus 2013:65).

## **2.4 GLOBAL DEVELOPMENT OF SERVICE-LEARNING**

In this section the global development of SL is discussed especially focussing on the establishment thereof in the USA and other countries worldwide. As SL was established in the USA, a more in-depth study is made of its development in the USA.

### **2.4.1 The establishment of service-learning in the USA**

One of the earlier definitions of SL involved "*the accomplishment of tasks which meet genuine human needs in combination with conscious educational growth*" resulting from workforce development needs in the community identified by the SL pioneers (Stanton and Erasmus 2013:65). According to Stanton and Erasmus (2013:62), SL in the USA developed in a context of social movements, education reform, and institutional change. Stanton *et al.* (1999:2) stated that the SL pioneers endeavoured to establish SL values as interactive, collaborative, participatory and person-centred. Consequently, it developed as a value-orientated philosophy of education.

Pollack (in Stanton *et al.* 1999:19) raises three important questions regarding education and social change in the USA, which correlate with those posed by the SL pioneers, namely:

- How does education serve society?
- What is the relationship between service and social change?
- What is the purpose of education in a democracy?

As can be seen, these questions focus the attention on education, social justice and preparing students for effective demographic engagement fostering more engaged and effective citizens.

As SL literature started to emerge in the USA, the emphasis was on the need for social justice and a change in education as raised by the SL pioneers. Educational change stresses that to motivate them to bring about social justice and change when engaging in SL activities, students should be made to see the broader social context that underlies social problems. Moreover, they should reflect on why social problems exist and the root causes that form part of the acknowledged definition of SL (Hatcher and Erasmus 2008:50).

Advancement to the initial SL initiative was to differentiate between learning by serving and volunteer services. According to Stanton and Erasmus (2013:66), early advocates of service-learning also differentiated it from volunteer service, questioning the nature of the service act itself and evoking the concept of reciprocity between server and served. They believed that such an exchange avoided the "*traditionally paternalistic, one-way approach to service in which one group or person has resources which they share charitably with a person or group that lacks resources*" (Kendall, cited by Stanton *et al.* 1999:3). In service-learning therefore, the needs of the community rather than those of the academy determine the nature of the service provided (Stanton *et al.* 1999:3).

As mentioned previously, SL developed as a values-oriented and community development philosophy of reciprocal learning that is integrated with curriculum reform goals and an activist, social change orientation. Stanton *et al.* (1999:19) state that this view is reinforced by a slogan first used at Stanford University, "*I serve you in order that I may learn from you. You accept my service in order that you may teach me*". Thus, SL is reciprocal learning in which everyone is in service and everyone can learn. One of the main focusses thereof is the reciprocal partnership between the HEI and the community which leads to the development of communities and creates social awareness in HEIs - not to be confused with volunteer service to the community.

Social context, namely the interaction between the communities in which the HEIs exist and students' moral values in terms of civic duty to bring about change in these communities, is another important point regarding the history of SL in the USA. HEIs need to reinforce higher education's obligation to challenge students to lead more socially responsible lives (Bringle & Hatcher 2005:84).

In the 1980s, HEI obligations led to the re-evaluation of the educational objectives and outcomes which in turn led to educational reform that brought about a renewed focus on

SL curricula, practice and research. This also came about because advocates for experiential learning emphasised the importance of active, experience-based learning, linking classroom instructions to supervised field experience in the community. Based on this, the pedagogical focus shifted from knowledge acquisition to cognitive skills development and lifelong learning. Student assessment for SL was now benchmarked against assessing cognitive skills and the ability to apply one's learning in real-life situations. Furthermore, instructional research showed that learning activities which require learners to solve problems by applying knowledge and skills more often develop higher cognitive skills than do traditional classroom methods. In addition, SL opportunities were increasingly seen as linking and integrating student intellectual growth with their moral, personal, and career development, with SL opportunities enabling students to become creators, as well as receivers of knowledge (Stanton & Erasmus 2013:69).

Since research reports had shown that students became increasingly more isolated from society leading to self-centred attitudes, the aforementioned curriculum reform also led to the re-evaluation of civic responsibility. Students' increasing inability to see and address problems in society was blamed on the fact that they were not adequately prepared to reflect on society's problems and their civic responsibility. Following, advocates of stronger civic participation by students called on educational institutions to focus on graduating students with a broader understanding of the interdependencies of people, social institutions, and communities as well as an enhanced ability both to draw upon and further develop this knowledge as they confront and solve human problems.

The SL movement in the USA developed and grew through its focus on the specific areas of education and service curriculum reform. This reform ensured that students not only acquired knowledge, but were also able to apply it and have a view beyond themselves by realising they have a social responsibility towards their communities (Hatcher & Erasmus 2008:51).

Although SL in the USA evolved from the 1960s, it came to full bloom in the 1990s. SL educational reformists worked to see that central elements became part of the curriculum. These elements that were required of all students could be described as democratic citizenship learning, political learning, public leadership learning, inter and intra-personal learning, diversity learning/cultural versatility, and social justice learning.

Another important element in the development of SL in the USA was the formation of partnerships with communities to ensure sustainability and also to allow the community voice to be heard. This partnership formation helped to ensure a strong community voice in programme design, development, and evaluation. The partnership concept also stressed long-term engagement between HEIs and community groups to help ensure positive and progressive community impact from the work of students and faculty.

The student voice also influenced the development of SL in the USA. According to Stanton and Erasmus (2013:73), students' response to the 1980s call to public service was an *"if you ask them, they will come"* phenomenon. This was evidenced by students throwing themselves in great numbers into volunteer work across the spectrum of human service and public policy activities. These students played a huge role in the development of SL in the USA.

In short, the historical background of SL in the USA encompassed that SL empowers the community through the service provided and has powerful learning consequences for the students and others (including communities, academics and service providers) participating in the service provision. Another key component of SL is its connection to academic course work and is reflected in Bringle and Hatcher's (1995:112) view of SL as *"a course-based, credit-bearing educational experience that allows students to (a) participate in an organised service activity that meets identified community needs and (b) reflect on service activity as a means of gaining a deeper understanding of course content, a broader appreciation of the discipline, and an enhanced sense of civic responsibility"*.

Three general characteristics of SL can be derived from the above, namely:

- SL is based on meeting the needs in a community.
- SL incorporates reflection and academic learning.
- SL contributes to students' interest in and understanding of community life and civic responsibility (Mouton & Wildschut 2005:3-4).

As mentioned, SL was first practised in the USA and SL practitioners in other parts of the world benchmarked their SL programmes against projects and programmes in the USA. The researcher will now discuss the establishment of SL in other parts of the world.

#### **2.4.2 The establishment of service-learning in different parts of the world**

The SL concept spread to other parts of the world – like the United Kingdom (UK), Canada and Europe. Although SL as a pedagogy is also acknowledged in Australia, it is not well established there (Langworthy 2007:7). This is due to significant barriers to the implementation of SL despite the desirability of the student outcomes associated with it. Elements such as competition, performance indicators and financial drivers that focus on the private good that dominates in Australia are to blame. Since students are more self-focussed than community-focused, initiatives of working for the public good are less likely to be developed or supported. Regardless, according to Langworthy (2007:8), SL is well established at Western Sydney University. In addition, there are also signs that SL is part of an emerging educational discussion, focussed more at school level, which recognises the need to engage students in issues relating to the public good.

In the UK, SL is especially well established in the education of health care professionals, including physiotherapists, where the focus is on patient-centeredness. According to Roskell *et al.* (2012:448), the use of SL as a pedagogical approach is designed to enhance physiotherapy students' capability to deliver patient-centred care. European countries, such as Spain, also use the SL pedagogical approach which they see as combining learning and community service in a single and well-articulated project in which participants are educated while they work on real needs of the community to improve them (Puig & Palos 2006:61 as cited by Opazo *et al.* 2016:76).

Although most SL literature in Canada is USA-based, SL had been developing in Canada over the past 15 years. The growth in Canadian university programmes was partly stimulated by the JW McConnell Family Foundation, which granted financial assistance to ten Canadian universities between 2004 and 2011 to support the initiation or expansion of SL programming and promote community SL across campuses (Taylor *et al.* 2015:9).

SL was not only established in developed countries, but also in developing (third world) countries. In the Dominican Republic, the Justicia Global was founded, a grassroots socio-political organisation that works on organising and mobilising people to build a society characterised by solidarity, equality, justice, and love (Swords & Kiely 2010:152).

As indicated above, SL is well established in many countries. Although the development and

embedding of SL largely occurred in the USA, versions of SL can also be found in countries such as Japan, India, Argentina, and Mexico as well as many African countries such as Tanzania, the Congo and South Africa. In Tanzania, it is known as community engagement and was established in the 1960s when Tanzania became an independent country (Mtawa *et al.* 2016:128). According to Mtawa *et al.* (2016:128), HEIs were expected to develop an educated crop of young people able to use their knowledge and skills for the broader society by connecting with communities especially in the rural areas of the country. Seeing that Tanzania is also a developing country on the African continent with a long history of CE (SL), SA can learn from its failures and successes. A Tanzanian university drew on Boyer's four dimensions of scholarship (Mtawa *et al.* 2016:127) to provide guidelines for an engagement model for universities. However, since Boyer's model was conceptualised within a more developed context it had to be adapted for the contextual realities at play within the HE system in developing countries. Mtawa *et al.* (2016:131) highlight the following contextual differences that account for some of the deviations from Boyer's model at the Tanzanian university, namely:

- (i) The difference in academic earnings and lack of adequate incentives for engagement,
- and (ii) limited absorptive capacity of the region "which strongly conditions the quality of knowledge transfer from university". Contextual factors thus play a big role in the establishment of CE (SL) at universities in developed countries.

The South African development of SL will be discussed in detail in the next section.

## **2.5 THE SOUTH AFRICAN PERSPECTIVE ON SERVICE-LEARNING**

SL was established in SA through the Community Higher Education-Service Partnership (CHESP) programmes aimed at piloting SL courses in HEIs with guidance from and considerable academic support of prominent USA scholars in the field (Stanton & Erasmus 2013:76).

Societal as well as educational transformation was needed to address problems experienced in SA following the democratic changes that took place in 1994 during the introduction of the post-apartheid era.

The new government was confronted with the challenge of reconstructing domestic, social and economic relations to eradicate and redress the inequitable patterns of ownership, wealth, education and social and economic practices that were shaped by segregation and apartheid (RSA DoE 1997:9). HEIs were seen as one of the areas to address these inequalities that existed in the South African society.

The Higher Education Act of 1997 laid the foundation for making community service an integral and core part of higher education (HE) in South Africa (SA), to bring about transformational change and social responsibility in communities. Hlengwa (2010:1) confirms that this appeal resulted in service-learning (SL), a component of Community Engagement (CE), to be infused into HE curricula.

The Education White Paper 3 (RSA DoE 1997:14) called for transformation within the educational sector, in terms of maximising its engagement with, and contributions to, the resolution of the hugely complex issues that an emergent democratic South Africa faced. HEIs were called upon to demonstrate social responsibility and commitment to the common good by making expertise and infrastructure available for community service programmes with the emphasis on community development through the extension of university resources and the development of student roles in communities. The White Paper further stated that a major goal of HE should be to create awareness amongst students regarding social responsibility. Students must further be sensitised to the role of HE in social and economic development in South Africa and the part they have to play to make it a reality in the country.

The SA government was thus of the opinion that some of the societal changes and transformation of communities could be facilitated through the introduction of CE and/or SL in the HE sector. Transformation and change, in especially disadvantaged communities, would be promoted and developed through community service programmes, enhancing social responsibility and economic development (Osman & Petersen 2013:4). Social justice was another transformation issue that was perceived as possibly being addressed through CE and SL. The establishment of SL in SA is described in the section to follow.

### **2.5.1 The establishment and development of service-learning in South Africa**

In 1997-1998, in response to the Education White Paper 3, the Ford Foundation made a grant to a non-governmental organisation, then called the Joint Education Trust (JET), to conduct an extensive survey of community service in South African HE (Perold 1998:20). The purpose was to develop some understanding of CE and its potential role in South African HE and to stimulate informed debate around the issue. Several key findings obtained through the survey (CHE 2006b:8) determined that:

- Most HEIs included community service in their mission statement.
- Only a few institutions had an explicit policy or strategy to operationalise the community service component of their mission statement.
- Most of the institutions had a wide range of community service projects.
- Generally, community service projects were initiated by innovative faculty members, staff, and students but not as deliberate institutional strategies.

Building on the above research, JET launched its CHESP initiative in 1999 with the aims to:

- Support the conceptualisation and implementation of pilot community engagement initiatives;
- Monitor, evaluate and research the pilot initiatives;
- Use the data generated through this process to inform HE policy; and
- Practice SL at a national, institutional and programme level.

Given the central role of teaching and learning in all HEIs in SA, it was decided that SL would be the initial focus for CE efforts (Lazarus *et al.* 2008:62), and CHESP would be the vehicle for implementing it. CHESP, in collaboration with USA scholars, established a programme aimed at piloting SL courses (referred to as “modules” in the South African context) within academic programmes to give expression to the reconstruction and development mandate of the Education White Paper 3.

Since 1999, JET has worked with numerous HEIs to implement pilot CE initiatives. These initiatives include, amongst others, institution-wide audits of CE; adoption of institution-wide policies and strategies for CE; development of institutional capacity for CE; and the development of academic programmes of CE through the principles and practice of SL.



SL in SA, through the CHESP initiative, adopted a different model (compared to the US), which uses a three-way partnership (Mouton & Wildschut 2005:117). From the USA model, SA retained the concept of the “engaged” university but expanded it to include a service-sector partner at SL module level. Mouton and Wildschut (2005:118) state that SL not only empowers the community through the service provided but also has powerful learning consequences for the students or others participating in the service provision.

### **2.5.2 The various formats of service-learning in SA**

CE can take on various formats within the context of HE, such as distance education, community-based education, community-based participatory action research, professional community service, SL and volunteerism. CE is thus the combination and integration of teaching and learning (e.g. CSL), professional community service by academic staff and participatory action research applied simultaneously to identified community development priorities, including non-academic outreaches such as volunteerism projects (CHE 2006b:11).

In the definitions of these different categories of CE activities, some authors emphasise community service whilst others emphasise student learning. Regardless of the emphasis, SL, as a format of CE, represents a balanced approach to and an integration of community service and student learning (CHE 2006b:12). Despite the different approaches and formats used for SL, the most widely used definition is that by Bringle and Hatcher (2009:38) (cf. 2.4.1) that was also adopted in SA and describes SL as “*a course-based, credit-bearing educational experience in which students (a) participate in an organised service activity that meets identified community needs, and (b) reflect on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of personal values and civic responsibility*”. For this to succeed, a collaborative partnership that enhances mutual, reciprocal teaching and learning among all members of the partnership (lecturers and students, members of the communities and representatives of the service sector) is required.

## **2.6 THE DEVELOPMENT OF SERVICE-LEARNING IN HEIS IN SA**

Although there is currently a widespread and formal promotion of SL and/or CE in South African universities, the terms, definitions and understanding of these concepts differ at the various institutions. These differing interpretations cause conceptual confusion, debate and contestation as to what counts as engaged practice. Universities are grappling to define what SL, 'community engagement' or 'social responsiveness' means and what strategic and systemic changes should take place to realise the new, transformational visions (Kagisano 2010:iii). Emphasising this pedagogical confusion, Mtawa and Wilson-Strydom (2018:250) state that despite the widespread growth in uptake and recognition of its potential, SL is defined and interpreted in many ways by various authors and also in universities' policies and other documentation. Another definition is that [community] service-learning is a form of experiential education in which students engage in activities that address human and community needs together with structured opportunities intentionally designed to promote student learning and development (Mtawa & Wilson-Strydom 2018:250). Jacoby and Associates (1996:5) avers that reflection and reciprocity are key concepts of SL.

Kagisano (2010:iii) underlines that there is a lively debate on the relationship between the university and society in a developing country like SA. These debates are mostly centred around 1) the definitional boundaries of whether engagement requires new forms of knowledge, that differ from traditional academic modes and 2) around defining 'the community' – at local, regional, national or international levels.

There is, however, consensus that the field is conceptually under-specified and rather thin theoretically. Slamati (in Kagisano 2010:v) also highlights the issue of differentiation, arguing for the recognition of the differences between HEIs, and profiling of all activities defined as 'CE' or 'service-learning' within each institution, to facilitate a bottom-up process that feeds into the national debate. This would be valuable in the development of a national conceptual framework which is wide enough to accommodate different responses to the developmental challenges.

Favish (2003:7) cautions that the issue of a national conceptual framework for SL may have implications such as that the focus on service-learning may exclude a range of other ways in which higher education institutions can be socially responsive through other aspects of their core process of teaching and learning.

Institutions could, for example, demonstrate their responsiveness by introducing new

programmes which may or may not include service-learning; the revision of existing programmes to accommodate changing needs; the transfer of technology to community projects through education and training programmes and applied research projects. In the pursuit of consensus, numerous viewpoints such as policy-related matters; philosophical and theoretical underpinnings; conceptualisation; partnerships, participation and community development; curriculum development; reflection and student development; assessment of student learning; risk management and ethical issues; quality management and SL research in the different HEI arenas will have to be included (Stanton & Erasmus 2013:88).

A starting point to reach consensus on the different views of SL might be the HEQC document focussing on *Good Practice and Self-evaluation Instruments for Managing the Quality of Service-Learning* (HEQC 2006a) which could serve as a platform to enable different HEIs to review their SL programmes and reach consensus. This document aligns with findings from other literature (Bender 2007:137-138, Lazarus *et al.* 2008:62 and Hatcher & Erasmus 2008:51). It consists of indicators and arrangements that are recommended for managing quality SL and it provides guidelines for the different levels of an institution, namely institutional, faculty/school, programme/qualification and module level. Against this background of differentiation and possible consensus regarding SL, the next section will discuss the specific view held by the UFS, to position the rest of the study within the broader field of SL in South Africa.

## **2.7 SERVICE-LEARNING AT THE UFS**

Building on the national directives, debates and the CHESP venture, the UFS has established CE/community service (CS) as one of the core undertakings of the university. Aimed at promoting and supporting CE/CS in the form of SL at the university, it was also in line with similar endeavours at other HEIs (Mouton & Wildschut 2005:116-150).

The UFS is committed to CS as is reflected in the strategic plan, policies and procedures of the UFS. The strategic plan of the UFS 2018-2022 (UFS 2018:3) states that one of the institution's strategic goals is to support the development and social justice through engaged scholarship.

This is substantiated by the quote: "*Generation, dissemination and application of knowledge are core functions of a university; the latter, the application of knowledge is the core of engaged scholarship. Engaged scholarship gives effect to one of the key 'public good' dimensions of universities.*" (UFS 2018:3). Support for CS from the UFS is also a means to promote its vision and mission through contextualised, relevant teaching and learning as well as research (UFS 2018:i) as the Teaching-Learning policy of the UFS (UFS 2008:4) also states that SL leads to the collaborative and mutual acquisition of competencies to ensure cross-cultural interaction and societal development.

The focus on CS as a core function of the UFS was further supported by the first CS policy adopted in 2002 and updated in 2006 (UFS 2006:online). The policy review involved an inclusive, participatory process over 18 months after which the second version was adopted in September 2006 (UFS 2006:4). This revised policy emphasises the ever-growing importance of integrating CS with teaching, learning, education, citizenship, social justice and research, and that only such integration would definitely establish CS as an essential component of the university's work and scholarly activities (UFS 2006:5). Thus, it provides an institutional framework for the continuous improvement and expansion of CS. Moreover, it ensures that CS is monitored, evaluated, managed, coordinated and facilitated effectively at all academic and support service levels of the UFS.

With the inception of the CS policy at the UFS, SL became known as CSL and these two terms are deemed equivalent and thus used interchangeably at the UFS. Henceforth, the researcher will only use the term CSL and not SL since it is the term used at the UFS Department of Physiotherapy.

The definition of CSL's used at the UFS serves as the guideline to all programmes incorporating CSL at the UFS, including Physiotherapy and derives from that of Bringle and Hatcher (cf. 2.4.1) (UFS 2006:9-10). The CSL policy endorses the three points of departure for the transformation of the HE sector (cf. 2.5), namely (UFS 2006:3):

- Increased democratic and diverse participation aimed at eradicating inequalities;
- Greater responsiveness to a range of social and economic challenges and a commitment to solutions which might require adaptation in terms of research, teaching, learning and curricula;
- Increased co-operation and partnerships with all role-players in society (the community, as well as the public and private sectors).

Aimed at quality management purposes as well as CSL programme evaluation at the UFS,

the policy (UFS 2006:30), furthermore, endorses the quality management and evaluative tool, (cf. 2.6) (HEQC 2006a). To establish the alignment of the CSL physiotherapy module with the institutional policy, the researcher used some of the applicable indicators on module/course level to compile the data collection instruments for this research study. This mainly directed the compilation of questions for the different data collection tools used in this study. The researcher used it firstly because to its relevance for this study, specifically in a South African context and secondly because the instrument was developed on a national level by the Council on Higher Education's (CHE) quality assurance body namely the Higher Education Quality Committee (HEQC). To ensure the quality of SL modules this guide is a vital resource for developing the capacity of South African HEIs to manage the quality of SL at an institutional, faculty, programme and module level (HEQC 2006a:ix).

The *Good Practice and Self-evaluation Instruments for Managing the Quality of Service-Learning* (HEQC 2006a) indicators that were used and will be discussed in more detail in the methodology section in Chapter 3 are as follows:

- Indicator 1: Partnerships are designed to be collaborative
- Indicator 2: CSL is integrated into the curriculum.
- Indicator 3: Planning for implementation of the designed module.
- Indicator 4: Student orientation and training are conducted.
- Indicator 5: Sustainable CSL partnerships are maintained.
- Indicator 6: Formative assessment of student learning is conducted.
- Indicator 7: The CSL process is managed.
- Indicator 8: The impact of the module is monitored and evaluated
- Indicator 9: Summative assessment of student learning is conducted.
- Indicator 10: The completion of the CSL module is demonstrated and celebrated.
- Indicator 11: Evaluation and review for improvement take place.
- Indicator 12: The partnership is expanded or terminated.

The next section will discuss CSL specifically in physiotherapy against the backdrop of the international and national CSL history.

## **2.8 COMMUNITY SERVICE-LEARNING AND PHYSIOTHERAPY**

To provide perspectives regarding CSL and Physiotherapy, the researcher will discuss this topic from an international, national, institutional and a departmental level.

### **2.8.1 International perspective on Community Service-Learning and physiotherapy**

Internationally, the policy framework of the World Confederation for Physical Therapy (WCPT) states that the curriculum for physiotherapy education should be relevant to the health and social needs of the particular nation (WCPT 2011:1). As such, the curriculum should equip physiotherapists to practice in a variety of health care settings including, but not limited to, institutional, industrial, occupational and primary health care settings that encompass urban and rural communities. Consideration should also be given to preparing physiotherapists to work in environments that reflect the delivery models that operate in different countries (WCPT 2011:1-4) and this pertains to South Africa as well.

A further recommendation from the WCPT, concerning national educational standards in different countries, includes recognition of the diverse social, political and economic environments in which physiotherapy is practised throughout the world. Governing bodies in different countries must, therefore, develop specific standards for physiotherapy practice to suit the prevailing circumstances in the relevant country and unite to formulate agreed standards, where appropriate, to the political environment and to help the profession meet the changing needs of the community.

Even though the WCPT has no specific policy guidelines regarding CSL, it gives specific guidelines regarding community-based rehabilitation (CBR) which can be linked to CSL as it is a service provided to communities. CBR is a strategy within community development for the rehabilitation, equalisation of opportunities, and social integration of all people living with disabilities. It is implemented through the combined efforts of people living with disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services (WCPT 2011:79). The WCPT supports the development of CBR in all countries as a means of empowering people with disabilities to maximise their physical, mental and social abilities.

Community development and change are often necessary to promote and fulfil the human rights of people with disabilities and allow them to become active members of their

communities. The WCPT recognises that CBR extends beyond health and rehabilitation and encompasses educational, social, vocational and economic strategies. Furthermore, collaboration between agencies, sectors and professionals is vital at all levels to support this comprehensive approach to rehabilitation. It is required that health professionals engage with individuals and local communities as partners in service planning, operation and services monitoring, which links to CSL objectives in the South African and UFS contexts.

In light of the above support for CBR, physiotherapy education must be geared at preparing its students to provide services in different environmental settings and also to encourage social responsibility amongst them concerning CBR. CSL and CBR thus have the following specific similarities that address community service to different communities:

- Community empowering as well as the collaboration between physiotherapy professionals and the service sector.
- Local communities must be partners in service planning, operation and services monitoring.

Following this more global perspective regarding CBR and community service, the section below includes a view on the South African perspective of CSL and physiotherapy.

### **2.8.2 Community Service-Learning and physiotherapy in the South African context**

Physiotherapy education policies in SA are influenced by the World Health Organization's (WHO) policy directives. So also has the WHO's Declaration of Health Equity influenced health care policy changes in SA through the adoption of primary health care (PHC) and CSL (Mostert-Wentzel *et al.* 2013a:27). Consequently, many changes have occurred in policies in both the HE milieu and the health care sector over the last 20 years to bring about transformation and health equity. The worldwide view of health equity for all is supported by the Health Professions Council of South Africa (HPCSA) which advocates the inclusion of CSL and PHC education in the South African health care curricula (including physiotherapy) (HPCSA 2015:27).

The education and training of health care professionals should align with the policy and expectations of the changing health care system concerning community health care, rural community health care and the provision of services in previously under-served areas

(Ramklass 2009a:216). According to Futter (2003:15), health education cannot be separated from the health services of the country and should, therefore, be directed towards the needs and the policies of the health system in the country. Physiotherapy education and training in South Africa have been driven by two different governmental sectors, namely the Department of Higher Education and Training (DHET) and the Department of Health (DoH). Directives from both these sectors are incorporated into the policies of the HPCSA and must be adhered to by HEIs that train health care professionals. Contained in the HPCSA guidelines and HEQC quality assurance documents are general competencies to prepare students for the challenges of the work environment. These competencies are also linked to graduate attributes that can be addressed by CSL, such as to be able to address community needs, work in interdisciplinary teams, communicate and collaborate with diverse communities, and be culturally proficient (Mostert-Wentzel *et al.* 2013b:23-24).

Apart from the DHET and DoH directives, physiotherapy education in the country is also governed by qualitative educational bodies such as the National Qualifications Framework (NQF), the HEQC and the exit level outcomes and/or graduate attributes set by the South African Qualifications Authority (SAQA) (Mostert-Wentzel *et al.* 2013a:27). Yet another driver of physiotherapy curriculum formation is the health profile of the population of the country (Kern *et al.* 2009 as cited by Mostert-Wentzel *et al.* 2013a:27).

In support of the policy strategy regarding service provision in underserved communities, newly graduated physiotherapists, together with a selection of key categories of health care professionals, have been legislated since 2003 to provide a compulsory year-long term of community service in previously underserved areas upon graduation (Ramklass 2009a:216). The compulsory community service year is also a strategy to improve staffing when the newly graduated health care professionals work in previously underserved rural areas in SA.

The increased focus on PHC and inclusion of the physiotherapy profession in the roll-out of compulsory community service necessitated the expansion of this focus area in physiotherapy education. This expansion highlight physiotherapists becoming members of a health care team involved in health promotion, disease prevention, community development and advocacy as contained within the notion of social responsibility.

Physiotherapy education and training, furthermore, has to adhere to the CSL directives for educational programmes offered in SA initiated by the HEQC to enhance social transformation. Futter (2003:15-18) investigated the preparedness of physiotherapy



students for CBR and PHC and identified shortcomings in the education and clinical experience of these students within communities. Clinical supervisors found that students were managing the clients very much according to the medical model and were insufficiently aware of the social, political, economical, cultural and religious differences that influenced the lives of the community at large and how these differences impinged upon the health of disabled people and their caregivers. Further gaps that were identified in the curriculum were the following:

1. Social determinants of health and disease
2. The history of medical and healthcare in South Africa
3. Healthcare structures
4. Socio-economic determinants of healthcare
5. Health behaviours and beliefs
6. Cultural determinants of health
7. Family structure, function and health
8. Religion and attitudes to illness and disability
9. Contemporary health issues
10. Political determinants of health
11. Human rights and health rights
12. Individuals, family and community and health
13. Insufficient clinical exposure in community settings and home environments.

Ramklass (2009a:215) also states that even though changes in health care (and physiotherapy) education were foreseen, physiotherapy curricula have remained fairly stagnant since the policy changes in the country because of the absence of guiding strategies to support these changes. Said curricula have also been criticised for being too academic, theoretical and unrealistic from the clinical perspective (Ramklass 2009b:524). Physiotherapy curriculum design is seen as lacking sufficient commitment to the community and rural-based experiences which results in inadequate opportunities for learning and experiential knowledge and the subsequent under-preparedness of community service physiotherapists for their roles and responsibilities within PHC contexts as described in the next paragraph.

Community service physiotherapists felt they were not exposed enough to different environments, were culturally unprepared and were also unprepared for interdisciplinary teamwork. Collaboration with different role-players as well as a lack of supervision and

resilience was also problematic during community service. Physiotherapists and other health care professionals such as dietitians, speech therapists and audiologists all stated that their professional training did not prepare them adequately for community service delivery in especially rural SA (Mostert-Wentzel *et al.* 2013b:19). Krause (2007:280) therefore supports the argument for change in physiotherapy education through the inclusion of CE and CSL stating that the inclusion of CSL in the curriculum of the UFS has led to a huge surge in student learning and research as an effective pedagogical tool that actively engages students in the learning process and bridges the gap between theory and practice while connecting students with the community. This reinforces the importance of incorporating CSL in the physiotherapy curriculum to assist student preparation for service in diverse communities.

Mostert-Wentzel *et al.* (2013a:27) indicate that all eight universities in SA that offer physiotherapy programmes, try to address the PHC contexts concerning the social determinants of health, the district health system and health promotion in their adapted curricula. The PHC context, including community health and CE, is addressed and curricula are more aligned with the country's vision to alleviate poverty and improve the life expectancy of its people through CE, CSL, and community-based education (CBE). However, the different universities still have gaps in their CSL, CE, CBE and PHC curricula despite progress in the physiotherapy curricula since 2009 that has seen CE, CSL and CBE becoming interwoven with the PHC approach in physiotherapy training (Mostert-Wentzel *et al.* 2013a:26).

Ramklass (2009b:528) ascribed these gaps in the physiotherapy curriculum design to a lack of guidelines regarding the incorporation of CSL in physiotherapy programmes. The variation in CSL physiotherapy curricula could also be attributed to the conceptual confusion described in 2.6. The HPCSA Professional board for Physiotherapy, Podiatry and Biokinetics is also vague concerning CSL in physiotherapy as the provided guidelines are not very specific and leave opportunity for different interpretations. In addition, the minimum standards for training physiotherapy students only refer to public health or community health and make no specific reference to CSL (HPCSA 2015:2-3).

The minimum standards for the training of physiotherapy students in SA recommend that the WCPT standards be used as an additional source of information regarding community health. It was mentioned earlier that the WCPT also does not have very specific standards

about community health and allows countries to develop their specific standards for physiotherapy practice (and education) to suit prevailing circumstances and to formulate agreed standards, appropriate to the political environment of the specific country (cf. 2.8.1) (WCPT 2011:1-4). The WCPT, therefore, recommends continuous revision of physiotherapy curricula to stay on par with changes taking place within countries and communities (WCPT 2011:1-4). The same recommendation for continuous renewal is made in the CSL policy of the UFS to ensure that community needs are addressed accurately by CSL curricula (UFS 2006:5-7).

### **2.8.3 Physiotherapy Community Service-Learning at the UFS**

The Department of Physiotherapy at the UFS adheres to the vision, mission and values of the UFS Community Service Policy (cf. 2.7). As mentioned in the different sections regarding CSL legislation in SA, policies of the different governing bodies of HEIs and the physiotherapy profession, the Department of Physiotherapy is required to adhere to all of them to stay accredited by the HPCSA. In light of these adherence requirements, it is important to continuously review CSL in physiotherapy against this UFS policy. However, in the broader sense, the CSL module must also be on par with the policies, guidelines and developments in CSL in the physiotherapy profession both nationally and internationally. The researcher will henceforth discuss CSL in physiotherapy education from an institutional point of view.

CSL forms part of the physiotherapy undergraduate programme at the UFS. It is presented from the first to the fourth study year and is credit-bearing. The CSL module credits are incorporated in overall credits that students must accumulate to meet the requirements to pass and obtain a physiotherapy degree.

During all four study years, students undergo both formative and summative assessment to meet the required standards. Table 2.1 provides a brief summary of the current undergraduate CSL module in physiotherapy at the UFS.

**Table 2.1:** A summary of the undergraduate physiotherapy CSL module at the UFS

Physiotherapy module code	Study year	Content
PTBP 1506	1 <sup>st</sup> study year	The aim of the module is to introduce students to CSL and reflection theory. Students get the opportunity to implement the knowledge of CSL they obtained during a CSL assignment and reflection sessions.
PTBP 2600	2 <sup>nd</sup> study year	The aim of the second year CSL is to provide second-year physiotherapy students with an understanding of the basic principles of partnership formation in CSL. The principles and concepts of community work are important concepts to understand to do an assessment of the community and to provide a service to an identified need in the community. Students will learn how to be successful 'agents of change' as well as the concept of reciprocity during their CSL experience after which they will reflect on the experience.
PTCP 3700	3 <sup>rd</sup> study year	The aim of the module is to provide students with the knowledge and experience to be effective on all levels of PHC through experiential learning and clinical practice and to promote contextualised, relevant teaching and learning. The PHC principles are applied when treating and educating the elderly, persons with disabilities, antenatal and post-natal mothers and when providing training to care workers at community health centres and old age homes. The students also provide physiotherapy services at a school for learners with physical disabilities as well as a daycare centre for children with physical disabilities. The theory behind these strategies is also fostered.
PTIP 4800	4 <sup>th</sup> study year	The aim of the module is to equip students with the knowledge and practical experience to work in different community settings making use of the PHC principles. The students also learn to treat children and adults with physical disabilities effectively. In addition, the students are exposed to different conditions which include individual treatments, exercise groups and general advice for prevention and cure. Students are exposed to interdisciplinary teamwork with the interprofessional education (IPE) sessions.

Since gaps have been identified in the physiotherapy training, particularly relating to community service in SA by scholars such as Ramklass (2009b:528) (cf. 2.8.2), it makes it prudent that the CSL module is reviewed to address possible shortcomings therein.

As a starting point to such a review, the critical cross-field outcomes for CSL in physiotherapy, as mentioned by Krause (2007:280) is considered and include:

- Develop a macro vision of the integration of teaching-learning, service and research.
- Identify and solve problems, using critical and creative thinking.
- Work effectively in a team, using critical and creative thinking.
- Organise and manage oneself and one's activities, namely planning and preparation.
- Conduct and plan the service-learning process.
- Collect, analyse, organise and critically evaluate information.
- Communicate effectively to enhance reciprocity in learning.
- Demonstrate an understanding of the world as a set of related systems.
- Understanding the impact of service-learning on individuals and partners.
- Become culturally sensitive across a range of social contexts.
- Plan, implement and demonstrate reciprocity in a diverse learning context.

Since Krause (2007:280) proposed CSL outcomes, there have been many changes, some of the proposed outcomes agreeing with more recent outcomes set forth by Mostert-Wentzel *et al.* (2013(b):24) such as the importance of effective teamwork, reciprocity, being culturally sensitive over a range of social contexts and the impact of CSL on the different partners. Mostert-Wentzel *et al.* (2013(b):24) have a more social justice-related approach and propose that the following outcomes be addressed in a physiotherapy CSL module:

- Exposure to a complex health care environment, in different settings, treating common conditions and risk factors contributing to the local burden of disease.
- A thorough understanding of social justice and the social determinants of health, including poverty and the inter-relatedness between poverty and health.
- Understand health promoters.
- Collaboration within interdisciplinary teams.
- Cultural proficiency and the ability to converse in an African language.
- Application of strategies to facilitate different types of community-based sessions.
- Resilience, which ranges from goal setting, problem-solving, work-life balance, professional development, to reflect on practice and one's own values and priorities.
- Be able to deal with real community needs in a reciprocal relationship.
- Be able to critically reflect, as an essential element of service-learning.

The HPCSA states that public health/community health must be addressed in physiotherapy training pertaining to CSL and promotes adherence to the WCPT CBR criteria as mentioned before (cf. 2.8.1). Adherence to all the different directives and policies of the CSL physiotherapy module will be further discussed in Chapter 5 of this dissertation.

#### **2.8.4 Stakeholders in the physiotherapy Community Service-Learning module at the UFS**

Students' expectations of CSL need to be taken into consideration, since as discussed earlier in the history of SL in the USA (cf. 2.4.1), they played a significant role in its development. In SA, one of the requirements and graduate attributes expected from physiotherapy students is that they must be well prepared to provide services in different community environments (WCPT 2011:1-4). However, according to Ramklass (2009a:215-2016) and Mostert-Wentzel *et al.* (2013b:19), students feel ill-prepared for community service. After a study regarding student perceptions of CSL was conducted by Kruger *et al.* (2015:162) at the UFS in which perceptions were found to be both positive and negative, they suggested further investigation into student perceptions and expectations in this context. Positive aspects included personal growth, exposure to a diversity of patients, gaining practical experience and enhancement of inter- and intrapersonal skills. However, the students perceived the following as negative or inadequate: the organisation of CBE and SL; availability of resources; attitude of healthcare professionals; and prior orientation. Their findings together with literature indicating the need to understand student expectations in CSL informed this research study and its importance.

In addition to the student voice, The *Good Practice and Self-evaluation Instruments for Managing the Quality of Service-Learning* (HEQC 2006a) recommend the evaluation of the partnership between the HEI and the different roleplayers, namely the service sector and the community. It is also imperative that these expectations of the community and the service sector be evaluated as well to adhere to the different indicators (HEQC 2006a). As said previously, these indicators aim to establish good collaboration and sustainability of the partnerships and adherence to expectations so that improvements may occur even in cases where expectations fall short.

In the CSL partnership with the community, one of the main focus areas is to promote social change through fostering a sense of agency, empowerment, sustainability and capabilities formation within communities (Mtawa & Wilson-Strydom 2018:249). CSL can, however, compromise social transformation if the complexities in communities such as the complex relations of power and privilege are not taken into account, especially in the context of extreme poverty in communities. It can lead to a top-down CSL partnership instead of a bottom-up where the community voice is clearly heard and community expectations are met. The CSL partnership with regard to the community can very easily lead to HEIs making decisions for the community due to the unequal power relationship between the HEI and the community instead of the communities negotiating the expected outcomes in the partnership. Thus, the continuous evaluation of CSL programmes is encouraged to ensure equality amongst partners and to ensure expectations are met.

Lastly, the fact that CSL is one of the core functions at the UFS, as stated previously (cf. 2.7), makes it crucial to obtain the viewpoint of the academics involved in CSL programmes at the UFS. The researcher mentioned that the UFS supports community service as a means to promote contextualised, relevant teaching and learning, and enable staff members to provide scholarly and other expert services to the community (UFS 2006:10) (cf. 2.7). As indicated by Mouton and Wildschut (2005:125), academic disciplines vary greatly in terms of their relationship to the everyday practice of CSL. This also holds true at the UFS where CSL programmes are approached differently in the different faculties. The UFS also has a common platform for the discussion of CSL issues at the Community Engagement Management Committee (CEMC) which is managed by its Community Engagement Directorate. This committee consists of CSL experts from different faculties and/or other stakeholders and it was thus important, in the context of this study, to obtain and consider the opinions of these CEMC members in the evaluation of the undergraduate physiotherapy CSL module.

## **2.9 CONCLUSION**

In this chapter, the relevant literature, pertaining to CSL was discussed. It included the history of CSL internationally as well as nationally and the policies guiding this pedagogy nationally as well as institutionally. The researcher also discussed CSL from a physiotherapy viewpoint and the possible expectations of different CSL stakeholders involved in the physiotherapy CSL module. The next chapter gives an overview of the research design and methodology used in this research study.

## CHAPTER 3

### RESEARCH DESIGN AND METHODOLOGY

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#### 3.1 INTRODUCTION

The previous chapter presented an overview of the literature relevant to this study. In this chapter, the research design and methodology used in this research study are discussed in detail. The discussion includes, amongst others, the research rationale, research design, research context, ethical considerations applicable, data collection and analysis as well as the trustworthiness of this study.

#### 3.2 RESEARCH RATIONALE AND RESEARCH QUESTION

In the section to follow, the researcher contemplates the motivation for this research study and discusses the research question that ensued from this motivation in more detail in the sections to follow.

##### 3.2.1 Research rationale

Literature has shown that there are still many gaps in the training to prepare physiotherapy students for service especially in different community settings (Futter 2003:15-18; Krause 2007:280; Ramklass 2009a:215; Mostert-Wentzel *et al.* 2013b:19). A recent study by Blose *et al.* (2019:17) in which physiotherapists working in a government setting were interviewed regarding their experience of physiotherapy training reported that the undergraduate physiotherapy curriculum required review and that issues remained around translating theory into clinical practice. Furthermore, Mostert-Wentzel *et al.* (2013a:22) warn that despite the progress in physiotherapy curricula that has seen CSL becoming interwoven with the PHC approach in physiotherapy training since 2009, the different universities still have gaps in their CSL curricula. Ramklass (2009b:528) ascribes gaps in physiotherapy curriculum design to a lack of guidelines regarding the incorporation of CSL in physiotherapy programmes (cf 2.8.2). The variation in CSL physiotherapy curricula could also be attributed to the conceptual confusion of CSL as mentioned in 2.6.



Although numerous changes have been made to physiotherapy curricula (Futter 2003:15-18; Krause 2007:280), they should be reviewed regularly and refined to limit the confusion in the understanding of CSL and the differences still present in CSL curricula among the different universities (Kagisano 2010:v). In addition, the UFS Community Service (CS) policy (UFS 2006:7) and the WCPT policy directives recommend that CSL curricula undergo regular reviews to stay on par with changes taking place in communities, policies as well as national and international trends (WCPT 2011:1-4).

Seeing that the CS policy of the UFS is one of the core functions of the university to which the Department of Physiotherapy must adhere, alignment to it must be ensured by regular evaluation of the physiotherapy CSL module. Furthermore, to stay relevant to stakeholder needs in CSL partnerships, it is essential that all stakeholders' expectations also be aligned with the CSL module outcomes. This module also needs to be reviewed against the teaching and learning (as well as research) developments in both higher education and physiotherapy to ensure relevant and contextualised teaching and learning. A continuous review will therefore culminate in focussed modification and contextualisation of what is taught, learned and researched to guarantee an enabling environment for both the community and the university (UFS 2006:7). Based on this, a specific research aim and objectives were set for the study to achieve this research rationale.

The aim of this study was to evaluate the undergraduate physiotherapy CSL module at the UFS. The evaluation included engaging with relevant literature, including A Good Practice Guide for managing the quality of SL (HEQC 2006a:30-32), national and institutional policies, the UFS CSL experts, the community, service providers, academic staff and students involved in this module. From this aim, the following research question was derived to address the research objectives.

### **3.2.2 Research question**

Is the undergraduate physiotherapy CSL module at the UFS aligned with current CSL literature, national and institutional policies, opinions of CSL experts at the UFS, the expectations of communities currently involved in the physiotherapy CSL programme, service providers currently involved in the programme as well as the physiotherapy students and academic staff?

### 3.2.3 Research objectives

The research objectives of the study were to:

- i. Analyse the key principles of CSL in the South African context, as well as national and institutional policies related to CSL (literature review).
- ii. Evaluate the alignment of the undergraduate physiotherapy CSL module at the UFS against CSL key principles and the institution's Community Service policy (document analysis and focus group interviews with CSL experts at the UFS).
- iii. Evaluate the alignment of the undergraduate Physiotherapy CSL module at the UFS against the expectations of physiotherapy-related CSL stakeholders\* (focus groups, semi-structured interviews and questionnaires).

*\*Physiotherapy-related CSL stakeholders include physiotherapy academic staff, community members, physiotherapy students and service providers.*

Before the commencement of the study, ethical approval as well as official permission had to be obtained from different institutions and the specifics thereof will be discussed next.

## 3.3 ETHICAL CONSIDERATIONS

Ethics are concerned with the beliefs about what is right or wrong from a moral perspective. In the research context, ethical practices are focussed on what is morally proper and improper when engaging with participants (McMillan & Schumacher 2010:117). Thus, ethical practices need to be considered throughout the research process, starting from the commencement of the study to the reporting and storing of data (Creswell 2014:94-95). The ethical considerations for this study follow in subsequent paragraphs.

### 3.3.1 Approval

Approval for the study was requested from the authorities below before commencement of the study:

The Health Sciences Research Ethics Committee (HSREC) of the UFS (Ethics Number: HSREC 57/2017 (UFS-HSD2017/0500) (cf. Appendix U);

- The Vice Rector (Academic), UFS; (cf. Appendix M)
- The Dean of the Faculty of Health Sciences (cf. Appendix M);
- The Head of the School of Allied Health Professions (cf. Appendix M);
- The Head of the Department of Physiotherapy (cf. Appendix T).

### Governmental Structures

- The Department of Health (DoH) (cf. Appendix O);
- The Department of Education (DoE) (cf. Appendix Q).
- Service Provider Management Committees / Managers at the different CSL sites (cf. Appendix P).
- Management structures of Non-Governmental Organisations (NGO's) (cf. Appendix R).

#### **3.3.2 Informed consent**

Informed consent means that the participants in the study should give permission in full knowledge of the purpose of the research and the consequences of taking part (Nijhawan *et al.* 2013: 139). This implies that all the participants should be informed about the study and written informed consent obtained for participation, as well as for the recording of the interviews as proof that the participants voluntarily participated in the study. An information document with the informed consent form (cf. Appendices B, F & I) and a clear study information outline (cf. Appendices A, E & H) were distributed to all the participants. This provided the participants with an explanation of the nature and purpose of the research and how the outcomes of the data collected would be used to enable them to make an informed decision about whether or not to participate in the study (Rapley 2007:24-27).

Prior to the commencement, all participants in the research study provided written informed consent after the purpose and process of the study had been fully explained to them. Participation was voluntary and all participants could withdraw from the study at any time, without any penalty.

#### **3.3.3 Privacy and confidentiality**

All data collected was treated confidentially and kept anonymous in transcripts and research reports. As only the researcher, the research assistant and the transcriber had access to individual data or participants' names, confidentiality was ensured. Data was handled and reported in such a way that it cannot be linked to any of the participants individually. The research assistant and transcriber were informed by the researcher that all information was confidential and must be treated as such. All personal information was treated confidentially as participants were given an identification number that was used throughout.

Each completed questionnaire was kept safe by the researcher in a locked cabinet. The participants were informed that the results obtained during the study may be published, although no personal details would be made available.

The section that follows is a full discussion regarding the research design and methodology that were used to gather the data for this research study.

### **3.4 RESEARCH DESIGN**

The research design is a clear statement of how data is collected and guides the study to ensure that the data collection tools are suitable to answer the research question (Polgar & Thomas 2013:18). The next section gives an overview of the research design of this study.

#### **3.4.1 Description of the research design**

The researcher utilised an evaluative case study research design in this study. There are different types of case studies namely descriptive, explanatory, exploratory and evaluative case studies (Yin 2012:5). Descriptive case studies ask what is happening, or has happened; explanatory case studies ask how or why it has happened; exploratory case studies are used to discover theory by observation (Yin 2012:29); whilst evaluative case studies takes place in real-world settings assessing ongoing operations or innovative changes.

According to Yin (2012:168), an evaluative case study seeks data to assess programme accomplishments and leads to recommendations. Maree (2007:75) states that case studies not only offer a multi-perspective analysis in which the researcher considers the views and perspectives of all the participants and groups in a situation, but also the interaction between them, which bring the researcher to a deeper understanding of the dynamics of a situation. The physiotherapy CSL module is an example of an ongoing programme that involves interaction between several different stakeholders and needs regular reviews (see 1.1). This made the evaluative case study design the best-suited research design for this study.

Within the evaluative case study research design, a qualitative research approach was followed. Qualitative research is used to develop new concepts or explain social processes (Yin 2011:9). Since CSL is by nature central to society and social processes, the applicability of a qualitative research approach for this study goes without saying. Yin (2011:9) further states that qualitative research strives to collect, integrate and present data from a variety of sources as evidence, hence the reason different stakeholders were approached to gather

various perspectives regarding the undergraduate physiotherapy CSL module. Since CSL is a dynamic process in which changes may occur regularly, the qualitative approach was extremely relevant since it is responsive to local situations, conditions, and stakeholders' needs and especially to changes that occur during the conduct of a study (Maree 2007:50).

As mentioned in Chapter 1, 1.6.1, this study consisted of a predominantly qualitative research approach with quantitative elements which only focussed on the demographic details of the community and physiotherapy student participants in the study. The next section provides more detail on the specific methodology used in this study.

### **3.5 RESEARCH METHODOLOGY AND RESEARCH CONTEXT**

This section details, amongst others, the research methodology and gives an overview of the research context, data collection and analysis as well as the trustworthiness of the study.

#### **3.5.1 Research context**

The research context was directly linked to the Physiotherapy CSL module (community responsibility projects and clinical community work) presented in the Department of Physiotherapy at the UFS, as briefly outlined in Table 3.1.

**Table 3.1:** Physiotherapy CSL engagement

<b>1<sup>st</sup> study year</b>	<b><i>TCTC House of Safety*</i></b> : Physiotherapy students do two hours of community work every Friday by spending playtime with the children and conducting a needs analysis of the Talitah Cumi house. Through this CSL experience, the students develop a sense of social responsibility by addressing community needs
<b>2<sup>nd</sup> study year</b>	<b><i>MW rugby team*</i></b> : The students assist the MWrugby team during their practise sessions on Tuesday and Thursday nights. This CSL experience is reciprocal to both parties by helping the students to develop their physiotherapy skills (transfer and handling skills of persons with disabilities) whilst assisting the rugby team (community) with their physical needs.
<b>3<sup>rd</sup> study year</b>	Students treat and educate the elderly at <b><i>FOH and BOH Old Age Homes*</i></b> ; persons with disabilities at <b><i>JW Home*</i></b> and provide training to care workers at JWWJW and <b><i>EDC Centre*</i></b> . Physiotherapy services are also provided at <b><i>TLG School*</i></b> and EDCEDC Centre for learners with disabilities. Students educate community members who visit <b><i>CHC*</i></b> using exercise classes and information group sessions. They also do home visits in the community whilst working at CHCCHC and provide health promotion classes one afternoon per month at <b><i>BS Centre*</i></b> .
<b>4<sup>th</sup> study year</b>	Students engage in interprofessional education (IPE) teamwork, in conjunction with other professions in the Faculty of Health Sciences, in the <b><i>SFC (XD)*</i></b> to render a service in this community. In addition, they do health promotion and prevention in the community as part of their <b><i>SFC (XD)*</i></b> CSL experience. Students also work at clinics in the Xhariep District - Trompsburg Springfontein, Edenburg and Philippolis - where they provide individual treatments to patients as well as health promotion and prevention and go out into the community with the community-based caregivers. Furthermore, students provide treatment and training services in Edenburg at <b><i>RDC Centre*</i></b> , <b><i>TLG School*</i></b> and <b><i>EDC Centre*</i></b> for children with disabilities. Finally, the students are allocated to <b><i>CHC*</i></b> where they are exposed to different conditions, which are treated through individual treatments and exercise classes.

*\*Service providers indicated in bold and italics text Pseudonyms used for institutions names.*

The next sections will provide an in-depth description of the data collection process.

### 3.5.2 Data collection

Three data collection instruments were utilised simultaneously during the time frame set out for this research study. Instrument one included focus group interviews, instrument two semi-structured interviews, and instrument three questionnaires (cf. Table 3.2). Data was collected from all the relevant physiotherapy CSL stakeholders (cf. Table 3.1) to gain deeper insight into their experiences and perspectives of the undergraduate physiotherapy CSL module.

**Table 3.2:** Data collection instruments linked to the relevant stakeholders

Data collection instruments with the physiotherapy-specific CSL stakeholders		
Focus groups (conducted with two different groups)	Semi-Structured Interviews	Questionnaires (conducted with two different groups)
CSL Experts at the UFS (CEMC Members) <b>Appendix C</b>	CSL Service Providers at the different CSL sites <b>Appendix G</b>	CSL Community Members <b>Appendix J</b>
Department of Physiotherapy Academic Staff <b>Appendix D</b>		Physiotherapy Students <b>Appendix L</b>

A pilot study was done for all the data collection methods to test the adequacy of each research instrument for its specific purpose. A pilot study is an economical way of identifying and eliminating potential problems which might occur when using the proposed methods/instruments (Polgar & Thomas 2013:31). The pilot studies were conducted before the data collection for the main study commenced to make any changes, if required.

A more in-depth view is given of the different data collection instruments and the data collected during the research study in the paragraphs to follow.

### 3.5.3 Focus groups interviews with UFS Community Service-Learning experts and physiotherapy academic staff

A focus group involves a group interview on a particular topic with around six to ten individuals, and can be structured, semi-structured or unstructured (Polgar & Thomas 2013:95). According to Maree (2007:91), the number of participants in a focus group can range from five to twelve people and this is supported by Tong *et al.* (2007:351) who also hold that a focus group can consist of four to twelve participants.

Semi-structured focus group interviews allow the facilitator to explore new ideas or viewpoints and to clarify ambiguous issues. Furthermore, they allow researchers to obtain rich data of multiple participant views and offer content insight – the “why” of what people think about a specific topic (Lafortune *et al.* 2015:2).

Disadvantages of focus group interviews are that they are small, may not be representative and it may be difficult to get the participants together at the same time and place (Maree 2007:91). The researcher addressed this logistical disadvantage by scheduling dates for the focus groups far in advance. Despite the precaution of scheduling these dates far in advance by making use of Doodles, the participants still consisted of small groups in the end. For this research study the researcher used two different semi-structured focus group interviews for the UFS CSL experts (cf. Appendix C) and the physiotherapy academic staff (cf. Appendix D).

### ***3.5.3.1 Exploratory focusf group pre-testing***

Pretesting, as the aim of the exploratory focus group (i.e. pilot study), was an important measure to improve reliability in this study. The exploratory focus group interview tested for ambiguous questions and/or statements or questions that were not clear, to improve the reliability. The exploratory focus group interview was also used to determine the time needed to complete the focus group interview. According to Eliot & Associates (2005:2), literature determines the approximate time for a focus group interview at 45-90 minutes.

The focus group interview questions were tested on three lecturers of the Department of Occupational Therapy, two of them deemed CSL experts because of their experience in CSL. The researcher facilitated the exploratory focus group interview which lasted approximately 60 minutes. After the exploratory focus group, some changes were made to make the questions more interpretable so academics not directly involved in CSL could also give their opinion/viewpoint.



### **3.5.3.2      *Changes made to the UFS Community Service-Learning expert focus group interview schedule (cf. Appendix C)***

Question one as an introduction to the focus group interview was added. The numbering of questions one to seven changed to accommodate the newly added question. The wording of the questions was also changed for example (*How do you ensure that CSL projects remain relevant to community needs and development and involve a diverse population of students, communities and service providers?*). This was changed to – (*How do you or can you ensure that CSL projects remain relevant to community needs and development and involve a diverse population of students, communities and service providers?*). Questions were not changed in content, but participants were asked for recommendations/suggestions to enhance the CSL module if deemed necessary.

### **3.5.3.3      *Changes made to the physiotherapy academic staff focus group interview schedule (cf. Appendix D)***

Question one as an introduction to the focus group interview was added. The numbering of questions increased from six to seven, no other changes were made.

The data collected in the focus group exploratory (pilot) interviews were not included in the main study, due to the participants not belonging to the unit of analysis for the study's focus group interviews.

### **3.5.3.4      *Unit of analysis for the focus group interviews***

In the next section, the researcher expounds about the different participants as the unit of analysis that formed part of the different focus group interviews.

#### CEMC Focus Group Interviews

The group of stakeholders included in the focus group interviews was the committee members of the Community Engagement Management Committee (CEMC) at the UFS. This committee consists of approximately 30 members involved in CSL and includes faculty representatives from different UFS faculties as well as CSL managers/advocates at the UFS.

The researcher used purposive sampling and included the whole population in the sample, due to the small number. After numerous Doodle invitations with different suggested times and dates for the focus group interviews, only 11 members from the CEMC were available to participate. The two focus group interviews were conducted to obtain the different views of the CEMC members regarding CSL as they are staff members from different faculties of the UFS as well as members from different non-governmental organisations (NGO's). It was important to evaluate how the undergraduate physiotherapy CSL module aligns with their different views.

#### Physiotherapy academic staff

The academic staff in the Department of Physiotherapy included the 11 permanent staff members and one part-time staff member directly involved in CSL. The entire staff cohort was included in the unit of analysis due to the small number. These focus groups were conducted to obtain the view of physiotherapy academic staff regarding CSL, specifically about the vision of the physiotherapy department for CSL and their opinion on CSL for physiotherapy as a profession.

#### ***3.5.3.5 Data collection through the focus group interviews***

There were four focus groups. Two interviews were conducted by the researcher and two by an external facilitator. The researcher requested permission in an amendment letter to the UFS Health Sciences Research Ethics Committee (HSREC) to make use of an external facilitator to conduct two of the focus groups interviews in the physiotherapy department (cf. Appendix V). This was done to avoid personal bias, as the researcher is a permanent staff member within the Department of Physiotherapy at the UFS. Objectivity may also have been compromised if the academic staff's focus group interviews were facilitated by the researcher as colleagues' responses may have been influenced by the presence of the researcher. Both the researcher and the external facilitator used the same interview schedule to ensure the trustworthiness of the data collection process. Streubert-Speziale & Carpenter (1999:333) describe trustworthiness as establishing the validity and reliability of qualitative research. Qualitative research is trustworthy when it accurately represents the experience of the study participants. Guba & Lincoln (in Nieuwenhuis 2007:80) state that credibility, transferability, dependability and confirmability are the key criteria to check the quality and trustworthiness of a qualitative study (see more detailed description in 3.6).

During the data collection process, the researcher made use of three audio recording devices (one cellular phone and two voice recorders) to ensure that no data was lost due to technical failures. The researcher additionally made use of a research assistant during all the focus groups to make notes and ensure the proper operation of the voice recorders. All the focus groups lasted between 60 and 90 minutes. Data were transcribed verbatim to further enhance the trustworthiness and credibility by an external transcriber. The research assistant, furthermore, verified the transcriptions against her notes from the focus group interviews.

#### ***3.5.3.6 CEMC focus groups***

The researcher obtained verbal permission from the Chairperson of the CEMC to inform the committee members at one of the committee meetings about the research study and follow it up with emails to the members with a more detailed electronic information letter (cf. Appendix A).

Written consent was obtained from the participants who accepted the invitation to participate in the focus group interviews before the commencement of each focus group (cf. Appendix B). The researcher conducted two focus groups with the 11 CEMC participants; one group consisted of four participants and the other focus group of seven participants.

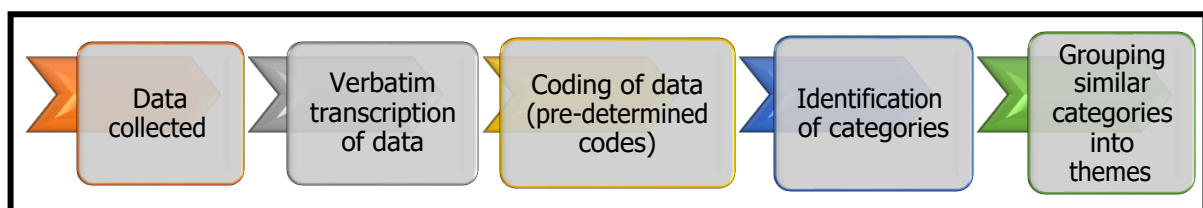
#### Physiotherapy academics

The researcher received permission from the Head of the Physiotherapy Department for an opportunity to inform the academic staff about the research project at one of the departmental meetings and followed up with an email with a more detailed electronic information letter to the staff members (cf. Appendix A).

Consent was obtained from the participants who accepted the invitation to participate in the focus group before the commencement of the focus groups (Appendix B). Two focus group sessions were conducted at the physiotherapy department. One group consisted of five participants and the other group of six.

### 3.5.3.7 Data analysis of focus group interview data

The analysis of qualitative data is defined as the non-numerical scrutiny and interpretation of explanations for determining underlying meanings and configurations of relationships (Babbie 2010:400). Data analysis requires integrating and synthesising the description of the non-numerical information assigned to categories and themes using a coding process (Brink *et al.* 2012:55; Braun & Clarke 2006:6). The researcher made use of thematic analysis (cf. Figure 3.1) incorporating inductive and deductive coding. Deductive coding as a “top-down” approach was followed by utilising the indicators from the *Good Practice Guide for Quality Service-Learning - Module/Course level* (HEQC 2006a:30-32) and *Service-Learning Module: Evaluation for Community Members and Service Sector* (UFS 2011:online) as the initial codes. A process of inductive coding as a “bottom-up” approach was then applied to describe, validate and possibly add to the pre-determined codes, through the identification of categories and themes (cf. Figure 3.1).



**Figure 3.1: A schematic presentation of the thematic data analysis process for the focus groups interviews**

A thematic analysis interprets all the data to identify the common issues that recur and identify the main themes that summarise all the views collected. After verbatim transcription and verification by the research assistant, the researcher read and analysed all transcripts while reflecting on the focus groups interviews from each of the population groups (i.e. UFS CSL experts and physiotherapy academic staff). The researcher then determined categories linked to each of the pre-determined codes, and lastly, grouped similar categories into themes (cf. Figure 3.1). The predetermined codes were linked to specific questions (cf. 3.3) to illustrate which questions in the different research instruments corresponded with which indicator (predetermined code). The complete questions, as linked to Table 3.3, are provided in Appendix S.

**Table 3.3:** The indicators applicable to the Good Practice Guide for Quality Service-Learning Module (cf. Appendix S)

Focus Groups CSL Experts Questionnaire	Focus Groups Physiotherapy Academics	Semi-Structured Interviews	Community Members Questionnaire	Physiotherapy Student Questionnaire
<b>Indicator 1: Partnerships are designed to be collaborative.</b>				
<b>Question 1.3</b> How is or can contextual relevance and the application of content knowledge be integrated with community development and collaboration?				
<b>Indicator 2: CSL is integrated into the curriculum.</b>				
<b>Question 1.1</b> What is your understanding of Community Service-Learning (CSL)?	<b>Question 2.4</b> How should the development of graduate attributes, contextual knowledge application and community expectations be integrated into undergraduate CSL education in physiotherapy?	<b>Question 3.1</b> What were your expectations regarding the physiotherapy CSL project?		<b>Question 5.6</b> Please state your understanding of the purpose of service-learning: <b>Question 5.18</b> The community learning experience contributed to my understanding of diversity and the “celebration” of cultural differences.  <b>Question 5.19</b> All students should do community learning modules.
<b>Indicator 3: Planning for implementation of the designed module.</b>				
<b>Question 1.2</b> How do you or can you ensure that CSL projects remain relevant to community needs and development and involve a diverse population of students, communities and service	<b>Question 2.3</b> How should the undergraduate CSL education in physiotherapy link to the national expectations of CSL, HPCSA guidelines for CSL, institutional expectations of CSL as well as	<b>Question 3.2</b> To what extent did the physiotherapy CSL project run as you expected?		

Focus Groups CSL Experts Questionnaire	Focus Groups Physiotherapy Academics	Semi-Structured Interviews	Community Members Questionnaire	Physiotherapy Student Questionnaire
providers? <b>Question 1. 4</b> How is or can the philosophy of promoting social justice while encouraging students to become active contributors to society be implemented in CSL?	community-specific expectations? <b>Question 2.4</b> How should the development of graduate attributes, contextual knowledge application and community expectations be integrated into undergraduate CSL education in physiotherapy?			
<b>Indicator 4: Student orientation and training are conducted.</b>				
			<b>Question 4.11</b> Was there information available regarding the physiotherapy service being rendered in the community? <b>Question 4.12</b> Where did you find information regarding the physiotherapy service being rendered in the community?	<b>Question 5.17</b> Give your opinion about supervision and facilitation during the community learning module. <b>Question 5.22</b> Were you given appropriate guidelines and orientation for working in the community?
<b>Indicator 5: Sustainable CSL partnerships are maintained.</b>				
<b>Question 1.5</b> How is or can the development of graduate attributes be embedded in CSL interactions with stakeholders?	<b>Question 2.5</b> Give your views on sustainable partnership development for CSL engagements.	<b>Question 3. 6</b> Reflect on the interaction, communication and the role distribution between the various stakeholders, (i.e. your organisation, the university and the community) in this partnership project.		<b>Question 5.27</b> What did you learn from community members? <b>Question 5.28</b> What did you learn from the service sector staff? <b>Question 5.29</b> What did you learn from your fellow students? <b>Question 5.30</b> What did you learn from and about your lecturer(s) during

Focus Groups CSL Experts Questionnaire	Focus Groups Physiotherapy Academics	Semi-Structured Interviews	Community Members Questionnaire	Physiotherapy Student Questionnaire
				the community learning experience that you would otherwise not have known? Please explain.
<b>Indicator 6: Formative assessment of student learning is conducted.</b>				
				<p><b>Question 5.11</b> Describe how this module allowed you to apply the knowledge that you acquired during your study period.</p> <p><b>Question 5.23</b> How did you experience the assessment methods of community learning? Please explain.</p> <p><b>Question 5.24</b> Was the assessment of the learning outcomes of this community learning module different from that of other modules?</p> <p><b>Question 5.25</b> What would you suggest must stay the same during the assessment of the CSL module?</p>

Focus Groups CSL Experts Questionnaire	Focus Groups Physiotherapy Academics	Semi-Structured Interviews	Community Members Questionnaire	Physiotherapy Student Questionnaire
<b>Indicator 7: The CSL process is managed.</b>				
	<b>Question 2.3</b> How should the undergraduate CSL education in physiotherapy link to the national expectations of CSL, HPCSA guidelines for CSL, institutional expectations of CSL as well as community-specific expectations?	<b>Question 3.2</b> To what extent did the physiotherapy CSL project run as you expected? <b>Question 3.4</b> Explain any difficulties experienced and the measures implemented to address them during the CSL physiotherapy project.	<b>Question 4.6</b> Over what period or how long did you receive the physiotherapy treatment (services) in your community? <b>Question 4.5</b> Please describe where in your community you received physiotherapy treatment (Community Service-Learning activities) from the UFS physiotherapy students. <b>Question 4.8</b> What type of physiotherapy treatment (service(s)) did you receive? <b>Question 4.9</b> Do you think you benefited from the physiotherapy treatment (services)?	<b>Question 5.15</b> Explain how the community learning module compared with other physiotherapy modules (e.g. about the workload, applicability to the world of work, knowledge/skills/experience gained, etc.) <b>Question 5.16</b> Give your opinion about the arrangements for CSL (e.g. logistics, transport, schedules, etc.).
<b>Indicator 8: The impact of the module is monitored and evaluated.</b>				
<b>Question 1.6</b> How are or can the quality assurance and the impact of CSL engagements be evaluated?	<b>Question 2. 6</b> How should quality assurance and the impact of CSL engagements be evaluated?	<b>Question 3.3</b> Explain any benefits gained through the CSL physiotherapy project. <b>Question 3. 7</b> Do you think the community and service sector outcomes were achieved as intended? Please explain.	<b>Question 4.7</b> Describe your overall experience with the physiotherapy treatment (service(s)) you received from physiotherapy students in your community. <b>Question 4.10</b> Were there any difficulties experienced during the physiotherapy treatment	<b>Question 5.7</b> Describe how the service-learning module met your expectations. <b>Question 5.8</b> What have you learned during this module? <b>Question 5.9</b> What have you learned from the community?



Focus Groups CSL Experts Questionnaire	Focus Groups Physiotherapy Academics	Semi-Structured Interviews	Community Members Questionnaire	Physiotherapy Student Questionnaire
			<p>(Community Service-Learning) activities?</p> <p><b>Question 4.13</b> Did you learn anything from the physiotherapy students?</p> <p><b>Question 4.14</b> Do you believe the students learned from you during your interaction with them?</p> <p><b>Question 4.15</b> What expectations did you have regarding the services(s) rendered by physiotherapy students in your community?</p>	<p><b>Question 5.10</b> What did you learn from the service sector staff involved in the module/s?</p> <p><b>Question 5.13</b> Explain how the service-learning experience helped you to gain insight into your role as a responsible citizen.</p> <p><b>Question 5.14</b> Explain how the service-learning module contributed to your personal development.</p> <p><b>Question 5.31</b> What did you learn about yourself during your community learning experience? Please explain.</p> <p><b>Question 5.32</b> What did you learn about reflection and the value thereof during the service-learning experience?</p> <p><b>Question 5.33</b> What new knowledge, skills, and/or attitude did you gain by participating in the course?</p> <p><b>Question 5.34</b> What new perspective did you gain about the community?</p> <p><b>Question 5.35</b> How did the community learning experience contribute to your sense of social responsibility?</p>

Focus Groups CSL Experts Questionnaire	Focus Groups Physiotherapy Academics	Semi-Structured Interviews	Community Members Questionnaire	Physiotherapy Student Questionnaire
<b>Indicator 9: Summative assessment of student learning is conducted.</b>				
				<p><b>Question 5.12</b> Explain how the service-learning module assisted in preparing you for the world of work.</p> <p><b>Question 5.20</b> Do you think that you have achieved the module's learning outcomes?</p> <p><b>Question 5.21</b> Do you think the community outcomes were achieved as intended?</p>
<b>Indicator 10: The completion of the CSL module is demonstrated and celebrated.</b>				
		<p><b>Question 3.8</b> In your opinion did the community and service sector learn anything from the students? Please explain.</p>		
<b>Indicator 11: Evaluation and review for improvement take place.</b>				
	<p><b>Question 2.6</b> How should quality assurance and the impact of CSL engagements be evaluated?</p>	<p><b>Question 3.5</b> What, in your opinion, could make the CSL physiotherapy project more successful?</p>	<p><b>Question 4.16</b> Were your expectations met?</p> <p><b>Question 4.17</b> Would you recommend this physiotherapy service to other members of the community?</p>	
<b>Indicator 12: The partnership is expanded or terminated</b>				
	<p><b>Question 2.4</b> Give your views on sustainable partnership development for CSL engagements.</p>			

### **3.5.4 Semi-structured interviews with service providers**

An interview is a two-way conversation in which the interviewer asks the participants questions to collect data and to learn about the ideas, beliefs, views, opinions and behaviours of the participants (Maree 2013:87). In this research project, the researcher used semi-structured interviews to explore the views and expectations of the service providers involved in the physiotherapy CSL module. Semi-structured interviews were used, because of the unique set-ups in the different CSL areas (cf. Table 3.1). The needs of each of the different areas were best explored through semi-structured interviews, which allowed for issues that came up to be explored further. In semi-structured interviewing, a guide is used with questions and topics that must be covered. Although the interviewer has some discretion about the order in which questions are asked, they are standardised (cf. Appendix G), and probes are provided to ensure that the researcher covers the correct material. This kind of interview collects detailed information in a somewhat conversational style. These kinds of interviews are often used when the researcher wants to delve deeply into a topic and understand the answers provided thoroughly (Harrell & Bradley 2009:10) as was the case in this research study.

#### **3.5.4.1 *Unit of analysis for semi-structured interviews***

The researcher used purposive sampling and, owing to the limited number of stakeholders in the population, included all the CSL sites used from the second to fourth study year of the CSL physiotherapy module (cf. Table 3.1) in the sample. Despite the first-year clinical site (cf. Table 3.1) having been excluded from the physiotherapy CSL module as from 2017, Talitah Cumi was used for the pilot study of the semi-structured interviews due to its previous involvement in this CSL module.

After obtaining permission for the study from all relevant authorities (cf. 3.3.1), the researcher contacted the different institutions to schedule the interviews with the persons who took part in the CSL physiotherapy interactions (cf. Table 3.1). Staff members from each site (i.e. at least one staff member preferably in management and additional staff members who formed part of the daily operations and interacted with the physiotherapy students) were asked to participate in the research project. The sample size consisted of 25 participants, which included at least one representative from each of the eight physiotherapy CSL sites (cf. Table 3.1).

### 3.5.5 Semi-structured exploratory interviews

The semi-structured interview questions were piloted on three staff members of the service provider, Talitah Cumi House of Safety, where the first year CSL project took place before 2017. The pilot interview was conducted to test the interview questions for any ambiguities that were not clear. This assisted in enhancing the reliability of data collected. The pilot study also determined the time needed to complete the interviews. The pilot semi-structured interview took approximately 30 minutes for each of the participants. The researcher interviewed the manager, one supervisor and one caregiver of Talitah Cumi House of Safety. No amendments were needed to the questions, but the data was not included in the main study, as this site is no longer part of the physiotherapy CSL module.

#### 3.5.5.1 Data collection through semi-structured interviews

After the completion of the exploratory semi-structured interviews, the researcher made appointments at each clinical site to recruit and invite participants. Consent was obtained from the participants by providing them with an information document (cf. Appendix E) that informed them about the process and simultaneously obtained their written consent (cf. Appendix F) for participation in the study. As with the focus groups, the researcher used audio recordings of the interviews (cf. Appendix E) to have them transcribed verbatim. The interviews took place at the participants' respective places of employment. Table 3.4 gives an exposition of the semi-structured interviews at each of the different CSL sites.

**Table 3.4:** Semi-Structured Interviews at physiotherapy CSL Sites

Service Provider	Number of participants	Role(s) of participants at site
MW rugby team	1	Manager
FOH Old Age Home	3	Manager and two registered nurses
BOH Old Age Home	4	Manager, two registered nurses and a caregiver
JW Home	2	Manager, one caregiver supervisor
EDC Centre	3	Supervisor and two caregivers
TLG School	4	Manager and three physiotherapists
CHC	2	Manager and one physiotherapist
BS Centre	1	Manager
SFC (XD)	5	Therapy manager, the acting clinic manager, the caregiver supervisor and two caregivers.

### **3.5.5.2 Data analysis of the semi-structured interviews**

The researcher used the same data analysis method as with the focus group data analysis (cf. 3.5.3.7).

### **3.5.6 Questionnaires to community members and physiotherapy students**

Questionnaires are often used in research projects as many respondents can complete them in a short time and the researcher could assist with unclear issues during completion to improve the accuracy of data (Maree 2007:157). Questionnaires also assist researchers to complete a research project within a shorter set time frame. The researcher made use of questionnaires to obtain the viewpoints of the community members and the physiotherapy student population. Since the community and physiotherapy student groups were large, the researcher made use of questionnaires to obtain their viewpoints. Two different questionnaires were utilised for the two populations, i.e. community members (cf. Appendix J) and physiotherapy students (cf. Appendix L).

The questions for the questionnaires were compiled according to:

- The indicators applicable to the *Good Practice Guide for Quality Service-Learning - Module/Course level* (HEQC 2006a:30-32).
- *The Service-Learning Module: Evaluation for Community Members and Service Sector* (UFS 2011:online).

Some demographic questions were also included in each of the two sets of questionnaires to accurately describe the profile of study participants. Demographic information included in the questionnaire for community members were age, gender, employment and ethnic group, and for the student questionnaire age, gender, year of study and ethnic group. The questionnaires contained closed-ended questions (quantitative data), which included only the demographical data and are reported as descriptive statistics in Chapter 4. The open-ended questions included in the questionnaires (qualitative data) also addressed the objectives of this research study (cf. Appendices J & L) and were analysed like the other qualitative data sets (cf. Table 3.3).

### **3.5.6.1      *Questionnaire to community members***

The community members formed an integral part of the stakeholders of the physiotherapy CSL module that were needed as part of the research process. Reliability and validity were enhanced by translating and back translating the questionnaire (cf. Appendix J1, J2 and J3) into the three languages widely used in the Bloemfontein and Southern Free State area, namely Afrikaans, Sesotho and English. The researcher made use of a translator, who translated the questionnaire from English to Afrikaans and from English to Sesotho then back-translated it into English to ensure validity. It was essential for the participants to complete the questionnaire in their language of choice, as it might have become a communication barrier leading to incorrect data if participants were unable to complete the questionnaire in their native tongue.

### **3.5.6.2      *Questionnaire to physiotherapy students***

The physiotherapy students are also important stakeholders in the CSL module and needed to form part of the research process. To obtain their point of view, the researcher made use of questionnaires (cf. Appendix L). Only English questionnaires were used in this instance, as English is the official language of instruction in the Faculty of Health Sciences and the Department of Physiotherapy at the UFS. Questionnaires gathered feedback from students regarding their perceptions of the current undergraduate physiotherapy CSL module presented at the UFS.

## **3.5.7      Population and sampling of the community members and physiotherapy students**

The next section provides details on the population and sampling of the community members and the physiotherapy students involved in this study.

### **3.5.7.1      *Community members***

For this study, the target population included community members who possessed and shared specified characteristics (Plowright 2011:36) relevant to the physiotherapy CSL projects. These community members were associated with the CSL sites as shown in Table 3.1. However, EDCEDC Centre and TLGTLG School were not included in this part of the study since the community members of these CSL sites are children.

Convenience sampling was used as participants were easily and conveniently available to save time concerning data collection (Maree 2007:177). Possible participants who were available at the identified research areas on the day of data collection were recruited. Appointments were made with the management of the CSL sites and all community members who arrived for any services at the site for that day were screened whether or not they had taken part in the physiotherapy CSL projects before. All community members who participated in the CSL projects before and who agreed to participate, on that specific day, were included in the sample.

### ***3.5.7.2 Physiotherapy students***

The researcher included all the second to fourth-year physiotherapy students at the UFS due to their participation in the physiotherapy CSL module. The first-year students were excluded, as they did not have sufficient experience regarding the CSL module yet. Due to the small size of the population, the whole population was included. The sample size was 115 physiotherapy students.

### **3.5.8 Pilot study**

The next section described the pilot study done in detail.

#### ***3.5.8.1 Pilot study for community member questionnaire***

The pilot study took place in Bloemfontein with three community members from CHCCHC to test the questionnaire for community members. The same procedure was followed with the pilot study as planned for the main study. The pilot study tested the questions included in the questionnaires for any ambiguity as well as the time needed to complete the questionnaires. The effectiveness of the researcher and the translator in the execution of the research process was also evaluated. One change was made to the questionnaire after the pilot study, namely two questions were duplicated and one was removed (cf. Question 6) (cf. Appendix J). As no other changes were made to the questionnaire, the data was included in the main study as the participants fulfilled the inclusion criteria. The completion of the questionnaire took approximately 30 minutes.

### **3.5.8.2     *Pilot study for questionnaire for physiotherapy students***

The questionnaire for physiotherapy students (Appendix L) was piloted on four, fourth-year Occupational therapy students who had already partaken in similar CSL activities as the physiotherapy students. The pilot study also tested for any ambiguous questions and/or statements that were not clear. The researcher tested the procedure as well as how long it took to complete the questionnaire. No amendments were needed. The data gathered in the pilot study was not included in the main study as the participants did not fulfil the inclusion criteria. The completion of the questionnaire took approximately 30 minutes.

### **3.5.9     Data ollection**

The next section details, amongst others, the procedure followed with the data collection and the number of participants.

#### **3.5.9.1     *Community members***

A date was scheduled with the management of the different areas included in the data collection. The researcher aimed to include at least seventy participants, ten possible participants from each of the seven identified research areas (cf. Table 3.5). Candidates were provided with a document (cf. Appendix H) informing them about the research study, process and inviting them to participate in the study. Thereafter, written consent (cf. Appendix I) was obtained from all those willing to do so.

The researcher used an interpreter, who was also the research assistant, who was, fluent in Sesotho and Afrikaans/English, who was able to explain the research, process and/or questions to participants. The use of a translator improved the quality of the results and prevented a possible language barrier between the participants and the researcher.

The questionnaires were completed in a quiet and private area at the identified research areas, in the participants' choice of language (i.e. Afrikaans, English or Sesotho). To ensure an honest response, the questionnaires were completed by the participants themselves, or with the assistance of the translator. If a participant was illiterate, the translator asked the questions from the questionnaire (as they appear on the questionnaire) and completed the questionnaire. Some of the older community members struggled to read and write and



were assisted by the researcher and/or the translator. In order to ensure trustworthiness the answers given by the community members were written down verbatim. All participant information was kept confidential.

**Table 3.5:** Number of community participants at each of the physiotherapy CSL sites included in data collection

Year of Study	Physiotherapy CSL Site	Number of Participants
2 <sup>nd</sup> study year	MW rugby team	3
3 <sup>rd</sup> study year	FOH Old Age Home	10
	BOH Old Age Home	11
	JW Home	12
	CHC	22
	BS Centre	No participants completed questionnaires at the shelter, because it is only a temporary home for them and none of the residents who took part in the CSL activities was staying at the shelter any longer.
4 <sup>th</sup> study year	SFC (XD) Trompsburg Community members	9

### **3.5.9.2    *Physiotherapy students***

The students were invited to participate in the research study and to complete the questionnaire (cf. Appendix J) whilst attending one of their CSL lectures at the Department of Physiotherapy at the UFS. Students were informed if they opted not to complete the questionnaire they could hand them in uncompleted or blank. The researcher obtained written consent from the participants (cf. Appendix F) after providing them with an information letter (cf. Appendix K) and explaining the study to them. Out of a group of 118 students, 104 participated.

### **3.5.9.3    *Data analysis***

The same data analysis approach was followed for both questionnaires (i.e. community members and physiotherapy students). The qualitative analysis was done by the researcher following the thematic analysis as described with the focus group and semi-structured interviews (cf. 3.5.3.7). The demographic quantitative elements were analysed as descriptive statistics by the researcher.

### **3.6 TRUSTWORTHINESS OF THE QUALITATIVE DATA**

In this study, the quantitative elements relate to demographic data where validity and reliability cannot be seen as issues influencing the results. This section will, therefore, cover trustworthiness as it relates to qualitative data which constitutes the major data source in this study. Streubert-Speziale and Carpenter (1999:333) describe trustworthiness as establishing the validity and reliability of qualitative research. Qualitative research is trustworthy when it accurately represents the experience of the study participants. Guba and Lincoln (in Nieuwenhuis, 2007:80) state that credibility, transferability, dependability and confirmability are the key criteria to check the quality and trustworthiness of a qualitative study. The following section will explain how these key criteria were applied to enhance the validity and trustworthiness of this study.

#### **3.6.1 Credibility**

Guba & Lincoln (in Mertens, 2010a:255) describe credibility as associated with the internal validity of the qualitative data. According to Nieuwenhuis (2007:89) and McMillan and Schumacher (2010:370), transcribing interview data is essential for purposes of data analysis. The concept of a transcript is defined as a written description of the recorded interview (Rapley 2007:51). In this study, all the qualitative data sources (i.e. the focus groups interviews and semi-structured interviews) were transcribed by an external transcriber and analysed by the researcher. All audio-recordings were kept safe on a password-protected computer by the researcher and are available to the researcher if any data checking is required.

#### **3.6.2 Transferability**

Transferability can be compared to external validity in research and it enables the reader to make judgements about the applicability of the research findings to his/her situation based on the researcher's descriptions (Guba & Lincoln in Mertens 2010a:259). Transferability in this study was enhanced by using multi-method strategies namely questionnaires, semi-structured interviews and focus group discussions, which allow differing views (Creswell 2014:99). The multiple sources of information used in this study strengthened the transferability of the research findings. In support of this, Creswell (2014:202) claims that when qualitative researchers offer many perspectives about a theme, the research findings become richer and more realistic.

### **3.6.3 Dependability**

Dependability refers to the degree to which the reader can be convinced that the findings indeed occurred as the researcher said they did (Durrheim & Wassenaar 2002:64 as cited by Marais 2007:299). According to Guba and Lincoln (as cited by Mertens 2010a:259), dependability is parallel to reliability in quantitative research and can be achieved by conducting a dependability audit to confirm the quality and appropriateness of the research process. For this study, dependability was improved using an audit trail of the entire research process and as reported on in this research report.

### **3.6.4 Confirmability**

Confirmability can be achieved by providing accurate details of the different data sets obtained. Creswell (2014:99) states that in the analysis and interpretation of data, researchers need to provide an accurate account of the information, which can be achieved through a wide range of validation strategies. Recording and transcribing of the semi-structured interviews and focus group discussions created verbatim accounts, which denotes literal or actual statements of the participants (Creswell & Plano Clark 2007). This validation strategy, employed in the study, aimed to achieve an accurate reflection of the participants' views. Significant verbatim accounts from the participants were incorporated into the discussion on the analysis of the data (cf. Chapter 4). In addition, adequately incorporated information about the purpose of the recording was provided to all the participants to ensure that those who partook in the study understood that it was a mechanism to provide the researcher with a record of the interviews (Rapley 2007:35-39).

The trustworthiness of the data of the focus groups was also enhanced by submitting the transcriptions to the research assistant for verification of the findings (Yin 2011:97). The same process of establishing trustworthiness was followed for the CEMC focus groups and the physiotherapy academic staff focus groups.

## **3.7 CONCLUSION**

In this chapter, the research design and methodology used in this research study were discussed, with a specific focus on the data collection procedure and explanation of how trustworthiness was ensured throughout the whole process. In the next chapter, the results will be presented, analysed and discussed in detail.

## **CHAPTER 4**

### **RESULTS AND DISCUSSION**

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#### **4.1 INTRODUCTION**

Chapter 3 outlined the research methodology employed in this study to answer the research aim and objectives. In this chapter, the quantitative and qualitative data are presented, analysed and discussed. This includes the descriptive, quantitative data (demographic data) of the community members and physiotherapy students as well as the qualitative data (open-ended questions) from these groups. Furthermore, the qualitative data from the focus group interviews as well as the semi-structured interviews with the service providers are included.

#### **4.2 QUANTITATIVE DATA**

The only quantitative data collected in this study was demographic information of the community participants and Physiotherapy students.

##### **4.2.1 Community participants**

The demographic data of community participants (cf. Table 3.5) is included in Table 4.1. The BSBS Centre site had no participants as it is a shelter for the homeless and people do not stay there indefinitely. Furthermore, none of the individuals who participated in the CSL programme at BSBS Centre was staying there at the time the study was conducted.

**Table 4.1:** Demographic data of community members

Community	Number of participants (n)	Gender		Age		Race			
		Male	Female	Range (years)	Mean (years)	Black	Coloured	White	Asian
<b>MWRugby club</b>	3	3	0	33-62	48.3	0	0	3	0
<b>FOHFOH Old Age Home</b>	10	2	8	75-97	82.9	0	0	10	0
<b>BOHBOH Old Age Home</b>	11	2	9	67-100	81.7	10	1	0	0
<b>JWJW Home</b>	12	9	3	36-69	46.6	7	2	3	0
<b>CHCCHC</b>	22	9	13	33-75	70	22	0	0	0
<b>Trompsburg</b>	9	3	6	45-79	59.6	7	2	0	0
<b>TOTAL COMMUNITY MEMBERS</b>	<b>67</b>	<b>28</b>	<b>39</b>	<b>33-100</b>	<b>64.9</b>	<b>46</b>	<b>5</b>	<b>16</b>	<b>0</b>

Sixty-seven participants from the different CSL sites took part in this research study. Of the 67 participants, the majority, [68.7% (n=46)] were black, which compares with the demographic racial distribution of the Free State province (Statistics South Africa - Census 2014:24). The majority of participants [58.2% (n=39)] were woman which is also in line with the profile of the Free State's population of 51,3% females (Statistics South Africa 2018:9). Thirty participants (44.8%) were pensioners; 64.9 years being the mean age of the community members. Eleven participants (16.4%) received a disability grant and seven (10.4%) were unemployed. Of the remaining 19 participants, three (4.5%) were self-employed and the rest (1 each) were employed in different positions such as a teacher, preacher, administrator, telephonist, booking officer, administration clerk, manager, salesperson, educator, selling of goods, clerk, and housewife. The employment distribution of participants was favourable for the study, as it could represent a number of different views from a variety of community members. In addition, the ages of the participants ranged from 32 to 100 years old, which may also have contributed to the richness of the data as it included different views from different generations in the community.

#### 4.2.2 Physiotherapy students

The section to follow displays the physiotherapy students' demographic data. A total of 118 physiotherapy students (in the second to fourth study year) were eligible to partake in the study. Table 4.2 displays the demographic data of the 104 who ultimately participated in the study resulting in a response rate of 88.1% According to Fincham 2008:1, a response rate of approximating 60% should be the expected goal of researches, the response rate of 88.1 achieved in this research study is therefore a good rate.

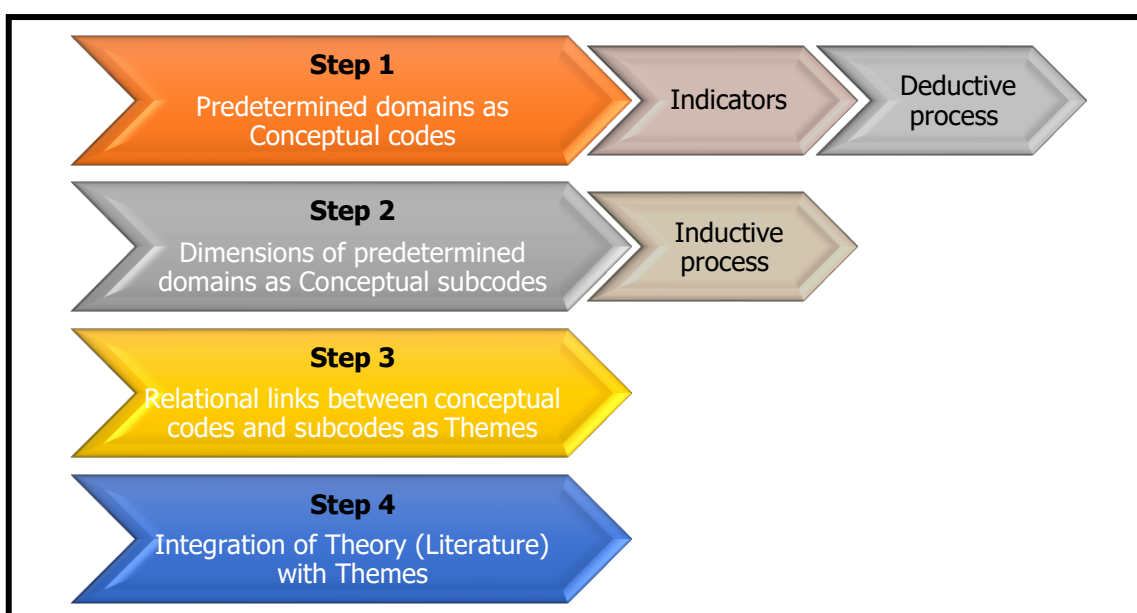
**Table 4.2:** Demographic data of physiotherapy students

Physiotherapy student year group	Number of participants (n)	Gender		Age	Race			
		Male	Female	Range (years)	Black	Coloured	White	Asian
<b>2<sup>nd</sup>-year</b>	34	4	30	18-24	0	0	34	0
<b>3<sup>rd</sup>-year</b>	34	3	31	20-23	0	0	34	0
<b>4<sup>th</sup>-year</b>	36	1	35	21-24	1	0	35	0
<b>TOTAL PHYSIO-THERAPY</b>	<b>104</b>	<b>8</b>	<b>96</b>	<b>18-24</b>	<b>1</b>	<b>0</b>	<b>103</b>	<b>0</b>

The physiotherapy students' ages ranged from 18-24 years. The student population, however, is not representative of the general population in terms of racial distribution as only one black student and 103 white students participated in the study. This may have resulted in a more one-sided view. In the next section, the qualitative data collected in this study, is analysed and a discussion regarding the most important findings are presented.

### 4.3 QUALITATIVE DATA AND ANALYSIS

The qualitative data was analysed according to the different steps described by Bradley *et al.* (2007:1163) as portrayed in Figure 4.1. The analysis combined deductive and inductive coding to ultimately determine conceptual codes, conceptual subcodes, and themes. Bradley *et al.* (2007:1163) made use of the terms conceptual codes, conceptual subcodes and themes which are equivalent to the more generally known qualitative terms of codes, categories and themes as used by other authors (Mostert-Wentzel *et al.* 2013b:21; Wegner & Rhoda 2015:3; Vaismoradi *et al.* 2016:102).



**Figure 4.1:** A visual presentation of the qualitative data analysis process (Bradley *et al.* 2007:1163)

#### 4.3.1 Step 1

The *Good Practice and Self-evaluation Instruments for Managing the Quality of Service-Learning* (HEQC 2006a:30-32) is an important resource to manage the quality of service-learning at institutional, faculty, programme and module level (cf. 3.5). This guide builds

upon previous models and procedures for assessing, monitoring and quality assuring service-learning. It can also be utilised to identify areas for improving CSL practice at various levels. As this research study was an evaluative case study, the researcher made use of the *Good Practice and Self-evaluation Instruments for Managing the Quality of Service-Learning* guide's indicators to deduct predetermined codes - hereafter called conceptual codes as per Bradley *et al.* (2007:1163) - as the starting point for the qualitative data analysis. Open-ended questions in the questionnaires, focus group interview questions and questions included in the semi-structured interviews were also linked to the 12 indicators portrayed in the *Good Practice and Self-evaluation Instruments for Managing the Quality of Service-Learning* (cf. Table 3.3). For this study, only data collected from the questions that were linked to the 12 Indicators (cf. Table 3.3) were included for the data analysis process to remain in the required scope of a master's degree dissertation.

The conceptual codes (Indicators) are:

- Indicator 1: Partnerships are designed to be collaborative.
- Indicator 2: CSL is integrated into the curriculum.
- Indicator 3: Planning for implementation of the designed module.
- Indicator 4: Student orientation and training are conducted.
- Indicator 5: Sustainable CSL partnerships are maintained.
- Indicator 6: Formative assessment of student learning is conducted.
- Indicator 7: The CSL process is managed.
- Indicator 8: The impact of the module is monitored and evaluated.
- Indicator 9: Summative assessment of student learning is conducted.
- Indicator 10: The completion of the CSL module is demonstrated and celebrated.
- Indicator 11: Evaluation and review for improvement take place.
- Indicator 12: The partnership is expanded or terminated.

#### **4.3.2 Steps 2 and 3**

In step 2, an inductive process was utilised to determine the conceptual subcodes (categories) as the dimensions for each of the predetermined conceptual codes. As mentioned in step 1, the researcher made use of data analysis process of Bradley *et al.* (2007:1163) as illustrated in Figure 4.1. The researcher searched for words and phrases in the transcribed text that related to the conceptual codes (codes) and conceptual subcodes (categories) were derived. Once the conceptual subcodes were derived, the researcher read



and re-read these conceptual subcodes in step 3 to determine the key themes that stemmed from them and related to the conceptual codes, through another inductive process. Some substantiating participant quotes were included with each of the identified themes in Tables 4.3 – 4.14.

#### **4.3.3 Step 4**

In step 4, the integration of themes with the relevant literature was included as a discussion of the findings. This is included below each of the Tables portraying the conceptual codes, conceptual subcodes (categories) and themes for each of the indicators. An overview of the most important findings in relation to the study's objectives, together with limitations of, recommendations and conclusions from the study are included in Chapter 5.

#### **4.3.4 Conceptual subcodes and themes**

In the following sections the different conceptual codes, conceptual subcodes (categories) and themes are included and briefly discussed according to each indicator. Some practical implications to consider, as related to this case study, are further postulated for each of the indicators, as dependent on the conceptual subcodes and themes identified.

##### **4.3.4.1 *Indicator 1: Partnerships are designed to be collaborative***

Data related to Indicator 1 was collected from the CSL experts and the physiotherapy academics during focus group interviews (cf. Tables 3.2 & 3.3). In Table 4.3, the conceptual subcodes (categories) and themes related to Indicator 1 are displayed.

**Table 4.3:** Indicator 1: Partnerships are designed to be collaborative

Conceptual code (Indicator 1)	Conceptual subcodes	Themes	Substantiating quotes from participants
<b>Partnerships are designed to be collaborative</b>	Dialogue	Communication	<i>"Intellectual engagement or, conversation dialogue where both parties, move forward in terms of active listening" (*CE)</i>
	Active listening		
	Perceptions/ Power inadequacies	Equality	<i>"But people in the community that didn't complete grade 8, or are not highly educated feel inadequate to share this knowledge with somebody." (*CE)</i>
	Power dynamics		<i>"The community is on the same level of power as the university, so, they don't feel threatened or whatever, we can hear their voice better, so think, definitely, a good partnership." (*CE)</i>
	Inclusiveness	Collaboration	<i>"In the community itself, the major collaboration is the ward, the municipal ward committees where we actually speak to the ward counsellors and, because they're actually our entry point into a lot of the communities and so we work with the health portfolio members of those ward committees." (*CE)</i>  <i>"One other thing that is very important is collaborative – you need to collaborate with the community, but also with other healthcare professionals and health workers and, so I think that's a very important aspect." (*PTA)</i>
	Module collaboration		<i>"To improve collaboration in the same department between the different modules to improve collaboration on CSL." (*PTA)</i>

\*CE = Member of the Community Engagement Management Committee (CEMC) (UFS); \*PTA = Physiotherapy academics (UFS)

In Table 4.3, the key themes, according to the CSL experts and physiotherapy academics, highlighted that when collaborative partnerships have formed, the nature of the partnership, as well as the continued engagement through active listening for the building of the relationship, is most important. This affirms the statement from the HEQC in the *Good Practice and Self-evaluation Instruments for Managing the Quality of Service-Learning Indicators* (2006:18) that collaboration and the development of partnerships are critical to the success and sustainability of service-learning. A relationship must be built on equality, and though the level of literacy may differ every partner's voice must have equal power to ensure equality between stakeholders. Equality in partnerships is thus an important building block for the development of collaborative partnerships. Furthermore, the nature of the collaboration must be built on respect and inclusiveness of all stakeholders. However, a previous study done by Preece (2016:117) reports that the power relationship between the community and the university is fragile and must be managed well to really ensure that the community's voice is heard. This fragile relationship can be attributed to the fact that the university comes from a perceived position of privilege and the community one of underprivilege. The possible power imbalance may be perpetuated if all stakeholders do not have an equal part to play, especially in the planning phase of a CSL project (Mtawa & Wilson-Strydom 2018:257).

A study done in Kwazulu-Natal by Mabuza *et al.* (2013:5-7) indicated that the lack of communication with community leaders negatively influenced partnerships with communities and led to a missed opportunity for shared ownership of the programme. These authors aver that joint ownership with communities plays a significant role in student learning in the community as a classroom but a lack of communication makes community leaders feel undermined as they are not in a position to inform the communities they are representing (Mabuza *et al.* 2013). Effective, reciprocal communication with the community and all other stakeholders is thus critical to well-working partnerships.

The possible practical implication of this is that before any CSL project is planned, the community must be engaged through communication with community leaders about what needs the community may have. However, a study done by Mtawa and Wilson-Strydom (2018:257), revealed that CSL projects were mostly curriculum-driven instead of community-driven, meaning that the project is planned without community involvement and the community has to fall in with the plans of the university instead of the other way around. To promote the sense of inclusiveness, engagement and respect, community members have to form part of the planning phase of the CSL project and not

only be part of the implementation phase thereof. The UFS community service policy (UFS 2006:9) emphasises the fact that continuous negotiation needs to take place between stakeholders. Blose *et al.* (2019:17) also maintain that to ensure adequately prepared physiotherapy graduates for community service, the alignment of the curriculum and community needs is a key factor which can be accomplished through well-established communication channels between all stakeholders.

Another conceptual subcode identified concerning Indicator 1 was that collaboration needs to take place between different modules (either within or across academic programmes) at the university level. This will ensure collaboration between different modules, programmes, departments and faculties. Module collaboration may also result in interprofessional collaboration, which is a key focus area for the Faculty of Health Sciences (FHS) at the UFS (UFS FHS 2016:3). Interprofessional collaboration may also lead to CSL programmes having a bigger impact for the different stakeholders. One of the CSL experts, for example, highlighted that sometimes the community expectation might well be job creation or poverty alleviation, but a physiotherapy curriculum is not necessarily geared to address those specific needs of the community. This highlights the importance of interprofessional collaboration as well as collaboration across faculties.

Interprofessional collaboration had also been identified as an important vehicle to address the health and social needs of the society (Naidoo *et al.* 2019:144), highlighting the importance of collaboration between professions and other stakeholders to improve service delivery. The possible practical implication is that closer collaboration between faculties and departments at the UFS (such as the faculties of health, humanities and education) may provide multiple, more focussed opportunities to have a bigger impact on identified community needs and improve service delivery.

#### **4.3.4.2     *Indicator 2: CSL is integrated into the curriculum***

The data related to Indicator 2 was collected from the service providers during semi-structured interviews at the different CSL sites as well as CSL experts and physiotherapy academics during focus group interviews (cf. Tables 3.2, 3.3 & 3.4). The questions related to this indicator can be viewed in Table 3.3.

**Table 4.4:** Indicator 2: CSL is integrated into the curriculum

Conceptual code (Indicator 2)	Conceptual subcodes	Themes	Substantiating quotes from participants
<b><i>CSL is integrated into the curriculum</i></b>	National, provincial and local priority alignment	Alignment	<i>"And I think sometimes even if you look at the national, the provincial guidelines, and actually even the local guidelines. There, the priorities might be similar, but not necessarily in the same kind of prioritisation. I think a huge impact is also what's happening in your local, umm, kind of department of health, the goals can be created at, at national level, but if your local department of health is failing it, it sometimes faces a huge challenge for the person who's having to kind of align all these things." (*PTA)</i>
	Relevance		<i>"Well, it depends on the burden of disease, because that's what the Department of Health focusses on so you will have to be up to date with what the burden of disease is." (*PTA)</i>
	Support	Sustainability	<i>"So if the curriculum is in place, even if the curriculum is well designed, if there is no, other support structures in place, it is going to make it difficult to, to, to keep on continue this service, because that is what you want. Because no one wants to start something and you know, when I leave, it's just going to, to end as well." (*PTA)</i>
	Planning		<i>"I think if we can, umm, if we, if – it, - if we could have - if we could organise and implement something that is sustainable; that would run throughout the year". (*SP)</i>
	Necessity	Needs analysis	<i>"Be able to do a need analysis to know what is necessary in this community" (*SP)</i>
	Specific (patient)		<i>"Plan an individualised programme for the patient" (*PTA)</i>
	Skill transfer	Enrichment	<i>"I would like them to see how they going to give education and home advice." (*PTA)</i> <i>"So it's, it's more a kind of an enablement and a skills kind transfer, because there is not the luxury of seeing the patient perhaps on even a weekly or monthly basis." (*PTA)</i>
	Team-approach	Collaboration	<i>"I expect the student to work hand-in-hand with my carers, which they are doing. And to have some improvement in our residents, which also we are having". (*SP)</i>
	Contribution		<i>"I think my biggest expectation is, umm, that we - will make a positive contribution to the elderly. So what the physios do for us or for the elderly, that they can help, that they can help walk again, can help regain mobility." (Translated from Afrikaans) (*SP)</i>

Conceptual code (Indicator 2)	Conceptual subcodes	Themes	Substantiating quotes from participants
	Teamwork (interdisciplinary)	Graduate attributes	<i>"A disciplinary interprofessional, umm, team where your role might be different" (*PTA)</i>
	Leadership		<i>"...for example, I think, umm, the leadership role perhaps, of even the physio students working in the community setting versus one that is working under constant supervision in hospital is, is different." (*PTA)</i>
	Community learning		<i>"Ok. I, in my experience, the varsity they are fertile space to do that, contribute to those attributes, because, the articulation, I mean they have taken responsibility to control their own learning process. They have to engage in direct. To the attribute that you're talking about, they have to know sense of belonging, affiliation, in a way, they have to, to evoke empathy, you know, they have; let's, let's face that; in class we don't do that. You know in class we don't have time to do that, no space for that." (*PTA)</i>
	Communication		<i>"Maybe communication skills and learning to communicate with people that maybe come from different backgrounds than you, umm, that comes from different circumstances than you, and real understanding, their way of life and their perspective as well." (*SP)</i>
	Adaptability	Critical thinking	<i>"But, actually going to their home and visiting and seeing what their resources really are - then you need to adapt to your education and your home advice. So, you never see that if you don't go to the physical community, and ja - so if it comes to learning, I would like them to see how they going to give education and home advice." (*SP)</i>
	Problem- solvers and lifelong learners		<i>"Critical thinking skills as well. So that they can think outside of the box and how to incorporate all the things. That's also very important." (*PTA)</i>
	Respect for diversity	Cultural competence	<i>"I think culture and diversity. I think that needs to be addressed that, umm, we understand the diversity of other people. If we're moving into their spaces or their environments that we respect, umm, whatever their culture, umm, needs." (*PTA)</i>
	Communicate with diverse groups		<i>So, being open, umm, to other people's perspective and then learning how to communicate effectively with, with people from different circumstances than you." (*SP)</i>
	Sustainable development goals	Worldview	<i>"(Millennium) development goals, umm. So, kind of having - it's a broader kind of knowledge that you need to have than an area specific." (*PTA)</i>

Conceptual code (Indicator 2)	Conceptual subcodes	Themes	Substantiating quotes from participants
	Improved health outcomes	Contextual interventions	<i>"I think the physiotherapist - they are here to change the situation of the carers and the children also, to stimulate the children as part, as part of their project." (*SP)</i>
	Knowledge application/ critical consciousness		<i>And also, because a lot of the times we see students struggle, to bridge the gap between therapy in hospitals and therapy in communities. To learn how to bridge that gap of not just giving a home programme and discharging a patient in hospital, but how does that impact the patient when they go and things like that." (*PTA)</i>
	Community awareness	Social responsiveness	<i>I think, umm, from community-based perspective, as a therapist of the community, I would expect them to learn more about the community, being more effective in their communities and being more effective in ja, in the culture as well. (*SP)</i>
	Authentic learning	Holistic development	<i>"The module should, ja, prepare you to be an independent practitioner to be able to confidently and effectively work as a physio in a community setting." (*PTA)</i>
	Service provider expectations	Objectives	<i>"I expected that they would come up with a certain number, umm, knowledge and apply it to our children, and that they, umm, would learn from it and benefit our children." (Translated from Afrikaans) (*SP)</i>

*\*SP = Service providers at clinical sites; \*PTA = Physiotherapy academics (UFS)*

The first theme identified and linked to Indicator 2 focussed on the importance of the CSL curriculum alignment with the priorities of the Department of Health (on different levels, such as national, provincial and local) as well as the HPCSA (the governing body of physiotherapy). These findings support the literature discussion alluding to the physiotherapy curriculum being driven by policy directives of the HPCSA as well as the DHET (cf. 2.8.2). These priorities are usually linked to the burden of disease of the country, thereby requiring that the necessary support structures and planning also be in place in the CSL curriculum to address this burden of disease. The alignment with the burden of disease ensures the curriculum remains relevant to the health needs of the country. Kern *et al.* (2009:11) report that the burden of disease is a driving force for CSL curriculum development (Mostert-Wentel *et al.* 2013a:26). Similarly, Naidoo *et al.* (2019:144) state that community-based services are a vehicle to address the burden of disease and ensure the sustainability of services. However, realities such as a lack of human and other resources may impede the implementation of policy priorities, and may ultimately lead to non-delivery on policy priorities.

The possible practical implication of this is that CSL may be one of the vehicles used to address the burden of the disease by enriching communities through knowledge sharing. In terms of the CSL curriculum, the burden of the disease needs to be addressed through the implementation of health promotion and disease prevention interventions specifically about lifestyle adjustments. Due to the lack of health human resources, a strategy to address the burden of disease may be to enrich the community with the necessary skills. Another strategy, as previously mentioned in 2.8.2, to address the lack of human resources could be the rollout of community service in underserved communities for health professionals post-graduation. However, to successfully implement community service and CSL intervention strategies, students must be well prepared to address the burden of disease and have the skill set to function optimally in any community (Mostert- Wentel *et al.* 2013 b:26). Mostert-Wentel *et al.* (2013 b:26) and the WCPT (cf. 2.8.2) concur that undergraduate physiotherapy students' community service curriculum must prepare them for multifaceted healthcare environments, in different settings, treating common conditions and risk factors that contribute to the local burden of disease.

Furthermore, besides considering the priorities of higher-level stakeholders and the curriculum preparation for community service, as discussed above, a community needs analysis must also be done to address the specific needs of the community and allow students to gain community-specific knowledge. Norris and Schwartz (2009:377)



assert that community needs assessments to assist with the enrichment (empowering) of a community. Kern *et al.* (2016:14) also expound the importance of a needs analysis to determine the focus of curriculum development for a specific community. The possible practical implication of this is that no community project may be implemented without undertaking a proper needs analysis and also enabling students to perform a needs analysis before any intervention or community project takes place.

Expectations about graduate attributes (as another theme identified) emphasise the importance of the CSL curriculum orientating itself toward WHO perspectives in addressing specific communities' needs and students preparing students to practice independently in a community setting once they qualify (cf. 2.8.2). As physiotherapy students will be required to complete a compulsory community service year upon qualification, their training should also include negotiating different roles, such as leadership, and the ability to function in an interdisciplinary team in a community. The CSL curriculum ought to address cultural diversity in terms of communication abilities in diverse communities and prepare students to be critical thinkers, adaptable and have the ability to transfer skills to enrich and enable communities. These themes closely correlate with the WCPT guidelines discussed in

2.8.1. The possible practical implication of this is that the CSL curriculum should focus on cultural competence that will address the aspect of cultural diversity in communities. Cultural competency is a comprehensive term defined as the process of health care practitioners (HCPs) becoming culturally competent and involves the integration of cultural desire, cultural awareness, cultural knowledge, cultural skill, and cultural encounters (Campinha-Bacote 2011:42). Due to the fact that we live in a highly diverse country it is crucial that students be sensitized to different cultures by means of making them aware of different cultures, teach about respect for different for different culture and create opportunities for encounters with different cultures in the CSL curriculum.

The CSL curriculum implemented in the community should also be sustainable. Sustainability is a theme identified under various indicators as it relates to that specific indicator and where participant feedback reflects this sustainability will be discussed in reference to that indicator. One of the risks that come with CSL projects is the lack of sustainability, which may result in having a short-term effect (*band-aid approach*). This may increase the possible power discrepancy where the community has no say while being used as a means to the end of gaining a higher education/module credit, for instance.

CSL must, however, be rooted in the principles of active participation, agency, and sustainability and be aligned with participant values (Mtawa & Wilson-Strydom 2018:253). Even though the participants reflected on the importance of sustainability they offered no solutions as part of this study. According to Boni and Gasper 2012:455 sustainability can be addressed through the human development responsibility of universities in conjunction with social responsibility of business corporations where through different enterprises businesses can play a vital role in providing the necessary resources to ensure sustainability of CSL projects. However as mentioned in cf. 4.3.4.5 power relationships have to be considered carefully. The possible practical implication of this is that physiotherapy educators have to embrace the notion of educating holistic, reflective professionals, who are capable of working in different settings (being adaptable).

The theme of graduate attributes in this study identified the following competencies that students must have to optimally function in community settings: be able to work in a multidisciplinary/interdisciplinary team, take leadership when needed, and be critical thinkers that can adapt easily in community settings.

Critical thinking is also a graduate attribute but it is especially important in the environment of CSL as mentioned by Krause (2007:280) (cf. 2.8.3). With adaptability further comes cultural competence and the ability to communicate with different cultures and people speaking different languages. The CSL curriculum thus has to address these different aspects to prepare students optimally for community work. Mostert-Wentzel *et al.* (2013b:16) maintain that community physiotherapists need skills such as professionalism, communication and collaboration, inquiry-led practice, clinical prevention and health promotion, population health, and management and leadership to complement their clinician role. The authors also emphasise community development and social responsibility as important for student preparation for community work (Mostert-Wentzel *et al.* 2013b:16). A more recent study done by Misra *et al.* (2019:3) identifies prerequisite competencies for community-based primary healthcare as community respect, cultural sensitivity, language competency, health advocacy and professionalism, all which closely tie in with this study's findings.

A comprehensive understanding of social justice and the determinants of health, including poverty, is also crucial to work in communities. Social responsiveness is one of the identified themes and is an integral part of CSL.

The theme resonates with the widely used definition of CSL by Bringle and Hatcher (2009:38) adapted and adopted by the UFS. Social responsiveness, therefore, links to the theme of having a broader worldview in terms of, amongst others, sustainable development goals and determinants of health.

A final theme that emerged under Indicator 2 is the service providers' objectives that students must be well prepared for their CSL placement as this should lead to knowledge application and contextual interventions (critical consciousness) that are patient and community-specific. Critical consciousness is the reflective awareness of the differences in power and privilege and the inequities that are rooted in social relationships and the cultivating of a reorientation of perspectives concerning a commitment to social justice (Kumagai & Lyson 2009:783). All of the above may possibly lead to improved health outcomes about CSL.

It is thus important with CSL curriculum planning that the community voice is heard as well as the voice of the service providers as important stakeholders in CSL community placements. To develop an integrated CSL curriculum, all of the above mentioned criteria must be applied.

#### **4.3.4.3     *Indicator 3: Planning for implementation of the designed module***

Planning is an important aspect of life as reflected in well-known quotes such as:

- *"the backbone of success is hard work, determination, good planning and perseverance"* (Hamm n.d.: online).
- *"by failing to prepare (plan), you are preparing (planning) to fail"* (Franklin n.d.: online).

The importance of planning for CSL is emphasised by its inclusion as Indicator 3 in the *Good Practice and Self-evaluation Instruments for Managing the Quality of Service-Learning* (2006:18). Data related to this indicator is included in Table 4.5.

**Table 4.5:** Indicator 3: Planning for implementation of the designed module

Conceptual code (Indicator 3)	Conceptual subcodes	Themes	Substantiating quotes from participants
<b>Planning for implementation of the designed module</b>	Discipline-specific	Fragmented approach	<i>"Community engagement, the institutional knowledge is fragmented, because you have the, the department of education or faculty of education – they are engaging in the community, so you have the school of nursing you have the school of medicine, you have the different disciplines; they are engaging, "(*CE)</i>
	Non-integration		<i>"But they're not, putting all the knowledge back up together and build a solid knowledge space." (*CE)</i>
	Teamwork	Interprofessionalism	<i>"Ja, I think, umm, for me working in the interprofessional teams at the moment. I can see that coming from the first year through, umm, the service-learning approach, umm, that students are definitely much more, umm, aware about, they got a social awareness and definitely they do respond to the needs of the community." (*CE)</i>
	Person-centeredness		<i>"More patient-specific exercises more often treatment" (*SP) "The home visits, so, to see how they are actually connecting with patients at a home level, because if you could see a patient's environment your therapy would be completely different." (*SP) "Home visits must continue and support groups must be started" (*CM) "We need to prevent that, umm, and I've just realised that those people - I think we need to have a group, so that they can come in and regularly do their exercises. It's very difficult for, for patients to just keep it up on their own." (*SP)</i>
	Service providers relationships		<i>"I expect the student to work hand-in-hand with my carers" (*SP) "I think maybe, umm, what you can also help with, is to involve the carers more, because now if the, the time that you are not there, they can just be able to do-" (*SP)</i>
	Skills transfer	Community enrichment	<i>"They taught one of us, or two of our careworkers, to do the exercises with her - because she didn't have to walk far - she walked in the hallway and she just held the railing and they showed her how to slow down and come up - really simple stuff, but what our careworkers didn't know." (Translated from Afrikaans) (*SP)</i>
	Reciprocity		<i>"Oh, yes I understand. No, definitely – because, umm, it's, it's a give and take relationship on both sides, because even with, umm, the students, they gain more experience working with the community and actually understanding the community, the different cultures and everything. But with the patients as well, working with the university is also beneficial, as they, they, they gain more - they gain more from the treatment session, they gain more from the education the, the students are bringing forward." (*SP)</i>

Conceptual code (Indicator 3)	Conceptual subcodes	Themes	Substantiating quotes from participants
	Communication	Programme coordination	<i>"I think through the emails we communicate, I think it's really adequate." (Translated from Afrikaans) (*SP)</i> <i>So it's always a little bit, umm, more challenging, you know, to, to communicate with them, and what I would appreciate is if the university can just again, umm, establish with the old age home. Exactly what you can offer and what you cannot offer, how it should happen. (*SP)</i>
	Clarity of information		<i>"Actually what I would like is when, when students come, umm, if they would like - have objectives that they need to actually complete in a block." (*SP)</i>
	Education on expectations and service delivery (Enrichment)	Social justice	<i>"I think from my own experience - a lot of our clients don't really know that they actually should have expectations. So, they just accept what is given to them as it is given to them without really understanding they have a right to expect a quality service; they have a right to service delivery. So, often it's a, it's about actually educating them that actually their opinion does matter and you know, they should have certain expectations from the people providing services to them. So, I think education is actually in terms of what they should be expecting is also important. And I think also, often in our kind of situation in South Africa, the expectation and the capability of the health sector to actually deliver, to meet that expectation, umm, is also not always well aligned. If you think how, how under-staffed especially our community bases are." (*CE)</i>
	CSL Expansion	Growth	<i>"Programme must be expanded to other community members" (*CM)</i>
	Human resources		<i>"Well, if you actually even have the people to provide the community-based service, so it, it's the priority of the country, but if, if there are not people to actually provide the community-based service, then you are actually in, in trouble. So, if there are people available it would be ideal to provide, umm, and if you think of most of our services, it should actually be community-based." (*PTA)</i>

*\*CE = Member of the Community Engagement Management Committee (CEMC) (UFS); \*PTA = Physiotherapy academics (UFS); \*SP = Service providers at clinical sites; \*CM = Community member*

Themes derived from inputs about Indicator 3 portrayed viewpoints on different levels (i.e. university level, service provider level and community level). Though CSL modules are implemented in different faculties and departments At the UFS, it seems that knowledge about CSL may be fragmented. The UFS, however, has a Community Engagement Directorate that coordinate community engagement on the campus. The mission of the Directorate is that students learn the value of public service through both their formal education and their voluntary work in surrounding communities (UFS 2006:10). This is the driving force behind the projects undertaken by the Community Engagement Directorate. There is a website where different resources such as articles and books that aid with knowledge acquisition about CSL can be accessed. Despite the availability of these resources and the CEMC meeting quarterly, CSL experts still view this knowledge as fragmented.

Interprofessionalism, another theme highlighted, links closely with the collaboration theme discussed under Indicator 1 and the importance thereof as highlighted by Naidoo *et al.* (2019:144). Themes deriving from Interprofessionalism include that CSL programmes must be person-centred (or patient-centred as some authors refer to it). Patient-centredness (person-centredness) is a concept that is prominent in health-related fields. Vijn *et al.* (2018:2) see patient-centredness as a core ethical imperative to guide healthcare practice, education and research, rendering it important in all training related to patient care which includes CSL. A study done by Nisbet *et al.* (2008:63) shows that interprofessional teamwork results in effective patient-centred care and enhances collaborative teamwork.

The concept of community enrichment (or empowerment as some authors refer to it) is another focus of the WHO and goes hand-in-hand with the training of care workers, whether familial or community care workers, which could ensure a higher level of sustainability of community projects. It was also emphasised that close working relationships must be formed with service providers. The training of care workers may be a vehicle to foster such relationships with them and other service providers. Reciprocal communication also came up as an important theme with regard to enhancing relationship building with the community and service providers. It could play a role in the sharing module outcomes with all stakeholders to ensure shared goals regarding student training outcomes. Not only will communication improve collaboration, but also lead to inclusiveness (as mentioned in Indicator 1) through partnership building and the nurturing of equality. Reciprocity pertaining to community members understanding their rights and voicing their specific expectations regarding the CSL process is another theme that arose and corresponds with

reciprocal communication. It is the community stakeholders' right to share their opinion as evidenced by the following quote by a CE member: "*The community is on the same level of power as the university, so, they don't feel threatened or whatever, we can hear their voice better, so think, definitely, a good partnership.*" (\*CE)

Evident from results relating to Indicator 3, when planning a CSL undergraduate module/curriculum it is important to take the nature of the working relationship of the different stakeholders into account. It is also important to know what the expectations of the community are, to ensure that the CSL partnership is built on person-centredness/community centredness. It is also essential to incorporate different disciplines (interprofessionalism) from across the university spectrum as well as other stakeholders like non-governmental organisations (NGO's), the private sector and faith-based organisations to ensure that all needs are met and that projects have a greater impact. Community enrichment through training of community members and care workers is crucial to prevent dependency on the university but also to ensure the sustainability of community enablement and growth. All the above aspects may lead to the expansion and sustainability of CSL projects if planned correctly.

#### **4.3.4.4     *Indicator 4: Student orientation and training are conducted***

The data for this indicator is included in Table 4.6 and portray the views of service providers, physiotherapy students and community members.

**Table 4.6:** Indicator 4: Student orientation and training are conducted

Conceptual code (Indicator 4)	Conceptual subcodes	Themes	Substantiating quotes from participants
	Orientation quality	Supervision	"CSL can change a lot and a lot of adaptation had to be made all the time. Not well orientated about IPE. No specific guidelines provided about clinics - had to figure out a lot of things ourselves." (*PTS) "Umm, well, for me, my role was, umm, umm, was - I think clear. It was basically, you know, to orientate the students into the, into the area, and then, umm, to provide some clinical guidance." (*SP)
	Non-supervised practice		"Because we can orientate them and then, umm, because there is not a lot of qualifieds, they get to – actually to be more independent and actually do a bit of change." (*SP)
	Authentic learning	Challenges	"So, I think that also – again being facing to a clinic setting where things are not very ideal, I think it's good - good for them to be challenged and that." (*SP) "I think maybe that they experience a lot of frustration in things not being very structured for them, but it's also good." (*SP)
	Learning environment		"Even in exam time, no one cares here – whether it's your exam or whether it's just fun." (*SP)
	Skills transfer	Health promotion	We have to equip others to do what we should be doing – not be physios but, basic principles of moving a patient – basic health promotion to teach others to do it. (*PTS) Education and prevention. Ja, so that we can prevent these, these serious injuries and then eventually the disability that goes with that. (*PTS)
	Length of stay at a site	Scheduling	"I think, no, it definitely helped, but the problem just came in, there was, umm, a lot of us; they had been here for a short while." (Translated from Afrikaans) (*PTS)
	Student numbers		"I think that a big problem, but it's not really on the part of the students, is space. We have a very limited space and if all the students are in the gym then it gets crowded again and if they are too short there it becomes difficult. So, I think that's the big thing, is the number of students who come at a time and then how long they come." (Translated from Afrikaans) (*SP)
	Placement periods		Middle September, so for us it was like we were wishing as maybe we can have them till maybe till December, (laughs) that's the only difficulty, but then we really appreciate the placement. (*SP)
	Hand-over	Communication	Umm, well I think with the different groups that handed over to each other it, it has improved a lot, especially things that's important for community is - you know details like patient's addresses, umm, you know, so that they can be found. (*SP)



Conceptual code (Indicator 4)	Conceptual subcodes	Themes	Substantiating quotes from participants
	Assistance	Service expansion	<i>"Umm, but, umm, I think there's even a possibility that some people in the, in the case of having an event here in Bloemfontein. If we host a, a league event in Bloemfontein, there is a possibility that they could, they could, umm, help." (*SP)</i>
	Context		<i>"More patient specific exercises more often treatment." (*CM)</i>
	Aspects student learned from their community placement	Reciprocal learning	<i>"Cooperation, patience, interaction, patience dedication, respect, and communication in the community." (*PTS)</i>

*\*SP = Service providers at clinical sites; \*CM = Community member; \*PTS = Physiotherapy students (UFS)*

In Table 4.6, the first theme extrapolated was supervision and the conceptual subcode. Orientation is highlighted by both the students and the service providers, elevating the importance thereof to improve the quality of any CSL programme. The theme of supervision was underpinned by thoughts such as that due to the lack of staffing, supervision was not optimal and students had to be more independent. In 2.8.2 community service physiotherapists also reported on the lack of sufficient supervision due to the lack of staffing.

Students further reported they were orientated but not as optimally as they would have liked, so they had to figure many things out for themselves. The CHE (2006:118) stresses how crucial it is that students be orientated to CSL sites due to possible risks that may exist. Orientation is an integral part of the CSL process and the physiotherapy undergraduate programme must be structured in such a way as to ensure students are optimally orientated to minimise potential safety risks to them. Kruger *et al.* (2015:164) aver that student preparation in terms of what to expect in the community is an important aspect. Preparation in CSL is also emphasised in other study fields such as Anthropology (Keene and Colligen: 2004:7).

Challenges were experienced by the students at CSL sites and at times they were faced with unexpected problems. According to Vardi and Ciccarelli (2008:346), learning begins with and happens through engagement with authentic problems. Maddrell (2014:214) argues that CSL engages students in real-world authentic learning conditions that offer applied learning opportunities. The author claims that students possibly learn from these challenging conditions since real-life problems lead to authentic learning. While the learning environment plays a huge role in the learning process of students, the context makes learning authentic. Diab and Flack (2013:2) maintain that service provided in underserved communities helps students with experiential and contextual learning that is relevant to their education.

Another theme identified was health promotion, with skills transfer as a conceptual code, which enables community participants through health promotion and disease prevention education. In 2.8.2, health promotion was highlighted as one of the focus areas in physiotherapy education and training that adhere to the CSL directives for educational programmes offered in SA as initiated by the HEQC.

One of the themes mentioned was service expansion, which can be enhanced by assisting at sporting events where social responsiveness can also be increased. Social enhancement and social transformation also link with community enrichment which, in turn, links to sustainability. Through these,

community members are empowered and capacitated so that health benefits can continue when students are no longer on the site. In contrast, themes derived from the service providers' perspectives were that optimal knowledge sharing suffered owing to the length of stay of CSL placements being too short. The question to ask is thus what the ideal length of stay during a community project would be to positively impact the community, the service sector platform and the students. No literature could be found in this regard. A further problem that goes hand-in-hand with the length of stay is the availability of space at certain CSL sites that can accommodate only a small number of students. These aspects could be addressed by CSL programmes taking cognisance of the length of stay, spacing and the provision of assistance at community events such as sport.

As mentioned in previous indicators as well (cf. Tables 4.3 & 4.5), communication is important in the CSL process as it is integral to any relationship or form of interaction with others. Osman and Petersen (2013:147) assert that it establishes a continuum of care in healthcare, especially in interdisciplinary healthcare. This relates closely to the theme where service providers expect hand-over reports from students to ensure the continuum of care. The ability to write reports will help ensure the carry-over and sustainability of projects. As sustainability is a theme that has been highlighted under Indicator 2 (cf. Table 4.4), it is important for the success of a CSL programme.

Lastly, reciprocity is another theme that is repeated under Indicator 3 (cf. Table 4.4). In this instance, we focus on reciprocal learning as students learn substantially from their community placement, how to interact and communicate with community members for example. They also learn about respect, friendliness, how to cooperate with others and to be patient in the community set-up. On the other hand in this context, students share their knowledge of their discipline with community members. Mtawa and Wilson-Strydom (2018:250) contend that reciprocity is a key concept of service-learning as also stated in the CSL definition adopted by the UFS (2006:9-10).

**4.3.4.5     *Indicator 5: Sustainable CSL partnerships are maintained***

The data on how to maintain sustainable CSL partnership was collected from the questions as indicated in Table 3.3. The collected data for Indicator 5 is included in Table 4.7.

**Table 4.7:** Indicator 5: Sustainable CSL partnerships are maintained

Conceptual code (Indicator 5)	Conceptual subcodes	Themes	Substantiating quotes from participants
<b>Sustainable CSL partnerships are maintained</b>	Referrals	Team work	<i>"They had to learn where do we refer this patient – we got a lot of referrals through the exam times and doing the year with them, which is great getting them to think deeper than, I'm not just doing physio for the patient, but other team members are involved. So I really like that. (*SP)</i>
	Working together		<i>So, I think that made it very, very effective, of learning that, because in community you cannot work alone, as a physio, as an OT, you can't just work isolated. You have to learn how to integrate the community into your therapy. (*SP)</i> <i>"Umm I think it was awesome to see their confidence to work with other, com-, with other umm, the other team members." (*SP)</i>
	Systemic approach		<i>So, ja, I think those are the two really effective strategies, the home visits, and the referral systems that they used." (*SP)</i>
	Sponsorships and Donations	Philanthropy	<i>"We also engage with, with sponsors so, things like equipment and the use of things along those lines come from different industry commercial businesses we ask for donations or sponsorships. And physical equipment. So, they also then contribute to other specific things, like reading charts or charts, or whatever we've, whatever project we're busy with. And equipment within the community clinic as well." (*SP)</i>
	Institutional collaboration	Stakeholders	<i>"The only one I can think of now is the Department of Paediatrics and Child Health, we, collaboration, together, the diabetes camp." (*CE)</i>
	Community collaboration		<i>"Major collaboration is the ward, the municipal ward committees. Umm, also, you know, where we actually speak to the ward counsellors and, because they're actually our entry point. Umm, into a lot of the communities and so we work with the health portfolio members of those ward committees, we also collaborate on, but I think a very small level with umm, home based care workers in the communities that we work with." (*CE)</i>
	Relevance	Sustainability	<i>"I think long-term involvement is very important, and visibility, of from the university side is very important, and, umm, like you said: to listen. But if you are in long term in investment and exposure in the community, like they will come to you, and they will tell you this is what we want, or can you look into this, or we have concern about that, is it possible for the university to look at this and that" (*CE)</i>
	Long-term involvement		<i>And that is that, umm, the trust relationship that is built over a long period of time, you cannot go in and go out and just not be there." (*CE)</i> <i>"Ongoing process and home visits must continue." (*CM)</i>

	Voice of the community	Agency	<p>"People receiving the service, umm, has got a voice in this" (*CE)</p> <p>"But, when, even when the community member can say to me no, I'm tired, you came last week, don't come again this week, it feels that they starting to feel that they - not feel that they have a voice, they starting to have a voice, and that to me is important." (*CE)</p> <p>"Ja, ja, over time and then, and just show respect and, and then, give the community that, the time and the space to also voice, however on which level, it doesn't have to be, umm, community, you know an academic voice or whatever. There are various methods that we use to actually bring in the community and like benchmark with them and find out what are their needs." (*CE)</p>
	Community-centred	Scaffold approach	<p>Unfortunately, that bring another, umm, dimension to that, umm, I don't want to say it's your responsibility, but, umm, to a certain degree, one must make sure that the community partner can, umm, digest information that you give once of impact, umm, visitation and then to get in, umm, give it back to the community. It's almost like a mum you know, breaking down the food, mum breaking down the given parts and then feed it to them. And that's also very important, umm, of partnership, you know, that committed partner in the organisation can digest. And, then to come to and give it in a longer sustainable way to the community. (*CE)</p>
	Networking	Community mobilisation	<p>For me it's important to, because we work with, umm, with the population where it's important to work through an organization that is based in a community. Because my students might go seven times a year. If you just come in and do something and then you leave, and to make sure it remains relevant, is to work through a partner that remains there. So, that you can come and support something that they're doing and be some hands and feet for a day or two before you leave. Because of our responsibilities around schedules. But if the support that they've done that we leave something back, so the people that is already there, they can help them, that when you leave, we can for instance refer somebody back. We find something and connect it, we work for somebody and you have those referral systems, we don't just go into the community and leave again. But, that we, umm, support something that's already on the ground. (*CE)</p>
	Community channels	Community entry	<p>So, but I think there especially with our communities in South Africa, you have to go through the right channels go through the community leaders to figure out what's the real need and then from there get your partnerships with the smaller institutions. You can't service everyone, you have to identify one or two areas, and then with that institution, be it a non-NGO or a private company or whatever. (*CE)</p>

\*CE = Member of the Community Engagement Management Committee (CEMC) (UFS); \*SP = Service providers at clinical sites; \*CM = Community member

Indicator 5 related closely with collaborative partnerships (cf. Indicator 1; Table 4.3) signifying again that partnerships are about collaboration, teamwork and sustainability. The themes highlighted in Table 4.7 are, firstly, teamwork and the importance thereof as well as how vital referral is between healthcare professionals to expand partnerships, enhance sustainability and maintain the continuation of services. As mentioned under Indicator 4 (cf. Table 4.6), the continuum of care is important also about referral to enhance interprofessional and teamwork between healthcare professionals. This will possibly enhance working together and the long-term involvement of different stakeholders. A systematic approach needs to be followed to ensure a good referral system to maintain the continuation of service and ensure sustainability in the long-term. Diab and Flack (2013:2) mention that CSL in communities reduces the number of referrals to hospitals.

Sustainable partnerships could also be enhanced through philanthropy (sponsorships and donations) and the involvement of community organisations to provide a support structure but also to boost sustainability. CSL in SA was established through grant donations of the Ford Foundation (cf. 2.5.1), which just further increase the importance of sponsorships to form sustainable partnerships. Sustainable involvement, as a theme, was derived from and closely linked with commitment (staying power) which is mentioned during the establishment of service-learning as a pedagogical concept (cf. 2.4.1). Sustainable involvement is also closely linked with a community-centred approach where information is shared in a step by step manner, one aspect building on the other using a scaffold approach in order not to overwhelm the community with information. The breaking down of information may also result in having a greater impact and longevity.

The theme of community mobilisation is another important aspect to maintain sustainable partnerships and to build community networks. Respect for the hierarchy in communities is very important. A study done in Kwazulu-Natal by Mabuza *et al.* (2013:7) found that the lack of communication with community leaders negatively influence partnerships with communities. In very traditional communities, the hierarchy in the community is important and must be adhered to to get cooperation from the community. The importance of ward councillors in less traditional communities as an entry point to ensure community collaboration is also important. The community voice and needs must be heard to optimally maintain the partnership through agency. As mentioned with Indicator 2 (cf. Table 4.4), a needs assessment is one form of assessment to ascertain the needs of the community and to hear the voice of the community (equal power) (cf. 2.8.4).

To maintain sustainable partnerships the different themes mentioned above must be adhered to. Du Plessis and Van Dyk (2013:76) state that one must be willing to listen, spend time with and learn from the community to build a relationship (partnership). One must also allow time and thorough interaction for the community to get to know the HEI to build a trust relationship. It is also vital not to work in isolation but to involve the community leaders and work through the right channels when entering any community. A study done by Mabuza *et al.* (2013:7) indicates that community leaders feel undermined by the lack of communication from the university about the placement of students in that particular community. Communication thus forms an integral part in establishing and maintaining sustainable partnerships.

#### **4.3.4.6     *Indicator 6: Formative assessment of student learning is conducted***

The data related to Indicator 6 was collected from the service providers, CSL experts and physiotherapy academics (cf. Tables 3.2, 3.3 & 3.4). The data collected is included in Table 4.8.



**Table 4.8:** Indicator 6: Formative assessment of student learning is conducted

Conceptual code (Indicator 6)	Conceptual subcodes	Themes	Substantiating quotes from participants
<b>Formative assessment of student learning is conducted</b>	Types of assessment	Assessment strategies	"I think there is room for improvement as we are only assessed on patient evaluation and not treatment." (*PTS)
	Portfolios		"Personal reflection, and then there is a presentation that they do. And the presentation is then a combination of their portfolios like a manifestation on their portfolio, that runs the timeline." (*CE)
	Presentations		And then, umm, they must just give feedback - right back to the sponsor, people who sponsored, and then the podium presentation we do mark. Umm, the overall, they indicate in the reflection, I think it is separate; we also mark the reflection as XX indicated earlier. And, basically it will be this, presentations skills and, umm, if they have, umm, videos and what and what. (*CE) "But I know that poster day is a big day for the second years." (*CE)
	Contextual	Assessment approaches	"CSL assessment is very environment and task-orientated." (*PTS) "Focus on community re-integration." (*PTS)
	Reflection		"Personal reflection, and then there is a presentation that they do." (*CE) "It is a good assessment method allowing you enough time to reflect on treatment." (*PTS) "It in my experience reflect, umm, friction's good for them, because it is not only about the theory and the practice, but it's coming more into their own personal feelings. They critique themselves sometimes on things they see and did, and then they want to, or see how, umm lucky they are, and privileged they are. So, it's more than just the learning they are reflecting on, but a holistic way of thinking about life and I think that's a good thing to reflect, especially. Because they go deeper and then they go into their interpersonal reflection and that, on their action and that's good." (*CE)
	Assessment level		"The test and exams aren't too difficult." (*PTS) "More applied testing." (*PTS)
	Fair assessment		"The rubric was well set up which makes it a fair process." (*PTS) (Translated from Afrikaans)
	Public health		"Service-learning, as learning is, umm, part of the content of public health module. And then I think there is also, umm, your role as a community, umm, like your role within the
	Social responsiveness		

\*SP = Service providers at clinical sites; \*CM = Community member; \*PTS = Physiotherapy students (UFS)

According to Bringle and Hatcher (2009:38) (cf. 2.4.1), CSL is a credit-bearing educational approach. This view has been supported by other authors such as Mouton and Wildschut (2005:18) and Lazarus *et al.* (2008:61; UFS 2006:9-10) who also contend that CSL must be assessed in one form or another to determine whether the student is competent in the specific outcomes.

Under the theme of assessment strategies, it was indicated that students are assessed in different scenarios and formats in the community, for example, clinical assessment of patients in the home setting, theoretical assessments, assessments on the community role in public health, poster presentations and/or portfolios (cf. Table 4.8). Departments make use of reflection and rubrics as assessment tools to improve the objectivity (and fairness) of these assessments. Misyak *et al.* (2016:360) report on a number of tools used for the assessment of CSL projects namely personal response systems like I-clickers, informal class discussions, reflective writing assignments, needs assessment plans and community partner evaluation. However, in the SA context of CSL (referring back to 2.6) there is still much contestation regarding a national framework for CSL which includes assessment as well. This indicates that there are no set criteria for assessment whether formative or summative.

The importance of contextual learning for actual learning to take place was discussed under Indicator 5. In 2.4.1 it was stated that student assessment in CSL focusses on the ability to apply one's learning in real-life situations, thus contextual assessment. Teaching and learning and assessment methods, materials, experiences and tasks need to be developed that students experiences are relevant to real-world situations. Holistic assessments can be designed to manifest real-world tasks and challenging situations (Akubuilu 2012:56) in CSL. According to Akubuilu (2012:56) holistic assessment refers to a global approach in the assessment of a student learning outcome. Through reflection in different forms, such as a reflective diary or portfolio or reflective posters, are common assessment tools in CSL, the type of assessment must align with the specific outcomes for the CSL module. Holistic student assessment is a key component of any curriculum and has a big effect on student learning. Ian Lang (in Dent & Harden 2013:12) states that "I believe that teaching without testing is like cooking without tasting".

The quality of the assessment is another important aspect that should be aligned to the quality assurance process of the HEI as well as the National Qualifications Framework, focussing on key aspects such as fairness, validity, reliability and practicability (NQF

2001:15). The quality of assessment at the UFS is also regulated by the institutional assessment policy (UFS 2008:4). In Misyak *et al.* (2016:358) view, assessment is important in meeting accreditation expectations for HEIs.

#### **4.3.4.7     *Indicator 7: The CSL process are managed***

The data related to Indicator 7 was collected from the service providers, CSL experts and physiotherapy academics (cf. Tables 3.2, 3.3 & 3.4). The data is included in Table 4.9.

**Table 4.9:** Indicator 7: The CSL process is managed

Conceptual code (Indicator 7)	Conceptual subcodes	Themes	Substantiating quotes from participants
<b>The CSL process is managed</b>	Documentation	Formalise relationships	"So, there is documentation, but it's not contractual." (*SP) It's a, it's give and take situation, so you have to have always like a contract with your partner as well to make sure you are moving in the same direction." (*CE)
	Consultation		Negotiate with them and tell them, listen we came to assist you, but you need to assist us as well. And together we will go for a few years and make this better. Where if I do everything and you don't come to the table and maintain or assist us, unfortunately this partnership will run dry." (*CE)
	Information leaflets	Information sharing	"You've got an information letter or a contact that, that you may contact with, and it's, it's like a references, it is: hi, this is who we are, this is why we're coming." (*CE)
	Enrichment	Sustainability	"Educational material that we will develop and leave at the schools. Sort of teaches sustainability training of, umm, umm, ECD centre, umm, umm, you know, teachers or school teachers to do growth monitoring to actually check the weight and the height of the children and to look for physical signs." (*CE)
	Service delivery		"So, it's very difficult to make it sustainable when there's somebody that isn't there to continue the service when, for example the students are on holiday. Umm, if you actually take our students are from September, until the following year in February. So it's, it poses a challenge as to how, how do you actually keep that services sustainable over periods when, when the students, or the services is not directly running." (*PTA)
	Module outcomes	Academic programme	"Umm, and so that's what we use then as our resources, they, there's actually worked out umm module guide that is with outcomes and umm, ..." (*CE)
	Assessment criteria		Assessment criteria, umm and then also, the instructions on the umm, (*CE)
	Learning activities		Activities that students have to carry out also contained in there." (*CE)
	Policy integration	Professional and ethical conduct	"I think we use written theory and national policy as well, in a sense that we are, we, we're integrating the principles into the legislation and the documents that are standing documents. Like your patients' rights to health charter and the principles, the thing with the PoPI Act and the consent and the, that kind of thing. And the Health Professions Act as well as the HPCSA ethical conduct pamphlets and the minimum clinical standards." (*CE)
	Professional level outcomes	Graduate attribute integration	"With community service-learning, to actually see that they're able to, you know, incorporate ethics, professionalism, umm, application of theory, making it culturally sensitive, umm, communications skills, presentation skills, computer and literacy skills. All of those things that they need to, umm, you know pack into; in, and then actually also

Conceptual code (Indicator 7)	Conceptual subcodes	Themes	Substantiating quotes from participants
			<i>planning interventions and interpreting policies and actually the application of those policies, umm, that's all integrated more in depth, I should say in the CSL than what we have at, with the other courses."</i> (*PTA)

*\*CE = Member of the Community Engagement Management Committee (CEMC) (UFS); \*PTA = Physiotherapy academics (UFS); \*SP = Service providers at clinical sites*

The themes about the management of the CSL process (Indicator 7) indicated that the CSL relationships should be formalised by starting with the correct documentation. Documentation form an integral part of CSL partnerships CHE (2006:52). In this study, the conceptual subcode of documentation was highlighted and a contract was particularly mentioned to ensure accurate management of the process. Other documentation such as contact information, student training modules and educational material is also important for effective information sharing and the overall management of CSL training (CHE 2006b:53). The formalisation of the CSL process may ensure an overall well-managed programme, which will ensure sustainability by enriching the community through consultation and information sharing by all stakeholders (UFS 2006:15). Enriching the community will also impact service delivery in that some services may continue when the students are not available as mentioned by one of the service providers (cf. Indicator 3, Table 4.5). This also implies sustainable service.

Professional and ethical conduct, alongside guiding documentation, are essential for the management of the CSL process, linking closely with professional guidelines and professional-level outcomes (Mostert-Wentzel *et al.* 2013a:28). All stakeholders must adhere to professional and ethical behaviour which must be explained overtly to everyone involved and formalisation contractually (UFS 2006:15).

As an educational approach, CSL is a complex process with many different aspects that need to be taken into account to manage it successfully. Module outcomes, assessment criteria and learning activities are part and parcel of any academic programme. According to Biggs (1996:350), the alignment of the learning outcomes, learning and teaching activities and the assessment criteria is fundamental for any educational programme. This applies to CSL as well.

#### **4.3.4.8     *Indicator 8: The impact of the module is monitored and evaluated***

Most of the data for this indicator was obtained from the CSL experts and physiotherapy academics (cf. Tables 3.2, 3.3 & 3.4). As both parties were from the UFS, the data may somewhat be one-sided. The value of the data (cf. Table 4.10) is available and it can be used as evaluation criteria to monitor the impact of the CSL module in physiotherapy at the UFS.

**Table 4.10:** Indicator 8: The impact of the module is monitored and evaluated

Conceptual code (Indicator 8)	Conceptual subcodes	Themes	Substantiating quotes from participants
<b>The impact of the module is monitored and evaluated</b>	Community feedback	Feedback	"And from that they then get feedback that we ask that they get from the people that they engage with." (*CE)
	Student reflection		"And that feedback forms part of their portfolio, and then thereafter they write a reflective portion that forms part of their portfolio." (*CE) "And I think the reflection is, is, vital to actually - kind of analyse your, what, what you've done." (*PTA)
	Needs assessment	Evaluation criteria	"The criteria are then, like did they do the needs assessment? What was the need assessment?" (*CE) "I think it's something we actually get to forget as professionals, but actually needs to evaluate if your client in fact is satisfied with your service and whether your service meets their needs." (*PTA)
	Sustainability		"Is it something sustainable?" (*CE)
	The integration of outcomes		"And did they actually address what they set out to address? And then also the integration of what their profession is in relation to what they've done so that they need to find, they need to be able to say, this was our objective, this is how we fulfilled it, this was our role as an Optometrist that fulfilled this need." (*CE)
	Social responsibility		"Like, for example, the industrial optometry and ergonomics, your role to society through the, through that knowledge, and the fourth year they do economics and business management and part of that is what is corporate social responsibility. And, umm, the whole impact of the industry in a commercial sense, giving back to society." (*CE)
	Person-centred approach		"The content it is covered is always related back to a person-centred approach." (*CE)
	Add value to existing projects		"Ja, I think if you do a service-learning module, umm, try to link it to something that's existing, that will add value to something that's already existing. So, that the impact is better." (*CE)
	Integrated approach		"Instead of running a solo, umm, module, you know, where we can't really see how it links to other services and support services." (*CE)

\*CE = Member of the Community Engagement Management Committee (CEMC) (UFS) \*PTA = Physiotherapy academics (UFS);

Thorough evaluation is required in monitoring a CSL module. From Indicator 8, the first theme revealed by the data was that feedback should be gathered from all stakeholders and, therefore, may take on different forms. However, participants in this study did not clearly stipulate the required format of feedback. According to the CHE (2006:134), it is imperative that all stakeholders give feedback of their CSL experience and this could be done through reflection forums, focus group interviews and questionnaires.

The second theme identified was the evaluation criteria to measure the impact of a CSL module. The evaluation criteria may consist of aspects such as needs assessments and the adherence to those; sustainability and social responsibility; and adherence to different role-player responsibilities. Other aspects to consider include the level of the patient-centred approach and the integration of project outcomes through interprofessional collaboration, to enhance the impact and sustainability thereof. The impact of the module also links closely with quality assurance. Quality assurance and the management thereof, are indispensable in ensuring accreditation and alignment to policy directives (cf. 1.1 & 2.8.4). Aside from student reflection being an assessment tool, it should also be contemplated when evaluating the impact of CSL from the students' point of view. The research data gathered supports the Service-Learning policy of the UFS (2006:21-22) with regards to the significance of evaluating CSL programmes. The importance of evaluating the impact of CSL programmes also relates to accreditation and programme evaluation criteria, according to the CHE (2006:158).

#### **4.3.4.9     *Indicator 9: Summative assessment of student learning is conducted***

The data related to Indicator 9 was collected from the service providers, CSL experts and physiotherapy students (cf. Tables 3.2, 3.3 & 3.4). It is included in Table 4.11.



**Table 4.11:** Indicator 9: Summative assessment of student learning is conducted

Conceptual code (Indicator 9)	Conceptual subcodes	Themes	Substantiating quotes from participants
<b><i>Summative assessment of student learning is conducted</i></b>	Level of examinations	Examinations	"The test and exams aren't too difficult" (*PTS)
	Module integration		"And at the end we let them write exams, because they cover quite a lot of the theory on what is service-learning and what does it entail." (*CE)
	Knowledge and skills outcomes	Assessment criteria	"Assessment criteria that are going to be used, as well as, the knowledge and skills outcomes" (*CE)

\*CE = Member of the Community Engagement Management Committee (CEMC) (UFS); \*PTS = Physiotherapy students (UFS)

The themes on summative assessment referred to theoretical assessment and the assessment criteria related to the required knowledge and skills. As mentioned in Indicator 6 (cf. Table 4.8), it is pertinent to investigate whether students mastered the module and qualification outcomes at the relevant NQF level. Assessment in CSL not only pertains to the service performed, but also to the student's ability to demonstrate the integration of the module's theoretical content with the service experience, i.e. the extent to which the student can demonstrate the achievement of the module outcomes (Janse Van Rensburg 2011:41). CSL summative assessment is thus based on theoretical knowledge, practical skill and the reflective ability of students, which resonate with the findings of Kruger *et al.* (2015:163). These authors indicate that the learning outcomes being assessed must apply to the students' level of knowledge and skills, in line with the outcomes of the module, and be achievable in the community to be optimal and adhere to the assessment standards of a specific institution. In the data collected in this study, the students reported that the level of theoretical examination was achievable. The CSL experts stated that the knowledge and skill outcomes must align with the assessment criteria. As previously mentioned in Indicator 7, according to Biggs (1996:350), constructive alignment of an educational programme is based on the alignment of learning outcomes, learning and teaching activities and assessment.

#### **4.3.4.10 *Indicator 10: The completion of the CSL module is demonstrated and celebrated***

The data related to Indicator 10 was collected from the service providers, CSL experts and physiotherapy academics (cf. Tables 3.2, 3.3 & 3.4). The data is included in Table 4.12.

**Table 4.12:** Indicator 10: The completion of the CSL module is demonstrated and celebrated

Conceptual code (Indicator 10)	Conceptual subcodes	Themes	Substantiating quotes from participants
<b><i>The completion of the CSL module is demonstrated and celebrated</i></b>	Presentations	Annual celebration	<i>"With us at the end of every single year, we have the students give feedback in the form of a presentation. Umm, that is just for that particular year group." (*CE)</i>
	Stakeholder participation		<i>We don't really invite umm, we do invite them (laughs), but they don't come to these celebrations, but at the end of the fourth year, we have what we call the big brag and then the students don't just give feedback on, on their community work and their CSL work, it also, it's basically on the whole year. And then there are usually some stakeholders that are also in attendance. That's the type of celebration, we call it the big brag. (*CE)</i>
	Prize giving		<i>"And there is an ethics prize at the end of the year, in September at the Optom Ball and there is an, umm, does not always get given out, but there is, like, an ambassadorial kind of advocacy prize. And so those two prizes are linked to the year, the final year group, it's related to people who go the extra mile." (*CE)</i>
	Farewell ceremony	Community-based	<i>"The only thing that the students can do for us, before they leave us, they must do something like a concert. Like a farewell, because when they go, they say just, bye-bye and they vanish." (*SP)</i>

\*CE = Member of the Community Engagement Management Committee (CEMC) (UFS) \*SP = Service providers at clinical sites

According to the CHE (2006:82), the celebration of accomplishment is a critical part of the CSL process and appreciation should be shown to all stakeholders. The themes related to this indicator show that annual celebrations do take place in certain modules, in line with the HEQC recommendation. Annual presentations also take place to conclude modules, with some modules bestowing rewards and recognition on individuals. Kruger *et al.* (2015:163) state that it is important to celebrate success with all the relevant role players and show appreciation for their respective inputs in the success of the initiative on completion of CSL. However, even though CSL celebrations take place, it is prudent to note that it is only in the academic setting with little or no involvement from service providers and community members. Besides the celebration, one of the service providers commented that the students just vanish at the end of the academic year with no formal departure ceremony and it is the wish of the service provider to have a more formal farewell function, which could also serve as a celebration. Janse Van Rensburg (2011:29) posits that value should be placed on the contributions of all partners toward achieving CSL outcomes. Through identifying and celebrating these contributions and outcomes, equity and reciprocity are again emphasised and trust and respect between partners further established. These celebrations may be a stimulus for further partnership formations (Janse Van Rensburg 2011: 29).

#### **4.3.4.11 *Indicator 11: Evaluation and review for improvement take place***

The data related to Indicator 11 was collected from the service providers, CSL experts and physiotherapy academics (cf. Tables 3.2, 3.3 & 3.4). It is included in Table 4.13.

**Table 4.13:** Indicator 11: Evaluation and review for improvement take place

Conceptual code (Indicator 11)	Conceptual subcodes	Themes	Substantiating quotes from participants
<b>Evaluation and review for improvement take place</b>	Informal evaluation	Quality assurance	"We don't have a formal, we do have in the clinic, satisfaction, umm, those pillars, we have that." (*CE) "I think for the most part we have an informal type of quality assurance, umm, except for the whole projects where students are expected, (*CE)
	Formal evaluation		"There's a new, a part of the rubric is that they are required to complete some form of an evaluation. By themselves and also from the target, umm, group that they're working with. That's the only place that I can think of where they actually get, umm, you know, a formal type of evaluation." (*CE)
	Student feedback		"Students have to write a report." (*CE)
	Community feedback		"Ja, ja, over time and then, and just show respect and, and then, give the community that, the time and the space to also voice, however on which level, it doesn't have to be, umm, community, you know an academic voice or whatever. There are various methods that we use to actually bring in the community and like benchmark with them and find out what are their needs. So, it's, it's been done, but maybe not then by everybody." (*CE)
	Service provider communication		"I would just like more, umm, umm, more, communication between us. So, we, we will need to streamline that communication between us for example. Umm, so they know exactly where they stand, what they may do, what they may not do." (*SP) Translated from Afrikaans.
	Internal academic evaluation		Ja, in our School we have another portfolio of committee engagement and service-learning. So all the programmes give feedback on that, so you get an idea of what is done and people can, you know, umm, and give advice or comments on what is happening in the different year programmes. And then also we have an official, umm, assessment, student assessment, of programmes and then we do, often do a curriculum, umm, evaluation to make sure. And it's also the responsibility of each, umm, coordinator of the year programme to every year revise, umm, and like participant participant said, align, umm, the students' reflections and the feedback from the students' evaluations to see that your programme is current and relevant. (*CE)
	Database	Statistics	"So, there's, there's electronic, there is electronic, umm, documents, or data that is available through the government system, for each patient registered as well, and that is I suppose, the level of impact into what, how many people we serviced and what are you addressing." (*CE)

\*CE = Member of the Community Engagement Management Committee (CEMC) (UFS) \*SP = Service providers at clinical sites

To evaluate and review the modules, the identified themes linked with the impact review of modules (cf. Indicator 8, Table 4.10). Different formats are mentioned for the assessment of the CSL modules, namely rubrics, and reports. Concerning statistics, the advantage of benchmarking (using statistics) was highlighted. CSL is a fairly new and educational dynamic approach. Students, communities, service providers and policies also change continuously. It is thus imperative that CSL programmes are evaluated regularly to ensure they remain relevant and aligned with all stakeholder expectations. The *Good Practice and Self-evaluation Instruments for Managing the Quality of Service-Learning* also clearly states that CSL modules/curriculums must be regularly evaluated to ensure the quality thereof. The CHE (2006:157) expresses that to evaluate a CSL project is to make a judgement about the value of the service-learning activity.

Related to this indicator, issues regarding evaluation, monitoring and impact evaluation were addressed under Indicator 8 (cf. Table 4.10) and those regarding communication under Indicator 3 (cf. Table 4.5).

#### **4.3.4.12 Indicator 12: The partnership is expanded or terminated**

The data related to Indicator 12 was collected from the service providers, CSL experts (cf. Tables 3.2, 3.3 & 3.4). The data collected is included in Table 4.14.

**Table 4.14:** Indicator 12: The partnership is expanded or terminated

Conceptual code (Indicator 12)	Conceptual subcodes	Themes	Substantiating quotes from participants
<b>The partnership is expanded or terminated</b>	Professional collaboration	Integration of programmes	<i>"I think they need to be more integrated. Umm, the challenge that, I mean I, we, we face and I think the partnership with the diabetes camp sort of, umm, emphasises the importance of working collaborative umm, as much as possible. I mean, (laughs), we get to a community and all I can talk about is nutrition and time and again I either get asked about something to do with physio or with an optometrist, and I never know where to go to." (*CE)</i>
	Health promotion and disease prevention	Primary healthcare	<i>"I think for us as well, what we can actually do is more preventative, umm, a type of approach. And we've been trying to look into the concept of, umm, health promoting in schools. So, it will actually work best if we, if we're able to then collaborate in that way, because then we, there is already a module of these health promotion skills where principles and policies need to be in place." (*CE)</i>
	Academic calendar	Hindrances for expansion	<i>"So, if you realise that most of our community project, they run within a certain period every year. Umm, that is May and June. And we cannot do anything outside that time period, unfortunately." (*CE)</i>
	Human resources		<i>"I think the one thing, in terms of our context that needs to be highlighted before we can consider such a type of integratory model, because I do think it's an excellent idea, is the fact that our department is the only service provider for eyes, so if they take us away from where we are, it is, it's not like, umm, in other hospitals, there are those facilities, for example, you guys might be in multiple hospitals, but your staff are not the only physiotherapists, as your staff are not the only dieticians, our staff, we are the only optometrists for the Free State, with the exception of, Thlapeng and QwaQwa. So, you cannot take us out from where we are, because you will then be depriving this community of service, and the second thing is, the planning thereof." (*CE)</i>

\*CE = Member of the Community Engagement Management Committee (CEMC) (UFS)

In Table 4.14, three themes which link closely with Indicators 8 and 11 (cf. Tables 4.10 & 4.13) were identified. The first two themes focus on how the expansion of CSL can take place through, for instance, interprofessional collaboration and the integration of programmes and/or health education. However, there were also hindrances identified to the expansion of the CSL programme namely that it only ran for certain periods in a year, affecting the sustainability and expansion thereof.

#### **4.4 CONCLUSION**

In this chapter, the results of the study were presented, analysed and discussed. Chapter 5 closes the dissertation with conclusions from the study findings presented in this chapter in relation to the research aim and objectives. The implications, limitations and recommendations of the study are addressed in Chapter 5.



## CHAPTER 5

### CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

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#### 5.1 INTRODUCTION

Chapter 4 presented the results of the study and a discussion thereof. A wide variety of themes were extracted from the data, such as communication, collaboration, equality, social responsibility, graduate attributes, assessment strategies, sustainability, the quality and impact of the module, to a number of others (cf. 4.3.1.1 – 4.3.1.12).

In this chapter, the researcher formulates conclusions from the findings of the study in relation to the research objectives as well as the CSL undergraduate physiotherapy module at the UFS. The implications, limitations and recommendations of the study are also included in this chapter.

The aim of this study was to evaluate the undergraduate physiotherapy CSL module at the UFS (cf. 1.5). The objectives, as linked to the study aim, were to:

- i. Analyse the key principles of CSL in the South African context, as well as national and institutional policies related to CSL (literature review).
- ii. Evaluate the alignment of the undergraduate physiotherapy CSL module at the UFS against CSL key principles and the institution's Community Service policy through document analysis and focus group interviews with CSL experts at the UFS.
- iii. Evaluate the alignment of the undergraduate physiotherapy CSL module at the UFS against the expectations of physiotherapy-related CSL stakeholders\* (focus groups, semi-structured interviews and questionnaires).

*\*Physiotherapy-related CSL stakeholders include physiotherapy academic staff, community members, physiotherapy students and service providers.*

## 5.2 STUDY FINDINGS ACCORDING TO OBJECTIVE 1

As mentioned by Krause (2007:280) (cf. 2.8.3), many aspects important for CSL physiotherapy student training correspond with the views of the authors Bringle & Hatcher (1995:121) whom identify CSL focus areas such as planning, expansion, recognition, monitoring and research. In addition, Mouton & Wildschut (2005:135) view student readiness and preparation; established partnerships; appropriate placement of students; preparation of community for CSL intervention; alignment of student capabilities and community demands; proper logistical and resource planning and allocation; integration of theoretical and CSL components, and reflection on CSL as critical factors for CSL. All these views link with the critical cross-field outcomes for CSL in physiotherapy that aim for the following:

- Develop a macro vision of the integration of teaching-learning, service and research.
- Identify and solve problems, using critical and creative thinking.
- Work effectively in a team, using critical and creative thinking.
- Organise and manage oneself and one's activities, namely planning and preparation.
- Conduct and plan the service-learning process.
- Collect, analyse, organise and critically evaluate information.
- Communicate effectively to enhance reciprocity in learning.
- Demonstrate an understanding of the world as a set of related systems.
- Understanding the impact of service learning on individuals and partners.
- Become culturally sensitive across a range of social contexts.
- Plan, implement and demonstrate reciprocity in a diverse learning context.

The key concepts identified by the different authors in the literature review closely correspond with the *Good Practice Guide for managing the quality of SL* (HEQC 2006a:30-32). In the *Good Practice Guide partnerships, planning, teamwork/collaboration, management of the CSL process* (including orientation, assessment and sustainability), recognition and celebration, evaluation of the impact and/or monitoring as well as expansion and/or termination and teamwork/collaboration are also identified as key concepts. The *Good Practice Guide for managing the quality of SL* (HEQC 2006a:30-32) was therefore identified as the key document to use to evaluate the undergraduate physiotherapy CSL module as it encapsulates all the important aspects related to CSL as described in the literature. Literature therefore indicates a structured, communal, holistic approach which includes internalisation of the experience by all partners. The next section describes the information and data used to answer objective 2 of the study.

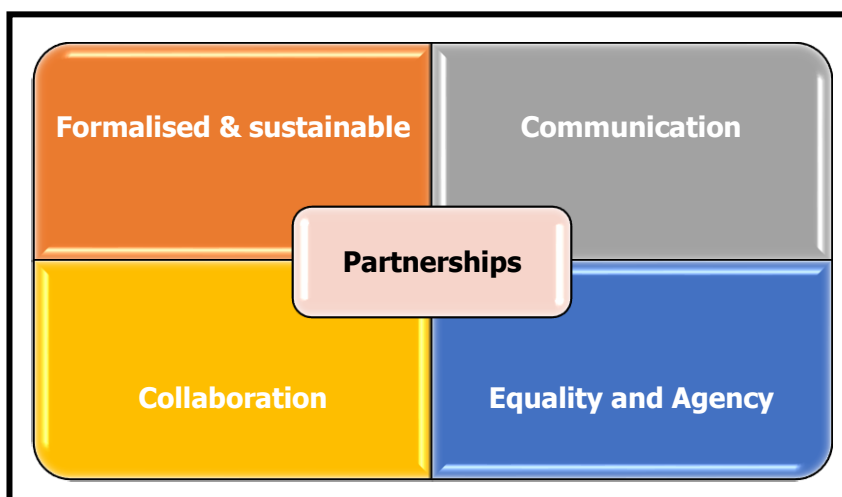
### 5.3 STUDY FINDINGS ACCORDING TO OBJECTIVE 2

In this section, the main themes derived from the data collected from UFS CSL experts (**partnerships, CSL academic programme, community organisation and quality assurance**) are unpacked by indicating how the integrated ideas link to research objective 2 (cf. 3.2.3).

#### 5.3.1 Partnerships

One of the most important aspects of CSL is partnership formation (see 4.3.1.2). Mouton & Wildschut (2005:122) champion the CHESP model of CSL that places a strong emphasis on the partnership between the different stakeholders. The review of partnerships in this study, relates to the second research objective (cf. 1.5; 3.2.3) as it informs the alignment of the current CSL undergraduate physiotherapy module with the key CSL principles.

The key themes that contributed to the idea of partnerships include communication, equality, formalised and sustainable partnerships (cf. Table 4.3.9.); communication in partnerships (cf. Tables 4.3.3, 4.3.5, 4.3.6 & 4.3.1.5); and collaborative and equal (agency) partnerships (cf. Tables 4.3.3 & 4.3.7).



**Figure 5.1:** Key CSL partnership principles

In this study, the need for a contractual agreement between the different partners was highlighted to ensure clear expectations, responsibilities and roles (cf. Table 4.9) to ensure effective interaction and a reciprocal participatory approach to development initiatives. Sustainability of partnerships is another important theme to take into consideration when

forming collaborations with different stakeholders (cf. 4.3.1.2). CSL can never be an in-and-out process, it must rather have longevity to be taken seriously by communities and have a lasting effect. In 4.3.1.2, the importance of sustainable partnerships was discussed in detail. In the current CSL physiotherapy module at the UFS, most of the agreements with stakeholders are verbal and not written agreements and/or contracts. The anticipated future of this CSL module is to formalise all partnerships using written agreements and/or contracts with community members/leaders, amongst others, to ensure equality in the triad partnership.

According to the HEQC (2006:3), the formation of a triad partnership in CSL has the added value of a third partner whose presence could diffuse power struggles. However, in the CSL physiotherapy module, partnerships are mostly formed with the service providers in communities and not necessarily with the community itself. As mentioned in 4.3.1, communities' experience of CSL is a top-down experience and not a bottom-up one with the HEI perceived as having all the power and communities none. This notion can be further exacerbated by the fact that CSL partnerships are formed between CSL physiotherapy and service providers who are not necessarily representative of the community. In this manner, communities are not fully included during the partnership formation process. All of the current agreements in the CSL physiotherapy module at the UFS are formed with the service providers and not community members. The community only forms part of the implementation phase and not of the initial planning of a partnership initiative. From a social change standpoint, CSL may propagate patriarchal biases in communities with community members commonly positioned as largely passive recipients of CSL programmes initiated by HEIs (cf. 2.4.1). Careful consideration must be given to the partnership formation to ensure equality between the different partners so that especially disparity about power distribution between partners can be eliminated. Thus, to ensure equality when partnerships are formed, an understanding must be reached from the onset regarding the role each partner will play in the partnership. Community members must be assured about the contribution they will make and that they will not play a subservient role at any stage during the partnership agreement (cf. 2.4.1). In future, the UFS physiotherapy department should strive to include community members as part of both the planning and implementation phase and to give a voice to the community regarding CSL projects.

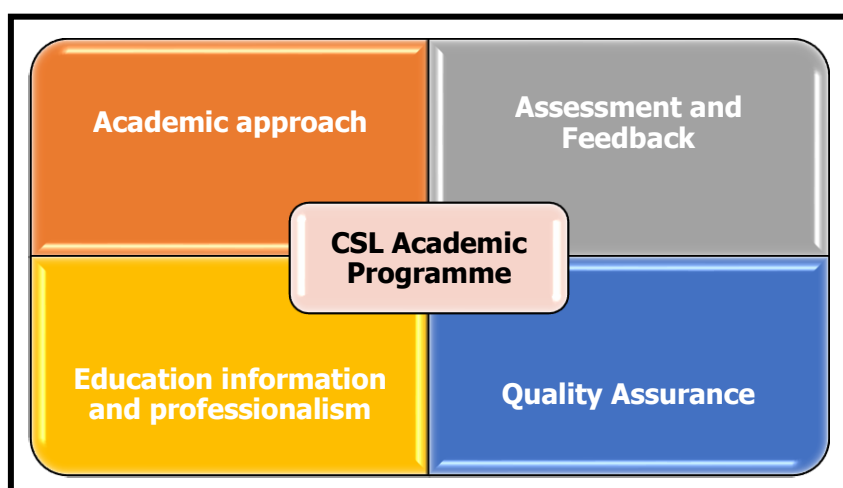
Effective, communication with the community and all other stakeholders is very important to form optimally functional partnerships (cf. 4.3.4.1). Since little communication and collaboration with community leaders is currently the norm at the UFS physiotherapy

department, it is recommended that there be communication and collaboration with community leaders through the orientation of community leaders of current CSL projects. Effective, reciprocal communication with the community and all other stakeholders is thus critical to well-working partnerships. The alignment of the curriculum and community needs is a key factor which can be accomplished through well-established communication channels between all stakeholders. It is also recommended that a community needs assessment informs new CSL physiotherapy projects in future.

The conclusion is that careful consideration must be given to any partnership formation. All the different aforementioned aspects must be taken into account when contemplating a community project with different stakeholders. It is recommended that all the physiotherapy CSL module partnerships be reformulated to address the lacking areas according to the recommendations made above.

### 5.3.2 CSL Academic Programme

In chapter 2 the impetus and important aspects for implementing a CSL academic programme was presented. CSL experts participating in this study identified the important aspects to be considered, namely the academic approach, assessment and feedback, educational material and professionalism as well as quality assurance.



**Figure 5.2:** CSL Academic Programme implementation considerations

Different academic approaches such as problem-based or discipline-based instruction can be used to establish CSL in HEIs (Mouton & Wildschut 2005:120). In the undergraduate physiotherapy CSL module at the UFS problem-based and interprofessional education (IPE) are already being used. Even though IPE is used as an educational approach to address

fragmentation (cf. 4.3.1.3), a theme that indicated fragmentation of CSL at the UFS arose in this study.

Along with IPE, interprofessional collaboration had been identified as an important vehicle to address the health and social needs of the society (Naidoo *et. al.* 2019:144), highlighting the collaboration between professions and other stakeholders to improve service delivery. A possible practical implication for the UFS CSL physiotherapy undergraduate module is to incorporate more stakeholders and have closer collaboration between faculties and departments (such as the faculties of health, humanities and education) to provide multiple, more focused opportunities that have a bigger impact on identified community needs and the success of the educational approach. In the current CSL undergraduate physiotherapy programme, IPE is only included in some year groups, but it is recommended IPE be expanded to incorporate more stakeholders and all year groups to improve the impact of CSL and possibly reduce fragmentation.

Assessment approaches and strategies as well as examination and assessment criteria were the other themes discussed by the CSL experts. Since CSL is a credit-bearing module at the UFS, student assessment is an important factor that should be managed well to ensure it is fair, reliable and valid (cf. 4.3.1.6). Student CSL assessment entails assessing cognitive skills and the ability to apply one's learning in real-life situations (cf. 2.4.1 & 4.3.1.6). Instructional research indicates that learning activities that require learners to solve problems by applying knowledge and skills in CSL more often develop higher cognitive skills than do traditional classroom methods (cf. 2.4.1). However, some of the students indicated that the current assessment strategies are lacking because it focus too much on the theoretical and does not provide enough practical application (cf. Table 4.8). This finding is in line with literature about authentic learning in real-life situations and also aligns with the theme of holistic assessment that stated that different assessment strategies must be incorporated to obtain a global picture of student performance (cf. 4.3.1.4).

Furthermore, assessment also serves the purpose of motivating, directing and enhancing learning (CHE 2006b:79). It additionally helps to ensure that educational standards are upheld, provides official recognition that programme requirements have been met and give feedback that can guide module and programme improvement (CHE 2006b:79). Hand-in-hand with assessment is providing feedback to students post-assessment to enhance their learning (CHE 2006b:77-78). The purpose of assessment and feedback is also to provide feedback to students to reinforce successful learning and to highlight areas where

improvements are needed. To ensure a holistic assessment approach it is recommended the CSL undergraduate physiotherapy programme focus more on authentic learning in real-life situations and different practical assessment strategies than theoretical knowledge assessment as indicated by the research findings.

Constructive alignment is an educational approach that is set in the constructivist theory of learning, underscoring the alignment between the intended learning outcomes, the teaching and learning activities and the assessment tasks (Wang *et al.* 2013:477) which should be inherent to CSL academic programmes (cf. 4.3.1.6). At the moment constructive alignment is not consistently applied with regard to the assessment strategy in the CSL physiotherapy module. It is therefore recommended that constructive alignment must be consistently applied with regard to the CSL module outcomes and assessment to ensure quality assurance with regard to accreditation and certification standards. This will require a redesign of the current CSL undergraduate physiotherapy module at the UFS.

In 4.3.1.5, the theme of a scaffolding approach was highlighted when providing educational information to the community to ensure sustainability through a full understanding of the content by community members. At present, the educational information provided to the community, especially by the third year physiotherapy students in the CSL undergraduate physiotherapy module, might be too overwhelming for the community as it is not well scaffolded. The recommendation is thus to ensure that information given to the community by all year groups as part of the CSL undergraduate physiotherapy module be scaffolded.

Another theme that was emphasised as an important aspect of the clinical standards of health professionals that apply to the conduct of students was professionalism and ethical conduct (cf. 2.7.3). As professionalism and ethical conduct form part of one of the other physiotherapy undergraduate modules as a graduate attribute, not much emphasis is placed on it within the CSL undergraduate physiotherapy module. However, it is recommended that both aspects enjoy more prominence in the CSL undergraduate physiotherapy module to form part of every aspect of physiotherapy students' conduct in all communities.

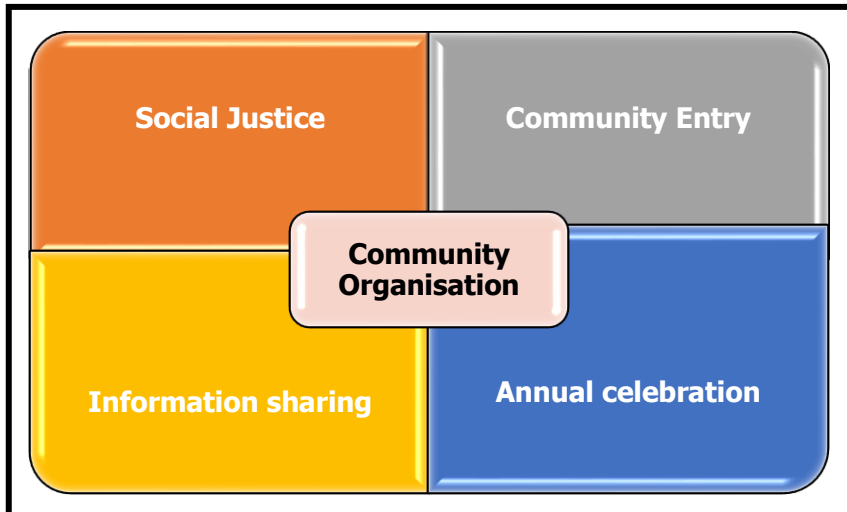
Quality assurance and the management thereof, are indispensable in ensuring accreditation and alignment to policy directives (cf. 1.1 & 2.8.4) and is also supported by the research findings. The research data gathered supports the Service-Learning policy of the UFS (2006:21-22) with regards to the significance of evaluating CSL programmes. The importance

of evaluating the impact of CSL programmes also relates to accreditation and programme evaluation criteria, according to the CHE (2006:158) (cf. 4.3.1.11). CSL experts highlighted the quality assurance of CSL modules as is also required by the *Good Practice Guide* (HEQC 2006a:2) and the *Community Service Policy of the UFS* (UFS 2006:21) (cf. 2.7). From the findings, the recommendation is that the quality and impact of the CSL undergraduate physiotherapy module must be evaluated continuously rather than a single occasions, as through this study.

The view of the experts is that the CSL undergraduate physiotherapy module should adhere to the above criteria to ensure that it addresses the CSL principles. As such, some redesign is needed in the current module, as indicated above.

### 5.3.3 Community organisation

The community forms an integral part of the CSL triad partnership of the CSL educational module. Figure 5.3 includes the themes with regard to community organisation that was brought to light in this study.



**Figure 5.3:** Community Organisation

Social justice is one of the focal points of CSL, not just to bring about transformation in communities, but also to create social consciousness in students (cf. 4.3.1.2). Through CSL, community members can be enlightened about their voice in a democracy, that they do have a say and also a role to play and a responsibility in transforming their communities. In one of the quotes by the CSL experts, it was mentioned that community members were not always aware that they may have expectations and the right to expect service delivery.



It is thus one of the areas where change has to take place in future in the CSL undergraduate physiotherapy module. Community members should be educated and empowered regarding expectations and their input in structuring CSL modules and the service(s) delivered. The existing practice, in terms of social justice, is that theoretical information about social responsibility is shared and community projects are run to create awareness of social responsibility. The recommendation for the current CSL undergraduate physiotherapy module is that more in-depth knowledge should be fostered concerning the social justice concept and projects continued to enlighten students about social responsibility and social justice in practice. It is also recommended that awareness be created in communities about their rights and responsibilities pertaining to CSL.

Hand-in-hand with social justice is community mobilisation. To mobilise a community for CSL, it is important to approach the community through the correct channels by acknowledging community leaders and the hierarchy in the community. Another method to engage with the community is through community organisations such as non-governmental, faith-based and non-profit organisations. Currently, interaction takes place with the community via the service providers with no direct interaction with community leaders. A better practice, however, will be to get to know the community leadership and build relationships with community leaders and community organisations to enhance community mobilisation. An added value of all of the above is the resultant sustainability of services provided in the community even when physiotherapy students are not there.

Information sharing through effective communication is another theme highlighted to ensure effective management of CSL and to keep all stakeholders well informed (cf. 4.3.4.7). It is clear from the previous sections that communication is evident in most of the main themes associated with objective 1. What we can conclude is that communication should be more encompassing and includes information sharing with reference to community organisation and the overall management of CSL undergraduate physiotherapy programme.

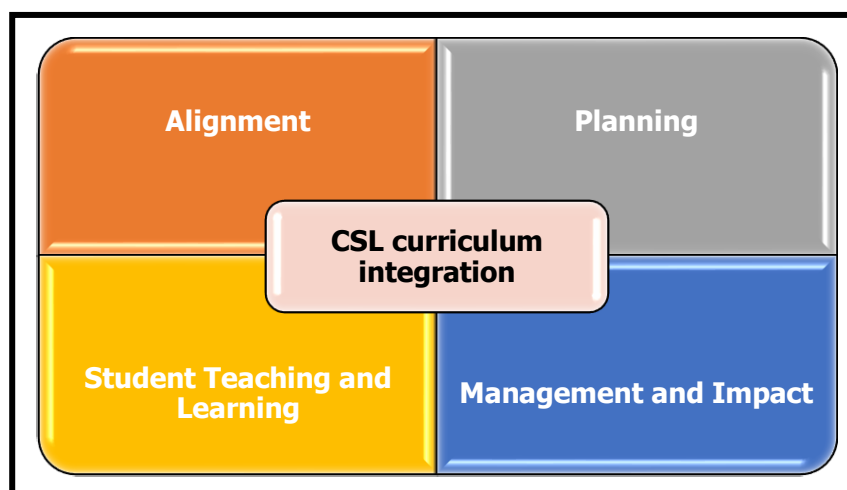
Another important aspect of the CSL process mentioned in the literature (CHE 2006b:82; HEQC 2006a:32) is the acknowledgement and celebration of the accomplishments of CSL projects. The data indicated that all celebration takes place at HEI, level but service providers and community partners are not included in the process. Celebration with all partners of the triad partnership is recommended as it helps to acknowledge and appreciate all partners playing a part in the CSL module and serves as motivation for future

partnerships. To improve the current CSL undergraduate physiotherapy module the above guidelines must be implemented and more inclusive recognition and celebration structures are put in place.

In the next section, research objective 3 (the alignment of the undergraduate physiotherapy CSL module at the UFS with the expectations of physiotherapy-related CSL stakeholders) and the related data obtained in this study will be discussed.

#### 5.4 STUDY FINDINGS ACCORDING TO OBJECTIVE 3

Some of the findings of research objective 3 (stakeholder input) closely linked with those of research objective 2 as discussed above (cf. 5.3). Krause (2007:280) and with Mostert-Wentzel *et al.*'s (2013(b):24) proposed CSL outcomes for a physiotherapy CSL curriculum such as the importance of effective teamwork, reciprocity, being culturally sensitive over a range of social contexts and the impact of CSL on the different partners (cf. 2.8.3) which links closely with the findings under Indicator 2 (cf. 4.3.4.2). Other factors such as the local burden of disease, understanding of social justice and the social determinants of health as well as professionalism and collaboration were also highlighted. The components contributing to the overarching idea of CSL **curriculum integration** are depicted in Figure 5.4.



**Figure 5.4:** CSL curriculum integration components

CSL policy alignment is imperative to stay accredited by the HPCSA (cf. 2.8.3 & 4.3.1.2) and links with the objectives of this study. In light of the policy alignment of CSL as described by the different authoritative bodies (cf. 2.8.2), Kern *et al.* (2009:11) state that

the curriculum must address the needs of the specific community. At this stage, the CSL undergraduate physiotherapy curriculum is directed by the requirements set by the HPCSA, DoH, DHET and the UFS. However, as previously mentioned, community needs, the burden of disease and the voice of community leaders must also be drivers of the CSL curriculum (cf. 2.8.2). This is currently a void in the CSL undergraduate physiotherapy module. Curriculum alignment with all these different inputs is thus imperative for implementation of an all-inclusive CSL curriculum. The recommendation is that needs assessments must be done in the communities currently served and the CSL undergraduate physiotherapy module must be restructured to ensure that the current CSL module addresses these needs.

Planning of the curriculum must start with the alignment of stakeholder needs (cf. 4.3.1.2), the educational outcomes for the CSL module as well as the necessary support structures from the different stakeholders to make the CSL curriculum integration successful (cf. 2.8.1 & 4.3.1.2). Other factors to consider during the planning phase include effective communication, enrichment of all stakeholders through reciprocity, growth and expansion (cf. 4.3.1.3). In the current CSL undergraduate physiotherapy module, a curriculum-focussed approach is mostly followed, by failing at incorporating communities in the planning phase of the module the CSL curriculum should rather reflect a balance between the community needs (service) and the academe (learning).

Student training and learning is the next aspect to consider when planning a CSL curriculum with a focus on student development as well as student orientation and supervision. Firstly, the themes identified in this study concerning student development were graduate attributes, critical thinking and cultural competence (cf. 4.3.1.2). A worldview, including a clear understanding of social responsiveness, is important and will guide the students to, amongst others, develop holistically, be professional, function effectively in an interprofessional context, be adaptable and deliver contextually relevant interventions. The graduate attributes to be able to work in a multidisciplinary/interdisciplinary team, take leadership when needed, and be critical thinkers who can adapt easily in community settings are accomplished to some degree in the CSL undergraduate physiotherapy module through home visits, IPE and health promotion. Regardless, there is always room for improvement. It is thus recommended that real-world authentic learning conditions be created to offer applied learning opportunities for students to possibly learn from these challenging conditions since real-life problems lead to authentic learning (cf. 4.3.1.4) and improve critical thinking abilities.

Secondly, regarding student orientation and supervision, data revealed that these were not optimal (cf. 4.3.1.4). Although students are orientated and supervised, there is still room for improvement and new forms of supervision across disciplines should be explored to improve these aspects. It was mentioned by participants in this study that professionals from different disciplines could supervise physiotherapy students in the community, and physiotherapy-specific issues are addressed by, for example, Skype.

Managing a CSL curriculum should start with the orientation of all stakeholders regarding the concept of CSL. Discussing expectations and what the module encompasses will ensure close working relationships with all stakeholders. Students, the community and service providers must be well-prepared before the commencement of any activities. Community members must also know that it is their choice to consent or not consent to participation (Mtawa & Wilson-Strydom 2018:259). This principle also applies to the other stakeholders in the partnership. At present, there is a lack in the orientation of some stakeholders with regard to CSL projects. Thus the recommendation that careful consideration is given to the orientation of all stakeholders, especially the community, with the future planning of CSL projects within the Department of Physiotherapy.

Another aspect of the management of CSL is determining the impact of the CSL module/project. When assessing the impact of a CSL initiative, the aspects mentioned in section 4.3.1.8 should be considered (cf. 4.3.1.8).

Data from this study indicated that the current impact of the CSL undergraduate physiotherapy module is positive with regard to verbal feedback to stakeholders, incorporating community organisations, transferring skills to community members and philanthropy before starting a project (cf. 4.3.1.5). The module also adheres to professional roles and ensures the equality of all stakeholders by incorporating them, especially the community, when planning projects and evaluating them annually and post-completion.

Social responsibility is addressed using community projects from the first year onwards in this CSL undergraduate physiotherapy module, but it could be emphasised more by integrating the theoretical premises with practical application thereof. Reflection on social responsibility needs to be implemented more often in the module. The focus should

be more on a person-centred approach that incorporates the determinants of health as well as the sustainable development goals as the foundation for patient management. Improvement in the impact of CSL projects can be achieved by connecting with existing projects through IPE projects from the first to the fourth year. Building (scaffolding) on projects from first to the fourth year is also recommended so that there are integration and growth and not just many different projects that have nothing in common but are only done for the sake of doing a CSL project.

Based on the results that are linked to the research objectives determined at the onset, the next section explores the implications for CSL practice forthcoming from this study.

## **5.5 IMPLICATIONS FOR CSL PRACTICE**

The study highlighted the importance of the continuous evaluation of CSL programmes to ensure adherence to policy directives and stakeholders' expectations. Some specific implications for CSL practice, going forward, are included below. Even though these implications have been mentioned in literature previously, it is specifically included here again based on the findings of this study, showing particular gaps that would be important to be addressed when any changes are made to the CSL curriculum.

- CSL partnership formalisation remains a critical issue and anyone intending to form a community partnership must follow the necessary steps to ensure that a formal, written agreement is put in place. Orientation, preparation and needs assessments for all stakeholders prior to commencement of CSL projects are also imperative.
- All stakeholders (including community members) must have an equal voice in the CSL planning process and not be an add-on at a later (implementation) stage in the process. This will also address possible unequal power relationships where communities feel they have no voice regarding decision-making. Annual celebrations and recognitions with input from all stakeholders to show appreciation and build existing relationships are advised.
- HEIs should consolidate projects and form IPE collaborations to have a bigger community impact. Continuous assessment of CSL modules/projects are needed to evaluate the impact and ensure they remain constructively aligned with CSL outcomes (educational and community-based). SA being a highly diverse country it is crucial that students be sensitized to different cultures by means of making them aware of different cultures, teach about respect for different for different culture and create opportunities for encounters with different cultures in the CSL curriculum.

## **5.6 LIMITATIONS OF THE STUDY**

The questions asked in the questionnaires to the community members were too broad and not specific enough. This and the data collection instrument (questionnaires) impeded the community voice from being heard optimally. Open-ended questions were used as this was a qualitative study, but more structured questions could have elicited more specific answers and future directives.

Questions for physiotherapy students could also have been adapted to be more specific with regard to risks in undergraduate physiotherapy CSL. In 2.4.1, it was indicated that the student voice played an important role in the development of CSL in the USA. The recommendation is therefore that questions about cultural competency and social awareness should specifically be addressed in future research and more detail in the CSL undergraduate physiotherapy module.

Another limitation of this study was that no member checks of interview data were performed due to time restrictions. Literature recommends this to increase the trustworthiness of the study.

## **5.7 RECOMMENDATIONS**

From the findings and discussion of the findings of this study, the researcher compiled a number of recommendations. The recommendations in this section should, however, be read as additional to the specific CSL module recommendations provided in 5.2-5.4 above.

### **5.7.1 Recommendations for future research**

It is recommended that future research focus more in-depth on the community voice. This could include aspects such as how the community voice is considered in other CSL programmes (i.e. best practices), how the community perceive their contribution to the planning of CSL initiatives, and so forth.

The researcher recommends that future studies with community participants use focus group discussions in the community participants' language rather than questionnaires (as used in this study). It is further recommended that these focus group discussions be

facilitated by an independent facilitator and not the researcher (usually from the HEI), as this might lead to participants answering what they think the researcher (or HEI) wants to hear so that the services not be removed from the community.

It is recommended that the following questions be included in future studies:

- How were the community needs incorporated and addresses
- Describe the community participation through the lifespan of the project?
- What specifically could be done differently as opposed to just asking for recommendations?
- How to effectively communicate with the community?
- Did any specific skill transfer take place?
- How the impact of the CSL service can be evaluated by how the community rate the service?

Questions specifically about cultural competency, social awareness and risks experienced should be asked of physiotherapy students.

As mentioned in 2.5, much contestation still exists regarding what CSL/engaged practice consists of in HEIs. The recommendation from this research study is thus that the Good Practice Guide is used as an evaluation tool across universities and departments in SA to reach consensus regarding the different views of CSL in HEIs.

## **5.8 VALUE OF THE STUDY**

The value of the study lies in that it provided comprehensive insight into the current CSL undergraduate physiotherapy module at the UFS and may influence future changes to the module with regard to teaching and learning, and equal and inclusive partnerships. This study also served as a starting point to ensure that the CSL undergraduate physiotherapy module becomes more community-centred and less curriculum-orientated. It could serve as a prompt for further research in the field of CSL in physiotherapy education.

This study is also valuable because it provides views from all the different stakeholders partaking in the CSL undergraduate physiotherapy module at the UFS, namely CSL experts, academics, students, service providers and community members. This allowed for a variety of viewpoints making it a well-rounded study that gave equal voice to all stakeholders. This study further contributes to the existing physiotherapy knowledge regarding CSL which is

not yet well researched in SA.

## **5.9 CONCLUDING THOUGHTS**

CSL, as one of the core strategic directives of the UFS, is an identified vehicle to bring about social transformation. The Department of Physiotherapy supports this national and institutional directive, but needs to ensure that its CSL module remains relevant to the constant change that takes place in the physiotherapy profession as well as in communities. To ensure relevancy with regard to all stakeholders who form part of the CSL undergraduate physiotherapy module as well as addressing constant change (as mentioned above), an in-depth evaluation of this module was done. A significant highlight from the current study was the all-inclusive systematic approach followed to evaluate the CSL module and monitor its impact.

The results of this study clearly indicate some changes that should be considered to make the CSL undergraduate physiotherapy module at the UFS more effective in adhering to the different stakeholders' expectations and to remain committed to the community needs. The study, furthermore, provides clear directives to other HEIs that also plan such an in-depth review of their CSL projects/initiatives.

As a qualitative research, as mentioned in section 3.6, this study is trustworthy (i.e. validity) since it accurately represents the experience of the participants through credibility, transferability, dependability and confirmability. Credibility was achieved by using an external transcriber to transcribe all the qualitative data sources (i.e. the focus groups interviews and semi-structured interviews) prior to analysis by the researcher. Transferability was enhanced by using multi-method strategies namely questionnaires, semi-structured interviews and focus group discussions, which allowed differing views (Creswell 2014:99). According to Guba and Lincoln (as cited by Mertens 2010:259), dependability is parallel to reliability in quantitative research and can be achieved through conducting a dependability audit to confirm the quality and appropriateness of the research process. In this study, dependability was improved using an audit trail of the entire research process and as reported on in this research dissertation. Lastly, confirmability was attained by using the validation strategy to achieve an accurate reflection of the participants' views through recordings and transcriptions of the semi-structured interviews and focus group discussions (cf. 3.6). Significant verbatim accounts from the participants were incorporated into the discussion on the analysis of the data (cf. Chapter 4).



## 5.10 FINAL REMARKS

As a novice researcher, this research journey opened my eyes to the many dimensions of research and the richness of qualitative research methods. The biggest challenge with qualitative research was to know when to stop exploring the data due to its richness. The research process can be daunting in terms of not letting your preconceived ideas or biases steer the whole process but to remain transparent at all times to enhance the transworthiness of the study. I have grown as a novice researcher and have a better understanding of the qualitative research process which, at times, seemed like a minefield of pitfalls if not tread carefully. It was an enlightening process and I believe the first of many to follow.

As a CSL lecturer within the Department of Physiotherapy at the UFS, I have learned the importance of being more theoretically grounded in terms of social justice especially about community development. In terms of theory and assessment, a more problem-based focus on the ability to apply one's learning in real-life situations is important to assist students to get experiential and contextual learning that can assist with the development of critical thinking and social awareness.

Lastly, in Ernest L Boyer's view "*the aim of education is not only to generate knowledge, prepare students for productive careers and study government but also to channel that knowledge to humane ends, live lives of dignity and purpose, and to help shape a citizenry that can promote the public good*" (Boyer *et al.* 2016:119). Aristotle online (n.d.) says that "*educating the mind without educating the heart is no education at all*". In CSL, students are not only involved with their heads but also with their hands and their hearts to make a difference and to learn from others because as TD Jakes claims: "*The world is a university and everyone in it is a teacher*". - TD Jakes" (Quotes n.d. online).

## REFERENCES

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Akubuilu, F. 2012. Holistic Assessment of Student's Learning Outcome. *Journal of Education and Practice* 3(12): 56-60.

Aristotle online: n.d. [<https://www.passiton.com/inspirational-quotes/>] Retrieved April 2020.

Babbie, E. 2010. *The practice of social research*. Second Edition. Belmont: Wadsworth/Cengage Learning.

Bender, C.J.G. 2007. Pathways of change for integrating Community Service-Learning into the core curriculum. *Education as Change, Special Issue: CSL* 11(3): 127-142.

Biggs, J. 1996. Enhancing Teaching through Constructive Alignment. *Higher Education* 32(3): 347-364.

Blose, S., Chemane, N.C.T., Chetty, V., Govender, P. & Maddocks, S. 2019. Physiotherapists' perception of a community-based primary healthcare clinical education approach to undergraduate learning. *African Journal of Health Professions Education (AJHPE)* 11(1): 16-21.

Boni, A & Gasper, D. 2012. Rethinking the Quality of Universities: How Can Human Development Thinking Contribute? *Journal of Human Development and Capabilities* 13(3): 451-470.

Boyer, E.L. 1996. The Scholarship of Engagement. *Journal of Public Service and Outreach* 1(1): 11-20. Reprinted in Introduction to Service-Learning: Toolkit. Campus Compact, 2000.

Boyer, E.L., Moser, D., Ream, T.C. & Braxton, J.M. 2016. *Scholarship Reconsidered: Priorities of the Professoriate*. Expanded Edition. Jossey-Bass A Wiley Brand. San Francisco CA.

Bradley, E.H., Curry, L.A. & Devers, K.J. 2007. Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research* 42(4): 1758-1772.

Bringle, R.G. & Hatcher, J.A. 1995. A Service-Learning Curriculum for Faculty. *Michigan Journal of Community Service Learning* Fall: 112-122.

Bringle, R.G. & Hatcher, J.A. 2005. Service learning as scholarship: why theory-based research is critical to service learning. *Acta Academica Supplementum* 2005(3): 24-44.

Bringle, R.G. & Hatcher, J.A. 2009. Innovative Practices in Service Learning and Curricular Engagement. *New Directions for Higher Education* 147:37-45. Wiley Periodicals, Inc. Published online in Wiley Inter-Science ([www.interscience.wiley.com](http://www.interscience.wiley.com)). DOI: 10.1002/he.356.

Brink, H.I., Van Rensburg, G. & Van der Walt, C. 2012. *Fundamentals of Research Methodology for Health Care Professionals*. Third Edition. Cape Town: JUTA.

Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77-101.

Campinha-Bacote, J. 2011. Coming to know cultural competence: An evolutionary process. *International Journal for Human Caring*, 15(3): 42–48.

Community-Based Education at the Faculty of Health Sciences (FHS) at the UFS (UFS FHS 2016:3) [<https://www.ufs.ac.za/health/faculty-of-health-sciences-home/faculty/community-based-education>].

Confucius (550 – 479 BC). *Internet Encyclopedia of Philosophy* [[www.google.com](http://www.google.com)] Retrieved September 2019.

Creswell, J.W. 2014. *Research design: Qualitative, quantitative and mixed methods approaches*. USA: SAGE.

Creswell, J.W. & Plano Clark, V.L. 2007. *Designing and conducting mixed methods research*. London: SAGE Publications.

Daniels, P. Adonis, T. & Waggie, F. 2013. How service learning enables interdisciplinary learning: A case study in the Health sciences at the University of the Western Cape. Osman, R. & Petersen, N. *Service Learning in South Africa*. Cape Town: Oxford University Press Southern Africa (Pty) Ltd.

Dent, J.A. & Harden, R.M. 2013. *A Practical guide for Medical Teachers*. Fourth Edition Churchill Livingstone, Elsevier.

Diab, P. & Flack, P. 2013. Benefits of Community-Based Education to the community in South African health science facilities. *African Journal of Primary Health Care and Family Medicine* 5(1): 1.6.

Du Plessis, C. & Van Dyk, A. 2013 Integrating the community voice into service learning: Engaging with communities. Osman, R. & Petersen, N. *Service Learning in South Africa*. Cape Town: Oxford University Press Southern Africa (Pty) Ltd.

Ebersohn, L. Eloff, I. & Ferreira, R. 2007. First steps in action research. In K. Maree (Ed.). *First Steps in Research*. Pretoria: Van Schaik.

Eliot and Associates 2005. How to conduct a Focus Group.  
[[https://assessment.trinity.duke.edu/.../How\\_to\\_Conduct\\_a\\_Focus\\_Group.pdf](https://assessment.trinity.duke.edu/.../How_to_Conduct_a_Focus_Group.pdf)].

Franklin, B. online:n.d. "*by failing to prepare (plan), you are preparing (planning) to fail*". [<https://www.brainyquote.com/authors/benjamin-franklin-quotes>]. Retrieved November 2019.

Futter, M.J. 2003. Developing a Curriculum Module to Prepare Students for Community-Based Physiotherapy Rehabilitation in South Africa. *Physiotherapy* (89): 1.

Gandhi Mahatma. 1869–1948. [[https://www.biography.com/activist/mahatma-gandhi?li\\_source=LI&li\\_medium=bio-mid-article&li\\_pl=208&li\\_tr=bio-mid-article](https://www.biography.com/activist/mahatma-gandhi?li_source=LI&li_medium=bio-mid-article&li_pl=208&li_tr=bio-mid-article)]. Retrieved September 2019.

Hamm, M. online: n.d. "*the backbone of success is hard work, determination, good planning and perseverance*." [<https://za.pinterest.com/smallbiztools/motivational-quotes/>]. Retrieved November 2019.

Harkavy, I. & Hartley, M. 2010. Pursuing Franklin's Dream: Philosophical and Historical Roots of Service-Learning. *Am J Community Psychol* 46: 418–427.

Hatcher, J.A. & Erasmus, M.A. 2008. Service-Learning in the United States and South Africa: A Comparative Analysis Informed by John Dewey and Julius Nyerere. *Michigan Journal of Community Service Learning* Fall 2008: 49-61.

HEQC (Higher Education Quality Committee South Africa). 2001. *Founding document. Council on Higher Education*: Pretoria Government Printer.

HEQC (Higher Education Quality Committee South Africa). 2006a. *A Good Practice Guide and Self-evaluation Instruments for Managing the Quality of Service-Learning*. Published by: The Council on Higher Education Pretoria South Africa.

HEQC (Higher Education Quality Committee South Africa) (CHE). 2006b. *Service-Learning in the Curriculum - A Resource for Higher Education Institutions*. Published by: The Council on Higher Education Pretoria South Africa.

Health Professions Council of South Africa (HPCSA): Professional Board for Physiotherapy, Podiatry and Biokinetics. 2015. *Minimum Standards for the Training of Physiotherapy Students: Form 96*.

Hlengwa, A. 2010. Infusing service-learning in curricula: a theoretical exploration of infusion possibilities. *Journal of Education* (48): 155-168.

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

Jakes, T. D. n.d. "*The world is a university and everyone in it is a teacher.*" [Quotes from www.google.com]. Retrieved April 2020.

Janse Van Rensburg, E. 2011. *Learning Module Guide Generic Component*. Department of Occupational Therapy. University of the Free State.

Janse Van Rensburg, E. 2015. *Enabling Occupation through Service Learning*. University of the Free State. Bloemfontein.

Keene, A.S. & Colligan, S. 2004. Service-learning and anthropology. *Michigan Journal of Community Service Learning* 10(3): 5-15.

Kern, D.E., Thomas, P.A. & Hughes, M.T. 2009. *Curriculum Development for Medical Education. A Six-Step Approach*. Second Edition. The Johns Hopkins University Press. Baltimore.

Kern, D.E., Thomas, P.A. Hughes, M.T. & Chen, B.Y. 2016. *Curriculum Development for Medical Education. A Six-Step Approach*. Third Edition. The Johns Hopkins University Press. Baltimore.

King Martin Luther Junior. 1929–1968. [<https://www.history.com/topics/black-history/martin-luther-king-jr>] Retrieved August 2019.

Krause, M. 2007. Discussion Paper Service Learning in Physiotherapy taken to a new level: Experiences in South Africa. *Physical Therapy Reviews* 12: 77–284.

Kruger, S.B., Nel, M.M. & van Zyl, G.J. 2015. Implementing and managing community-based education and service learning in undergraduate health sciences programmes: Students' perspectives. *African Journal of Health Professions Education (AJHPE)* 7(2): 161-164.

Kumagai, A. & Lyson, M. 2009. Beyond Cultural Competence: Critical Consciousness, Social Justice, and Multicultural Education. *Acad Med* 84(6): 782-787.

Lafortune, C., Huson, K., Santi, S. & Stolee, P. 2015. *Community-based primary health care for older adults: a qualitative study of the perceptions of clients, caregivers and health care providers*. *BMC Geriatrics* 15: 57.

Langworthy, A. 2007. Education for the Public Good: *Is Service Learning possible in the Australian Context?*

[<http://www.uws.edu.au/about/adminorg/devint/ord/students/learningthroughcommunityservice>] Retrieved June 2019.

Lazarus, J. Erasmus, M. Hendrics, D. Nduna, J. & Slamati, J. 2008. Embedding Community Engagement in South African Higher Education. *Education, Citizenship and Social Justice (ECSJ)* 3(1): 57–83. DOI 10.1177/1746197907086719].

Mabuza, L.H., Diab, P. Reid, S.J. Ntuli, B.E. Flack, P.S. Mpofu, R. Daniels, P.S. Adonis, T. Cakwe, M. Karuguti, M.W. & Molefe, N. 2013. Communities' views, attitudes and recommendations on Community-Based Education of undergraduate health sciences students in South Africa: A qualitative study. *African Journal of Primary Health Care and Family Medicine* 5(1): 1-9.

Maddrell, J. 2014. Service-learning instructional design considerations. *Journal of Computing in Higher Education* 26(3): 213-226.

Maree, K. 2007. *First Steps in Research*. First Edition. Pretoria: Van Schaik Publishers.

McMillan, J.H. & Schumacher, S. 2010. *Research in education: Evidence-based inquiry*. Seventh Edition. USA: Pearson Education.

Mertens, D.M. 2010. *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*. Third Edition. USA: SAGE.

Misra, V., Chemane, N. Maddocks, S. & Chetty, V. 2019. Community-based primary healthcare training for physiotherapy: Students' perceptions of a learning platform. *South African Journal of Physiotherapy* 75(1): 1-7

Misyak, S., Culhane, J., McConnell, K. & Serrano, E. 2016. Assessment for Learning: Integration of Assessment in a Nutrition Course with a Service-Learning Component. *North American Colleges and Teachers of Agriculture (NACTA) Journal* 60(4): 358-363.

Mostert-Wentzel, K., Frantz, J. & Van Rooijen, T. 2013a. Status of Undergraduate Community-Based and Public Health Physiotherapy Education in South Africa. *South African Journal of Physiotherapy* 69(1): 26-35.

- Mostert-Wentzel, K., Frantz, J. & Van Rooijen, A.J. 2013b. A model for community physiotherapy from the perspective of newly graduated physiotherapists as a guide to curriculum revision. *African Journal of Health Professions Education (AJHPE)* 5(1): 19-25. DOI:10.7196/AJHPE.203.
- Mouton, J. & Wildschut, L. 2005. Service learning in South Africa: Lessons learnt through systematic evaluation. *Acta Academica Supplementum* (3): 116-150.
- Mtawa, N.N., Fongwa, S.N. & Wangenge-Ouma G. 2016. The scholarship of university-community engagement: Interrogating Boyer's model. *International Journal of Educational Development* 49: 126-133.
- Mtawa, N. & Wilson-Strydom, N. 2018. Community Service Learning: Pedagogy at the Interface of Poverty, Inequality and Privilege. *Journal of Human Development and Capabilities* 19(2): 249-265, DOI: 10.1080/19452829.2018.1448370.
- Naidoo, N., Barnes, R., Mlenzana, N., Mostert, K. & Amosun, S.L. 2019. Physiotherapy in rehabilitation and prohabilitation across the lifespan. *South African Medical Journal* 109(3): 142-144.
- Nieuwenhuis, J. 2007. Qualitative research designs and data gathering techniques. In: K. Maree. *First steps in research*. Pretoria: Van Schaik.
- Nijhawan, L., Janodia, M., Muddukrishna, B., Bhat, K., Bairy, K., Udupa, N. & Musmade, P. 2013. Informed consent: Issues and challenges. *Journal of Advanced Pharmaceutical Technology and Research*. 4(3): 134-140.
- Nisbet, G., Hendry, G.D., Rolls, G. & Field, M.J. 2008. Interprofessional learning for pre-qualification health care students: An outcomes-based evaluation. *Journal of Interprofessional Care* 22(1): 57-68.
- Norris, D.S. & Schwartz, C.L. 2009. Needs Assessments: An Integrated Assignment in Civic Service. *Journal of Teaching in Social Work* 29(4): 373-382.



Opazo, H., Aramburuzabala, P. & Cerrillo, R. 2016. A review of the situation of service-learning in higher education in Spain. *Asia-Pacific Journal of Cooperative Education* 17(1): 75-91.

Osman, R. & Petersen, N. 2013. *Service Learning in South Africa*. Cape Town: Oxford University Press Southern Africa (Pty) Ltd.

Parsons, C. 1996. *Serving To Learn, Learning To Serve. Civics and Service from A to Z*. Thousand Oaks, CA: Corwin Press Inc.

Perold, H. 1998. Community Service in Higher Education: Final Report. Bloemfontein: Joint Education Trust.

Plowright, D. 2011. *Using Mixed Methods: Frameworks for an integrated methodology*. Oaks California: Sage Publications.

Polgar, S. & Thomas, S.A. 2013. *Introduction to Research in Health Sciences*. Sixth Edition. Elsevier Ltd. UK.

Preece, J. 2013. Service Learning and Community Engagement in South African Universities: Towards an 'Adaptive Engagement' Approach. *Alternation Special Edition* (9): 265-291.

Preece, J. 2016. Community Engagement and Service Learning in a South African University: the Challenges of Adaptive Leadership. *South African Journal of Higher Education* 27(4): 986-1004.

Ramklass, S. 2009a. An investigation into the alignment of a South African physiotherapy curriculum and the expectations of the healthcare system. *Chartered Society of Physiotherapy. Published by Elsevier Ltd. Physiotherapy* 95: 215–222.

Ramklass, S. 2009b. Physiotherapists in under-resourced South African Communities reflect on practice. *Health and Social Care in the Community* 17(5): 522–529. DOI: 10.1111/j.1365-2524.2009.00869.

Rapley, T. 2007. Doing conversation, discourse and document analysis. In: U. Flick (Ed.). *The SAGE Qualitative Research Kit*. London: Sage.

Republic of South Africa. Department of Higher Education. 1997. Education White Paper 3: A programme for the transformation of higher education. *Government Gazette*. 386 (18207). Pretoria. Government Printers.

Roskell, C., White, C.D. & Bonner, C. 2012. Developing patient-centred care in health professionals: reflections on introducing service-learning into the curriculum. *International Journal of Therapy and Rehabilitation* August 19(8): 448-457.

Stanton, T.K., Giles, D.E. Jr. & Cruz, N.I. 1999. *Service Learning a Movement's Pioneers Reflect on its Origins, Practice and Future*. First Edition. San Francisco California: Jossey-Bass Publishers.

Stanton, T.K. & Erasmus, M. 2013. Inside Out, Outside In: A Comparative Analysis of Service-Learning's Development in the United States and South Africa. *Journal of Higher Education Outreach and Engagement* 17(1): 61-93.

Statistics South Africa. 2014. *Census 2011 Provincial Profile: Free State / Statistics South Africa*. Pretoria: Statistics South Africa.

Statistics South Africa. 2018. *Provincial profile: Free State / Statistics South Africa*. Pretoria: Statistics South Africa.

Streubert-Speziale, H.J. & Carpenter, D.R. 1999. *Qualitative research in nursing: Advancing the humanistic imperative*. Second Edition. Philadelphia: JB Lippincott.

Swords, A.C.S. & Kiely, R. 2010. Beyond Pedagogy: Service Learning as Movement Building in Higher Education. *Journal of Community Practice* 18: 148–170.

Taylor, A., Butterwick, S., Raykov, M., Glick, S., Peikazadi, N. & Merahbi, S. 2015. *Community Service Learning in Canadian Higher Education*. Social Sciences and Humanities Research Council of Canada. [<http://communityservicelearning.ca/cslnetwork/csl-and-community-engagement-programs-across-canada/>].

The South African Council on Higher Education (CHE) 2010. *Community Engagement in South African Higher Education: Kagisano No. 6*. First published by Jacana Media (Pty) Ltd.

Tong, A., Sainsbury, P. & Craig, J. 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* 19(6): 349–357.

Tulchinsky, T.H. & Varavikova, E.A. 2014. *The New Public Health*. Third Edition. San Diego: Elsevier Academic Press.

University of the Free State. *Community Engagement Structure* (Adapted from U2FS 2014: [<http://www.ufs.ac.za/supportservices/departments/service-learning-at-our-university-home/service-learning-information>]).

University of the Free State (UFS) 2006. *Community Service Policy*.

University of the Free State (UFS) 2011. *Service Learning Module: Evaluation Instruments*. [<http://www.ufs.ac.za/supportservices/departments/service-learning-at-our-university-home/service-learning-information/evaluation-instruments>].

University of the Free State *Strategic Plan 2018-2022*.

University of the Free State (UFS) 2008. *Teaching-Learning Policy*.

Vaismoradi, M., Jones, J. Turunen, H. & Snelgrove, S. 2016. Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice* 6 (5):100-110.

Vardi, I. & Ciccarelli, M. 2008. Overcoming problems in problem-based learning: A trial of strategies in an undergraduate unit. *Innovations in Education and Teaching International* 45(4): 345-354.

Vijn, T.W., Kremer, J.A.M. & Koksma, J. 2018. Putting patient centred care at the core of medical education. *British Medical Journal (BMJ) Opinion*. Online.

Wang, X.Y., Su, Y, Cheung, S., Wong, E. & Kwong, T. 2013. An exploration of Biggs' constructive alignment in course design and its impact on students' learning approaches. *Assessment and Evaluation in Higher Education* 38(4): 477- 491.

Wegner, L. & Rhoda, A. 2015. The influence of cultural beliefs on the utilisation of rehabilitation services in a rural South African context: Therapists' perspective. *African Journal of Disability* 4(1): 1-8.

World Confederation of Physical Therapy (WCPT). 2011. Policy Statement: Education. London UK.

World Health Organization: Technical Report Series No. 746: *Community-Based Education of Health Personnel*. Report of a WHO Study Group 1987: 8.

Yin, R.K. 2011. *Qualitative Research from Start to Finish*. New York: The Guilford Press.

Yin, R.K. 2012. *Applications of Case Study Research Design and Methods*. Third Edition. Thousand Oaks, CA: SAGE Publications Inc.

Yin, R.K. 2014. *Case Study Research Design and Methods*. Fifth Edition. Thousand Oaks, CA: SAGE Publications Inc.

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<b>APPENDIX L</b>	<b>PHYSIOTHERAPY STUDENT GROUP QUESTIONNAIRE</b>
<b>APPENDIX M</b>	<b>REQUEST OF PERMISSION LETTER TO UNIVERSITY OF THE FREE STATE MANAGEMENT</b>
<b>APPENDIX N</b>	<b>PERMISSION LETTER TO THE HEAD OF THE COMMUNITY ENGAGEMENT MANAGEMENT COMMITTEE</b>
<b>APPENDIX O</b>	<b>PERMISSION LETTER TO THE DEPARTMENT OF HEALTH</b>
<b>APPENDIX P</b>	<b>PERMISSION LETTER TO SERVICE PROVIDER MANAGEMENT COMMITTEES / MANAGERS AT THE DIFFERENT CSL SITES</b>
<b>APPENDIX Q</b>	<b>PERMISSION LETTER TO DEPARTMENT OF EDUCATION</b>
<b>APPENDIX R</b>	<b>PERMISSION LETTER TO THE MUSTANG WHEELCHAIR RUGBY MANAGEMENT</b>
<b>APPENDIX S</b>	<b>OUTLINE OF THE GOOD PRACTICE GUIDE QUESTIONS FOR THE DATA COLLECTION METHODS</b>
<b>APPENDIX T</b>	<b>REQUEST OF PERMISSION LETTER TO UNIVERSITY OF THE FREE STATE DEPARTMENT OF PHYSIOTHERAPY</b>
<b>APPENDIX U</b>	<b>COVER LETTER TO THE HEALTH SCIENCES RESEARCH ETHICS COMMITTEE (HSREC) OF THE UFS</b>
<b>APPENDIX V</b>	<b>PERMISSION LETTER FOR PROTOCOL AMENDMENTS</b>

## LETTERS OF APPROVAL

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### **6. UNIVERSITY AUTHORITIES**

- xvi. Evaluation Committee Report
- xvii. UFS Authorities Approval Letter
- xviii. Health Sciences Research Ethics Committee (HSREC) Provisional Approval Letter
- xix. HSREC Interim Approval Letter
- xx. HSREC Final Approval Letter
- xxi. Biostatistics Letter
- xxii. Department of Physiotherapy Approval Letter

### **7. GOVERNMENTAL AUTHORITIES**

- xxiii. Department of Health Approval Letter
- xxiv. Department of Education Approval Letter

### **8. SERVICE PROVIDERS APPROVAL LETTERS**

- xxv. TLGTLG School
- xxvi. Mustangs Wheelchair Rugby Club
- xxvii. BOHBOH Old Age Home
- xxviii. JWJW Home and EDCEDC Centre
- xxix. FOHFOH Old Age Home
- xxx. BSBS Centre

### **9. LETTER OF EDITING**

**APPENDIX A**

**INFORMATION DOCUMENT FOR THE UFS CSL EXPERTS AND PHYSIOTHERAPY LECTURERS**

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I, Christolene Saaiman, am a student enrolled for the Master's degree in Health Professions Education (M.HPE). As part of the prerequisite for obtaining this master's degree, I am required to complete a research study. This document contains information regarding this research study.

**The title of the research project is: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY.**

The objective of this research project is to review the current structure and content of the undergraduate Community Service Learning (CSL) education in Physiotherapy at the University of the Free State (UFS). The second objective is to determine the expectations of stakeholders involved in physiotherapy CSL education by means of questionnaires.

Service-learning is a "course-based, credit bearing educational experience in which students (a) participate in an organised service activity that meets identified community needs, and (b) reflect on the service activity as to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of personal values and civic responsibility". It requires a collaborative partnership context that enhances mutual, reciprocal teaching and learning among all members of the partnership (lecturers and students, members of the communities and representatives of the service sector)" (Bringle and Hatcher 2009:38).

CSL forms an integral part of the UFS vision and mission as well as being one of the key transformation objectives of higher education to provide contextualised relevant reciprocal teaching and learning. In order for the UFS to remain relevant in communities, CSL programs need to be reviewed continuously to ensure focused modification and contextualisation of what is taught, learned and researched in order to guarantee an enabling environment for the community and the university. CSL education must therefore remain relevant to community needs and development and must be evaluated regularly, hence the purpose of this research project.

- Participation is voluntarily; you may decline participation or withdraw at any point during the procedure without fearing any repercussion.
- Participants will not receive any compensation or any form of remuneration for participation in this study.
- Participants will incur no costs to participate in this study.

The information received during the project will only be used for research purposes and will not be released to any third party outside of the law. The results of the study could be presented at conferences and published in academic journals.

Although efforts will be made to keep personal information confidential, absolute confidentiality cannot be guaranteed as personal information may be disclosed if required by law.

The research process will use focus groups. In a focus group the idea is to hear everyone's thoughts, not to reach agreement. There are no right or wrong answers. The purpose is to capture a wide range of comments, opinions, ideas and suggestions.

This focus group discussion will be audio-recorded to ensure high quality transcription. It will be helpful if only one person speaks at a time, and try to speak clearly and with more volume than usual.

**The focus group process will be as follows:**

The researcher will use of a research assistant as an observer who will observe the proceedings and take notes during the focus group discussions. The research assistant will also capture the non-verbal cues of the participants. The focus group duration will be approximately 60-90 minutes. The researcher will transcribe the focus group interviews verbatim from the audio recording after the

focus group discussion and the transcription will be verified by the research assistant and thereafter sent to you as participants (member checks) for verification of the reliability of the transcriptions.

Your participation in this research project will be of great value.

Any further queries should be forwarded to the following persons:

The secretary of the Health Sciences Research Ethics Committee of the University of the Free State at telephone number (051) 405 2812 if you have any questions about your rights as a research subject.

I thank you in advance.

Researcher

Christolene Saaiman

Tel: 051 401 3300

Cell: 079 890 7247

Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)



**APPENDIX B**

**CONSENT TO PARTICIPATE IN RESEARCH STUDY TO UFS CSL EXPERTS AND  
PHYSIOTHERAPY LECTURERS**

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**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY  
SERVICE LEARNING IN PHYSIOTHERAPY**

You have been requested to participate in a research study. The procedures and information regarding the study have been explained to you by the researcher.

Participation in this research study is completely voluntary and you will not be penalised or lose any benefits if you refuse to participate or decide to withdraw from this study at any time.

If you agree to participate in this study, you will receive a signed copy of this document as well as the participant information document, which is a summary of the research.

- I hereby give consent to participate in the study.
- I understand what is expected of me.
- I am participating of my own free will.
- I understand that there is no remuneration involved.
- I understand that respondents may withdraw from the study at any time if they so wish without negative consequences.
- I understand that personal information will be confidential and anonymous.
- I understand that autonomy will be respected.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**FOCUS GROUP INTERVIEW SCHEDULE FOR CSL EXPERTS**

---

**AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING  
IN PHYSIOTHERAPY**

1. What is your understanding of Community Service Learning (CSL)?
2. How do you or can you ensure that CSL projects remain relevant to community needs and development and involve a diverse population of students, communities and service providers?
3. How is or can contextual relevance and the application of content knowledge be integrated with community development and collaboration?
4. How is or can the philosophy of promoting social justice while encouraging students to become active contributors to society be implemented in CSL?
5. How is or can the development of graduate attributes be embedded in CSL interactions with stakeholders?
6. How are or can the quality assurance and the impact of CSL engagements be evaluated?
7. Do you have any additional comments or recommendations with regard to CSL engagements?

**FOCUS GROUP INTERVIEW SCHEDULE FOR PHYSIOTHERAPY LECTURERS**

---

**AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

1. What is your understanding of Community Service Learning (CSL)?
2. What are your expectations of the undergraduate CSL education in physiotherapy?
3. How should the undergraduate CSL education in physiotherapy link to the national expectations of CSL, HPCSA guidelines for CSL, institutional expectations of CSL as well as community-specific expectations?
4. How should the development of graduate attributes, contextual knowledge application and community expectations be integrated in undergraduate CSL education in physiotherapy?
5. Give your views on sustainable partnership development for CSL engagements.
6. How should quality assurance and the impact of CSL engagements be evaluated?
7. Do you have any additional comments or recommendations with regard to CSL engagements in physiotherapy?

## INFORMATION DOCUMENT FOR THE CSL SERVICE PROVIDERS

---

I, Christolene Saaiman, am a student enrolled for the Master's degree in Health Professions Education (M.HPE). As part of the prerequisite for obtaining this master's degree, I am required to complete a research study. This document contains information regarding this research study.

### **The research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

The objective of this research project is to review the current structure and content of the undergraduate Community Service Learning (CSL) education in Physiotherapy at the University of the Free State (UFS). The second objective is to determine the expectations for physiotherapy- related CSL education from the stakeholders involved in the physiotherapy CSL education by means of questionnaires.

Service-learning is a "course-based, credit bearing educational experience in which students (a) participate in an organised service activity that meets identified community needs, and (b) reflect on the service activity so as to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of personal values and civic responsibility. It requires a collaborative partnership context that enhances mutual, reciprocal teaching and learning among all members of the partnership (lecturers and students, members of the communities and representatives of the service sector)" (Bringle and Hatcher 2009:38).

CSL forms an integral part of the UFS vision and mission as well as being one of the key transformation objectives of higher education to provide contextualised relevant reciprocal teaching and learning. In order for the UFS to remain relevant in communities, CSL programs need to be reviewed continuously to ensure focused modification and contextualisation of what is taught, learned and researched in order to guarantee an enabling environment for the community and the university. CSL education must therefore remain relevant to community needs and development and must be evaluated regularly, hence the purpose of this research project.

- Participation is voluntarily as you may decline participation or withdraw at any point during the procedure without fearing any repercussion.
- Participants will not receive any compensation or any form of remuneration for participation in this study.
- Participants will incur no costs to participate in this study.

The information received during the project will only be used for research purposes and will not be released to any third party outside of the law. The results of the study could be presented at conferences and published in academic journals.

Although efforts will be made to keep personal information confidential, absolute confidentiality cannot be guaranteed as personal information may be disclosed if required by law.

The research process will use semi-structured interviews.

The semi-structured interview is to hear everyone's thoughts. There are no right or wrong answers. The purpose is to capture a wide range of comments, opinions, ideas and suggestions.

This semi-structured interview will be audio-recorded to ensure high quality transcription. It will be helpful if one person speaks at a time, and try to speak clearly and with more volume than usual.

### **The semi-structured interviews scheduled will be as follows:**

The researcher will make use of a research assistant to observe the proceedings and take notes during the semi-structured interviews. The research assistant will also capture the non-verbal cues of the participants. The semi-structured interview duration will be approximately 60 minutes. The researcher will transcribe the interviews verbatim from the audio recording after the semi-structured interview and the transcription will be verified by the research assistant and will then be send to you

as participants (member checks) for verification of the reliability of the transcriptions.

Your participation in this research project will be of great value.

Any further queries should be forwarded to the following persons:

The secretary of the Health Sciences Research Ethics Committee of the University of the Free State at telephone number (051) 405 2812 if you have any questions about your rights as a research subject.

I thank you in advance.

Researcher  
Christolene Saaiman  
Tel: 051 401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)

**APPENDIX F**

**CONSENT TO PARTICIPATE IN RESEARCH STUDY TO PHYSIOTHERAPY STUDENTS / CSL  
SERVICE PROVIDERS**

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**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY  
SERVICE LEARNING IN PHYSIOTHERAPY**

You have been requested to participate in a research study. The procedures and information regarding the study have been explained to you by the researcher.

Participation in this research study is completely voluntary and you will not be penalised or lose any benefits if you refuse to participate or decide to withdraw from this study at any time.

If you agree to participate in this study, you will receive a signed copy of this document as well as the participant information document, which is a summary of the research.

- I hereby give consent to participate in the study.
- I understand what is expected of me.
- I am participating of my own free will.
- I understand that there is no remuneration involved.
- I understand that respondents may withdraw from the study at any time if they so wish without negative consequences.
- I understand that personal information will be confidential and anonymous.
- I understand that autonomy will be respected.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**SEMI-STRUCTURED INTERVIEW QUESTIONS TO THE FOLLOWING SERVICE PROVIDERS**

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**TLGTLG School**  
**MWRugby Team EDCEDC Centre**  
**Talitah Cumi House Of Safety**  
**Clinic Personnel of CHCCHC and Trompsburg Clinic**  
**Personnel of BOHBOH and Fichardpark Old Age Homes**  
**BSBS Centre**

**AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING  
IN PHYSIOTHERAPY**

1. What were your expectations regarding the physiotherapy CSL project?
2. To what extent did the physiotherapy CSL project run as you expected?
3. Explain any benefits gained through the CSL physiotherapy project.
4. Explain any difficulties experienced and the measures implemented to address them during the CSL physiotherapy project.
5. What, in your opinion, could make the CSL physiotherapy project more successful?
6. Reflect on the interaction, communication and the role distribution between the various stakeholders, (i.e. your organisation, the university and the community) in this partnership project.
7. Do you think the community and service sector outcomes were achieved as intended? Please explain.
8. In your opinion did the community and service sector learn anything from the students? Please explain.
9. Do you have any comments or recommendations with regard to this CSL physiotherapy project for the future?

**INFORMATION DOCUMENT TO COMMUNITY MEMBERS**

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I Christolene Saaiman, am a student enrolled for a Master's degree at the University of the Free State (UFS). As part of the prerequisite for obtaining a Master's degree in Health Professions Education (M.HPE) I am required to complete a research study. The information regarding the research study is as follow:

**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

The purpose of this research project is to make use of a questionnaire to determine your expectations, opinions, ideas and suggestions about your experience with the Community Service Learning (CSL) education in Physiotherapy, offered by the University of the Free State (UFS). This is important in order to improve the education and service to the community, if necessary.

Participation is voluntarily; you may decline participation or withdraw at any point during the procedure without fearing any negative results.

Participants will not receive any compensation or any form of remuneration. No payment will be required from participants to participate in the study.

The results of the study could be presented at conferences and published in academic journals but no reference will be made to individuals.

Efforts will be made to keep personal information confidential. Absolute confidentiality cannot be guaranteed as personal information may be disclosed if required by law.

The information received during the project will only be used for research purposes and will not be released to any third party outside of the law.

The research process will be as follows:

You will be asked to complete a written consent form after you have verbally agreed to participate in this study. The researcher will ask you to complete a questionnaire which will take approximately 45 – 60 minutes to complete. The researcher will be available to assist you with the completion of the questionnaire if needed or to clarify any uncertainty. A translator will also be available to assist you with any uncertainties or language related questions.

Any further queries should be forwarded to the following persons:

The secretary of the Health Sciences Research Ethics Committee of the University of the Free State at telephone number (051) 405 2812 if you have any questions about your rights as a research subject.

Thank you very much.  
Researcher

Christolene Saaiman  
Tel: 051 401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)



**(SEHLOMATHISO H - INFORMATION BOITSEBISO SECHABENG LITHO)**

Nna, Christolene Saaiman, ke moithuti ya ithutelang lengolo la thuto e phahameng ya Master's Yunivesithing ya Foreisitata. Hore ke tle ke fumane lengolo lena, ke tshwanetse ho etsa dipatlisiso bakeng sa lengolo la Master's ho dithuto tsa Health Professions. Dintlha mabapi le dipatlisiso di ka ho latela:

**Sehloho sa dipatlisiso: TEKOLO BOTJHA YA BOITHUTI DITHUTONG KA TSHEBELETSONG YA SETJHABA TSE TLASE TSA PHYSIOTHERAPY YUNIVESITHING YA FOREISITATA**

Morero wa dipatlisiso tsena ke ho lekola botjha sebopelo le dikahare tsa dithuto tse tlase tsa Dithuto ka Tshebeletso ya Setjhaba dithutong tsa Physiotherapy Yunivesithing ya Foreisitata. Morero wa bobedi ke ho lekola ditebello tsa bohle ba nang le seabe kapa ba nkang karolo dithutong tse shebaneng le physiotherapy ho Dithuto tsa Tshebeletso ya Setjhaba ka tshebediso ya diforomo tsa dipotso.

Dithuto ka Tshebeletso ya Setjhaba ke karolo e bohlokwa ponong le sepheong sa Yunivesithi. Hore programa ena e tle e tshwanelehe setjhabeng, ho hlokeha hore e nne e lekolwe kgafetsa ho netefatsa hore tikoloho ke e tla lebisa ho melemo e yang ka ditlhokeho tsa setjhaba. Dithuto tsa Tshebeletso ya Setjhaba di tshwanetse hore e be tse tshwanelehileng bakeng sa ditlhoko tsa setjhaba le tswelopeleng ya setjhaba ebile di tlameha ho lekolwa kgafetsa e leng sepheo sa dipatlisiso tsena.

Katleho ya dipatlisiso e itshetlehile ho nkeng karolo ha hao jwalo ka leloko la setjhaba. O nka karolo ka ho ithaopa; o ka hana ho nka karolo nako e nngwe le e nngwe ha dipatlisiso di ntse di etswa ntle le ho tshoha ditlamorao.

Banka karolo ba ke ke ba lefuwa kapa ba putswa.  
Ha hona ditjeho bakeng sa banka karolo.  
Diphetho tsa dipatlisiso di ka phatlalatswa dikopanong kapa dingolweng tsa barutehi.

Ho tla lekwa ka hohle hore dintlha tsohle di bolokwe e le lekunutu. Lekunutu le phethahetseng le ke ke la netefatswa. Dintlha tsa bohlokwa di ka tsebahatswa ha ho hlokeha ka molao. Tlhahiso leseding e fumanwang nakong ya projeke e tla sebedisetswa bakeng sa dipatlisiso feela, ho ke ke ha fanwa ka tsona ho batswa-ntle.

Dipatlisiso di tla etswa ka tsela e latelang:  
O tla kopuwa ho fana ka tumello e ngotsweng ka mora hore o fane a tumello ya molomo ho nka karolo dipatlisisong tsena. Mobatlisisi o tla o kopa hore o tlatse foromo ya dipotso e tla o nkang metsotso e 45 – 60. Mobatlisisi o tla ba teng ho o thusa ho tlatsa foromo ha e be ho na le tlhakisetso e hlokehang. Ho tla ba teng toloko bakeng sa dintlha tse mabapi le puo kapa ho seutlwisisahale.

Ho nka karolo ha hao ho bohlokwa haholo.

Dipotso tse ka bang teng di ka fetisetswa bathong bana ba latelang:

Mongodi wa Komiti ya Etiki ya Dipatlisiso tsa di Saense tsa Bophelo bo Botle mohaleng wa (051) 405 2812 ha e be o na le dipotso ka ditokelo tsa hao jwalo ka motho ya nkang karolo.

Mobatlisisi: Christolene Saaiman  
Tel: 051 401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)

**INLIGTINGSDOKUMENT AAN GEMEENSKAPSLEDE**

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Ek Christolene Saaiman, is 'n student ingeskryf vir 'n meestersgraad aan die Universiteit van die Vrystaat (UV). As deel van die voorvereiste vir die verkryging van 'n magistergraad in Gesondheidsberoepe Onderwys (M.HPE), moet ek 'n navorsingstudie te voltooi. Die inligting in verband met die navorsingstudie is soos volg:

**Navorsingstudie titel: 'N EVALUERENDE GEVALLESTUDIE VIR VOORGRAADSE GEMEENSKAPSDIENSLEER IN FISIOTERAPIE**

Die doel van hierdie navorsingsprojek is, eerstens, om die fisioterapie behandeling in u gemeenskap (ook bekend as Samelewingsdiensleer aktiwiteite) deur studente van die Departement Fisioterapie aan die Universiteit van die Vrystaat (UV) te hersien. In die tweede plek, die navorsingsprojek het ten doel om deur middel van 'n vraelys vasstel of daar aan u verwagtinge voldoen word en u menings, idees en voorstelle te bepaal oor u die fisioterapie behandeling. Dit is belangrik om die opvoeding van fisioterapie studente en, ook die diens aan die gemeenskap te verbeter, indien nodig.

Deelname is vrywillig u kan deelname weier of onttrek op enige stadium tydens die prosedure sonder vrees vir enige negatiewe gevolg.

Deelnemers sal nie enige vorm van vergoeding ontvang nie. Geen betaling sal van deelnemers verwag word om deel te neem in die studie nie.

Die resultate van die studie kan aangebied word by konferensies en gepubliseer in akademiese joernale, maar geen verwysing na individue sal gemaak word nie.

Hoewel pogings sal aangewend word om persoonlike inligting vertroulik te hou, kan absolute vertroulikheid nie gewaarborg word nie indien persoonlike inligting deur die wet vereis word. Die projek inligting sal slegs gebruik word vir navorsing doeleindes en sal nie bekend gemaak word aan enige derde party buite die wet nie.

Die navorsingsproses is soos volg:

U sal gevra word om 'n skriftelike toestemming vorm te voltooi nadat u mondelings ooreengekom het om deel te neem aan hierdie studie. Die navorser sal u vra om 'n vraelys wat ongeveer 45-60 minute sal neem te voltooi. Die navorser sal beskikbaar wees om u te help met die voltooiing van die vraelys as dit nodig is of om enige onduidelikheid op te klaar. 'n Vertaler sal ook beskikbaar wees om u te help met enige onsekerhede of taalverwante vrae.

Enige verdere navrae moet gerig word aan die volgende persone:

Die sekretaris van die Gesondheidswetenskappe Navorsingsetiekkomitee van die Universiteit van die Vrystaat by telefoonnommer (051) 405 2812 indien u enige vrae oor jou regte as 'n navorsing deelnemer het.

Baie dankie.

Navorser Christolene  
Saaiman Tel: 051  
401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)

**CONSENT TO PARTICIPATE IN RESEARCH STUDY FOR COMMUNITY MEMBERS**

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**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

You have been requested to participate in a research study. The procedures and information regarding the study have been explained to you by the researcher.

Participation in this research study is completely voluntary and you will not be penalised or lose any benefits if you refuse to participate or decide to withdraw from this study at any time.

If you agree to participate in this study, you will receive a signed copy of this document as well as the participant information document, which is a summary of the research.

- I hereby give consent to participate in the study.
- I understand what is expected of me.
- I am participating of my own free will.
- I understand that there is no remuneration involved.
- I understand that respondents may withdraw from the study at any time if they so wish without negative consequences.
- I understand that personal information will be confidential and anonymous.
- I understand that autonomy will be respected.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

**TUMELO YA HO NKA KAROLO DIPATLISISONG****TEKOLO BOTJHA YA BOITHUTI DITHUTONG KA TSHEBELETSONG YA SETJHABA TSE TLASE TSA PHYSIOTHERAPY YUNIVESITHING YA FOREISITATA**

O kopuwe ho nka karolo dipatlisong. Sehlooho sa dipatlisiso tsena ke: **Tekolo botjha ya boithuti dithutong kaReview of Community Service Learning Undergraduate Physiotherapy Education at The University of The Free State.**

Tsela eo dipatlisiso di tla etswang ka teng hammoho le tlhahiso leseding e mabapi le dipatlisiso di hlalositse ke mobatlisisi.

Ha e be o na le dipotso kapa ho tshwenyeha ka ditokelo tsa hao jwalo ka motho ya nkang karolo dipatlisong o ka ikopanya le Mongodi wa Komiti ya Etiki ya Dipatlisiso tsa di Saense tsa Bophelo bo Botle, Yunivesithing ya Foreisitata (051) 405 2812.

Ho nka karolo dipatlisong ke ka ho ithaopa e bile o ke ke wa fumantshwa kotlo ha e be o hana ho nka karolo kapa o ikgula dipatlisong tsena.

Ha e be o dumela ho nka karolo dipatlisong tsena o tla fumantshwa pampitshana ena e saenuweng hammoho le ya tlhahiso leseding e leng kgutsufatso ya dipatlisiso.

**Tlhahiso leseding e ho Appendix O (Tokomane ya Tlhahiso leseding) ke e hlaloseditswe ke mobatlisisi.**

- Ke dumela ho nka karolo dipatlisong.
- Ke ya utlwisisa hore ho lebelletswe eng ho tswa ho nna.
- Ke nka karolo ntle le ho qobellwa.
- Ke ya utlwisisa hore ha ho na mopotso.
- Ke ya utlwisisa hore ba nka karolo ba ka ikgula nako e nngwe le e nngwe dipatlisong ha ba batla ntle le ditlamorao le ha e le tse mpe.
- Ke ya utlwisisa hore dintlha tsa ka di tla bolokwa e le lekunutu.
- Ke ya utlwisisa hore botho ba ka bo tla hlomphe.

Mobatlisisi o ntlhaloseditse dintlha tsena tsohle ka bo yena. Ke ya utlwisisa hore na ho nka karolo ha ka ho bolela eng e bile ke dumela ho nka karolo ntle le ho qobellwa.

Lebitso: \_\_\_\_\_

Letsatsi: \_\_\_\_\_

Paki: \_\_\_\_\_

Ha e be o na le dipotso mabapi le dipatlisiso, o lokollehile ho letsetsa mobatlisisi:

Christolene Saaiman

Tel: 051 401 3300

Cell: 079 890 7247

Email: saaimancmb@ufa.ac.za

**APPENDIX I3**

**TOESTEMMING OM DEEL TE NEEM AAN NAVORSING STUDIE VIR GEMEENSKAPSELEDE**

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**Navorsingstudie    titel:   'N   EVALUERENDE   GEVALLESTUDIE   VIR   VOORGRAADSE  
GEMEENSKAPSDIENSLEER IN FISIOTERAPIE**

U is versoek om deel te neem in 'n navorsingstudie. Die prosedures en inligting met betrekking tot die studie is aan u verduidelik deur die navorser.

Deelname aan hierdie navorsingstudie is heeltemal vrywillig en u sal nie gepeenaliseer word as u weier om deel te neem of besluit om te onttrek van hierdie studie op enige tydstip nie

As u toestem om deel te neem aan hierdie studie, sal u 'n getekende kopie van hierdie dokument sowel as die deelnemer inligtingstuk, wat 'n opsomming van die navorsing is ontvang.

- Ek gee hiermee toestemming om deel te neem aan die studie.
- Ek verstaan wat van my verwag word.
- Ek neem uit eie vrye wil deel.
- Ek verstaan dat daar geen vergoeding betrokke is nie.
- Ek verstaan dat die deelnemers te eniger tyd uit die studie kan onttrek sonder negatiewe gevolge.
- Ek verstaan dat persoonlike inligting vertroulik en anoniem sal wees.
- Ek verstaan dat my outonomie gerespekteer sal word.

Naam: \_\_\_\_\_

Handtekening: \_\_\_\_\_

Datum: \_\_\_\_\_

Getuie: \_\_\_\_\_

**COMMUNITY MEMBERS QUESTIONNAIRE**

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**AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING  
IN PHYSIOTHERAPY**

Dear participants,

The purpose of the questionnaire is to determine your expectations, opinions, ideas and suggestions about your experience with the Community Service Learning (CSL) education in Physiotherapy, offered by the University of the Free State (UFS). This is important in order to improve the education, if necessary.

Your involvement in this research is voluntarily. You have the right to withdraw at any stage or not to complete particular items in the questionnaire without any penalty.

You will be verbally informed about the study and if you agree to participate it will be required from you to complete a consent form. Once the consent form has been completed, you will be asked to complete a questionnaire which will take approximately 45 – 60 minutes to finish. The researcher will be available to assist you with the completion of the questionnaire (if needed) or to clarify any uncertainty. A translator will also be available to assist you with any uncertainties or language-related questions.

Thank you

Christolene Saaiman  
(Researcher)

## COMMUNITY MEMBERS QUESTIONNAIRE

## AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY

## Demographic information

1. What is your age? \_\_\_\_\_ Years.
2. What is your gender? 

Male	Female
------	--------
3. What is your job?
4. What is your ethnic group? 

Asian	Black	Coloured	White
-------	-------	----------	-------
5. Please describe where in your community you received physiotherapy treatment (Community Service Learning activities) from the UFS physiotherapy students.
6. What did this physiotherapy treatment (Community Service Learning activities) consist of?
7. Over what period or how long did you receive the physiotherapy treatment (services) in your community?

## CSL delivered by physiotherapy students in your community:

8. Describe your overall experience with the physiotherapy treatment (services) you received from physiotherapy students in your community.

9. What type of physiotherapy treatment (services) did you receive?

10.1 Do you think you benefited from the physiotherapy treatment (services)?

Yes	
No	

10.2 Please, briefly explain your answer in 10.1.

11.1 Did you experience any difficulties you during the physiotherapy treatment (Community Service Learning activities)?

Yes	
No	

11.2 Please, briefly explain your answer in 11.1.

12. Was there information available regarding the physiotherapy service being rendered in the community?

Yes	
No	

13. Where did you find information regarding the physiotherapy service being rendered in the community?

14.1 Did you learn anything from the physiotherapy students?

Yes	
No	

14.2 Please, briefly explain your answer in 14.1.

15.1 Do you believe the students learned from you during your interaction with them.

Yes	
No	

15.2 Please, briefly explain your answer in 15.1.

### **Personal Experience**

16. What expectations did you have regarding the services(s) rendered by the physiotherapy students in your community?

17.1 Were your expectations met?

Yes	
No	

17.2 Please, briefly explain your answer in 17.1.

18.1 Would you recommend this physiotherapy service to other members of the community?

Yes	
No	

18.2 Please, briefly explain your answer in 18.1.

### **Comments and recommendations**

Please share any comments and recommendations for the physiotherapy treatment (Community Service) rendered by physiotherapy students in your community.



**COMMUNITY MEMBERS QUESTIONNAIRE**

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**AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING  
IN PHYSIOTHERAPY**

Ho banka karolo

Sepheo sa foromo ena ke ho lekola ditebello, maikutlo, mehopolo le ditlahiso mabapi le boiphihlelo ba hao ka Dithuto ka Tshebeletso ya Setjhaba dithutong tsa Physiotherapy, tseo ho fanwang ka tsona ho Yunivesithi ya Foreisitata. Hona ho bohloka hore hotle ho ntlafatswe dithuto, ha e be ho hlokahala.

Ho nka karolo ha hao ke ka ho ithaopa. O na le tokelo yah o ikgula nako e nngwe le e nngwe kapa ho se tlatse dintlha tse itseng foromong ntle le ho fumantshwa kotlo.

O tla hlalosekwa ka dipatlisiso e be ha o dumela ho nka karolo hot la hlokeha hore o tlatse foromo ya tumello. Hang ha foromo ya tumello e tlatse, o tla kopuwa hore o tlatse foromo ya dipotso e tla nkang metsotso e 45 ho isa ho e 60. Mobatlisisi o tla kgona ho o thusa ho tlatse foromo (ha e be ho hlokeha) kapa ho o hlalosekwa moo ho sa hlakang teng. Toloko le yona e tla ba teng ho o thusa moo ho sa hlakang teng kapa ha ebe hon a le dipotso tse amanang le puo.

Ka diteboho

Christolene Saaiman  
(Mobatlisisi)

**DIPATLISISO TSA TEKOLO DITHUTONG KA TSHEBELETSO YA SETJHABA TSE TLASE BAKENG SA BOITHUTI BO TLASE BA TSA PHYSIOTHERAPY**

**Dintlha tsa semelo**

1. O dilemo tse kae? \_\_\_\_\_ Dilemo.

2. Bong ba hao ke bo fe?

Monna	Mme

3. Mosebetsi wa hao ke ofe?

4. Mmala wa hao ke ofe?

Le-asia	Motsho	Lekhalate	Lekgowa
---------	--------	-----------	---------

5. Hlalosa ka kopo hore na o fumantshitswe thuso ya physiotherapy (ya dithuto ka tshebeletso ya setjhaba) ho kae setjhabeng ho tswa ho baithuti ba UFS ba physiotherapy.

6. Kalafo eo o e fumaneng ya physiotherapy (ya dithuto ka tshebeletso ya setjhaba) e ne e kentse eng?

7. O fumantshitswe kalafo ena nakong e feng kapa o nkile nako e kae o fumantshwa kalafo ena ya physiotherapy setjhabeng?

**CSL eo baithuti ba physiotherapy ba fanang ka yona setjhabeng sa hao:**

8. Hlalosa boiphihlelo ba hao ka kakaretso ba kalafo eo o e fumaneng ho baithuti ba physiotherapy setjhabeng.

9. O fumantshitswe kalafo (ditshebeletso) ya mofuta o feng wa physiotherapy?

10.1 Na o unne molemo kalafong (ditshebeletsong) ya physiotherapy)?

Ee	
The	

10.2 Hlalosa karabo ya hao e ho 10.1 ka kopo.

11.1 Na o bile le mathata a feng nakong ya kalafo ya physiotherapy (ya dithuto ka tshebeletso ya setjhaba) eo o e fumantshitsweng?

Ee	
The	

11.2 Hlalosa karabo ya hao e ho 11.1 ka kopo.

12. Na ho ne hona le tlhahiso leseding mabapi le ditshebeletso tsa physiotherapy tseo ho fanwang ka tsona setjhabeng?

Ee	
The	

13. Na o fumane tlhahiso leseding mabapi le ditshebeletso tseo ho fanwang ka tsona tsa physiotherapy ho kae setjhabeng?

14.1 Na hona le hoo o ithutileng hona ho tswa ho baithuti ba physiotherapy?

Ee	
The	

14.2 Hlalosa karabo ya hao eo o faneng ka yona ho 14.1 ka kopo.

15.1 Na o dumela hore hona le hoo baithuti ba ithutileng ho wena nakong eo o neng o na le bona?

Ee	
Tjhe	

15.2 Hlalosa karabo ya hao eo o faneng ka yona ho 15.1 ka kopo

### **Phihlello ya hao**

16. Na o ne o lebelletse eng mabapi le ditshebeletso tseo baithuti ba physiotherapy ba fanang ka tsona setjhabeng?

17.1 O di lemohile dintho tseo o neng o di lebelletse?

Ee	
The	

17.2 Hlalosa karabo ya hao ho 17.1 ka kopo

18.1 Na o ka kgothalleta ditshebeletso tsa physiotherapy ho batho ba bang setjhabeng?

Ee	
The	

18.2 Hlalosa karabo ya hao ho 18.1 ka kopo

### **Maikutlo le dikgothalletso**

Arolelana le rona maikutlo le dikgothalletso tsa hao mabapi le ditshebeletso tsa physiotherapy tsa baithuti setjhabeng.

**KE YA LEBOHA.**

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**GEMEENSKAPSELEDE VRAELYS**

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**'N EVALUERENDE GEVALLESTUDIE VIR VOORGRAADSE GEMEENSKAPS- DIENSLEER IN FISIOTERAPIE / AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

Geagte Deelnemer,

Die doel van die vraelys is om u verwagtinge, menings, idees en voorstelle te bepaal oor u ervaring met die Samelewingsdiensleer (Community Service Learning) in Fisioterapie, aangebied deur die Universiteit van die Vrystaat (UV). Dit is belangrik om die Samelewingsdiensleer (fisioterapie dienste en behandeling) te verbeter, indien nodig.

U betrokkenheid by hierdie navorsing is vrywillig. U het die reg om te onttrek op enige stadium of om spesifieke items in die vraelys nie te voltooi sonder enige gevolge.

U sal mondelings ingelig word oor die studie en as u toestem om deel te neem sal dit van u verwag word om 'n toestemmingvorm te voltooi. Sodra die toestemmingvorm voltooi is, sal u gevra word om 'n vraelys wat ongeveer 45-60 minute sal neem te voltooi. Die navorser sal beskikbaar wees om u te help met die voltooiing van die vraelys (indien nodig) en om enige onduidelikheid op te klaar. 'n Vertaler sal ook beskikbaar wees om u te help met enige onsekerhede of taalverwante vrae.

Dankie

Christolene Saaiman  
(Navorser)

**'N EVALUERENDE GEVALLESTUDIE VIR VOORGRAADSE GEMEENSKAPS- DIENSLEER IN FISIOTERAPIE / AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

Demografiese Inligting

1. Hoe oud is u? \_\_\_\_\_ Jaar.

2. Wat is u geslag? 

Manlik	Vroulik
--------	---------

3. Watse werk doen u?

4. Wat is u ras groep? 

Asiaties	Swart	Kleurling	Wit
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5. Beskryf asb waar in u gemeenskap wat jy ontvang fisioterapie behandeling (samelewingsdiensleer aktiwiteite) met die UV fisioterapie studente.

6. Waaruit het hierdie fisioterapie behandeling (samelewingsdiensleer aktiwiteite) bestaan?

7. Oor watter tydperk of hoe lank het u die fisioterapie behandeling (diens) deur fisioterapie studente gelewer in u gemeenskap ontvang?

8. Beskryf u algehele ervaring met die fisioterapie behandeling (diens) wat u van fisioterapie studente in jou gemeenskap ontvang het.

9. Watter tipe fisioterapie behandeling (diens) het u ontvang?

10.1 Volgens u mening, het u voordeel uit die fisioterapie behandeling (dienste) getrek?

Ja	
Nee	

10.2 Verduidelik asseblief kortliks u antwoord in 10.1.

11.1 Was daar enige probleme wat u ondervind het tydens die fisioterapie behandeling/ (Samelewingsdiensleer) aktiwiteite?

Ja	
Nee	

11.2 Verduidelik asseblief kortliks u antwoord in 11.1.

12. Was daar inligting oor die fisioterapie dienste wat gelewer word in die gemeenskap beskikbaar?

Ja	
Nee	

13. Waar het u inligting met betrekking tot die fisioterapie diens gelewer in die gemeenskap ontvang?

14.1 Het u enigiets van die fisioterapie studente geleer?

Ja	
Nee	

14.2 Verduidelik asseblief kortliks u antwoord in 14.1.

15.1 Glo u die student het van u geleer tydens hul interaksie met u?

Ja	
Nee	

15.2 Verduidelik asseblief kortliks u antwoord in 15.1.

## **Persoonlike Ervaring**

16. Watse verwagtinge het u met betrekking tot die dienste gelewer deur fisioterapie studente in jou gemeenskap gehad?

17.1 Was daar aan u verwagtinge voldoen?

Ja	
Nee	

17.2 Verduidelik asseblief kortliks u antwoord in 17.1.

18.1 Sal u hierdie fisioterapie dienste aan ander lede van die gemeenskap aanbeveel?

Ja	
Nee	

18.2 Verduidelik asseblief kortliks u antwoord in 18.1.

### **Kommentaar en Aanbevelings:**

Deel asseblief enige kommentaar en aanbevelings aangaande die fisioterapie behandeling (gemeenskapsdiens) gelewer deur fisioterapie studente in u gemeenskap.

**DANKIE.**

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**INFORMATION DOCUMENT TO THE PHYSIOTHERAPY STUDENTS**

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I Christolene Saaiman, am a student enrolled for a Master's degree at the University of the Free State (UFS). As part of the prerequisite for obtaining a Master's degree in Health Professions Education (M.HPE), I am required to complete a research study. The information regarding the research study is as follows:

**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

The objective of this research project is to review the current structure and content of the undergraduate Community Service Learning (CSL) education in Physiotherapy at the University of the Free State (UFS). The second objective is to determine the expectations for physiotherapy- related CSL education from the stakeholders involved in physiotherapy CSL education by means of questionnaires.

CSL forms an important part of the UFS's vision and mission. In order for the UFS to remain relevant in communities, CSL programs need to be reviewed continuously to ensure a mutually beneficial environment for the community and the university in order to meet identified needs. CSL education must therefore remain relevant to community needs and development and must be evaluated regularly, hence the purpose of this research project.

- Participation is voluntarily as you may decline participation or withdraw at any point during the procedure without fearing any repercussion.
- Participants will not receive any compensation or any form of remuneration.
- No costs / payment will be required from participants.
- The results of the study could be presented at conferences and published in academic journals.

Although efforts will be made to keep personal information confidential, absolute confidentiality cannot be guaranteed as personal information may be disclosed if required by law.

The information received during the project will only be used for research purposes and will not be released to any third party outside of the law.

The process will be as follows:

You will be asked to complete a written consent form after you have verbally agreed to participate in this study. The researcher will ask you to complete a questionnaire which will take approximately 45 – 60 minutes to complete. The researcher will be available to assist you with the completion of the questionnaire if needed or to clarify any uncertainty. A translator will also be available to assist you with any uncertainties or language related questions.

Any further queries should be forwarded to the following persons:

The secretary of the Health Sciences Research Ethics Committee of the University of the Free State at telephone number (051) 405 2812 if you have any questions about your rights as a research subject.

Thank you very much.  
Researcher

Christolene Saaiman  
Tel: 051 401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)

## PHYSIOTHERAPY STUDENT GROUP QUESTIONNAIRE

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### AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY

#### Demographic Information

Please tick the correct answer

1. What is your age?	18-20
	21-22
	24-26
2. In which year of study are you?	2 <sup>nd</sup> Year
	3 <sup>rd</sup> Year
	4 <sup>th</sup> Year
3. What is your gender?	Male
	Female
4. To which ethnic group do you belong?	Black
	White
	Coloured
	Asian

#### Service Sector and Community Involvement

5. Name the service sector partners you worked with and the communities where you worked during the CSL module/s:

#### Understanding of Service Learning

6. Please state your understanding of the purpose of service learning:

#### Experiences Regarding the Service Learning Module

7. Describe how the service learning module met your expectations.

8. What have you learned during this module?

9. What have you learned from the community?

10. What did you learn from the service sector staff involved in the module/s?

11. Describe how this module provided you the opportunity to apply the knowledge that you acquired during your study period.

12. Explain how the service-learning module assisted in preparing you for the world of work.

13. Explain how the service-learning experience helped you to gain insight into your role as a responsible citizen.

14. Explain how the service-learning module contributed to your personal development.

15. Explain how the community-learning module compared with other physiotherapy modules (e.g. with regard to the workload, applicability to the world of work, knowledge/skills/experience gained, etc.)



16. Give your opinion with regard to the arrangements for CSL (e.g. logistics, transport, schedules, etc.).

17. Give your opinion with regard to the supervision and facilitation during the community-learning module.

18.1 The community-learning experience contributed to my understanding of diversity and the "celebration" of cultural differences. Please tick Yes or No.

Yes	
No	

18.2 Give a short explanation for your choice.

19.1 All students should do community-learning modules. Please tick Yes or No.

Yes	
No	

19.2 Give a short explanation for your choice.

### **Learning Outcomes of the Module (Knowledge, Skills, Attitudes and Values)**

20.1 Do you think that you have achieved the module's learning outcomes?  
Please tick Yes or No.

Yes	
No	

20.2 Give a short explanation for your choice.

### **Outcomes for the Community**

21.1 Do you think the community outcomes were achieved as intended?  
Please tick Yes or No.

Yes	
No	

21.2 Give a short explanation for your choice.

### **Guidelines, Orientation and Preparation**

22.1 Were you given appropriate guidelines and orientation for working in the community?  
Please tick Yes or No.

Yes	
No	

22.2 Give a short explanation for your choice.

### **Assessment of Learning**

23. How did you experience the assessment methods of community-learning? Please explain.

24. Was the assessment of the learning outcomes of this community-learning module different from that of other modules? Please explain.

25. What would you suggest must stay the same during the assessment of the CSL module?

26. What would you suggest must be changed during the assessment of the CSL module?

**Learning from Others (Reciprocity)**

- 27. What did you learn from community members? Please explain.
- 28. What did you learn from the service sector staff? Please explain.
- 29. What did you learn from your fellow students? Please explain.
- 30. What did you learn from and about your lecturer(s) during the community-learning experience that you would otherwise not have known? Please explain.

**Personal Experience**

- 31. What did you learn about yourself during your community-learning experience? Please explain.
- 32. What did you learn about reflection and the value thereof during the service-learning experience?
- 33. What new knowledge, skills, and/or attitude did you gain by participating in the course?
- 34. What new perspective did you gain about the community?
- 35. How did the community-learning experience contribute to your sense of social responsibility. Please explain.

**Comments and recommendations**

- 36. Please share any comments and/or recommendations for the CSL physiotherapy projects.

**APPENDIX M**

**REQUEST OF PERMISSION LETTER TO UNIVERSITY OF THE FREE STATE MANAGEMENT**

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**The Vice-Rector (Academics)**  
**The Dean of the Faculty of Health Sciences**  
**The Head of the School of Allied Health Professions**

**APPLICATION FOR PERMISSION TO CONDUCT RESEARCH AT THE FACULTY OF HEALTH SCIENCES AND WITH THE COMMUNITY ENGAGEMENT MANAGEMENT COMMITTEE MEMBERS**

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Dear Prof /Dr

I, Christolene Saaiman, am a student enrolled for the M.HPE degree. As part of the prerequisite for obtaining a Master's degree in Health Professions Education (M.HPE), I am required to complete a research study. I hereby request permission to conduct research at the Faculty of Health Sciences.

**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

The purpose of this research project is to review of the current structure and content of Community Service Learning (CSL) in undergraduate Physiotherapy at the University of the Free State (UFS). The aim of the research project is to firstly engage experts in Service-learning (SL) at the UFS, and other stakeholders, namely the physiotherapy and occupational therapy lecturers, the community, service providers, and the physiotherapy and occupational therapy students to review CSL in Physiotherapy education at the UFS in order that all stakeholders have an input with regard to the review process.

The research population will be the consenting academic staff of the Department of Physiotherapy, and all the second to fourth year physiotherapy students.

For the pilot study, two lecturers and two fourth year students of the Department of Occupational Therapy will be recruited to participate.

The researcher will first contact all possible participants (lecturers) via telephone, informing them about the research project with a short summary of the study and then notifying them that a more detailed information email will follow.

The physiotherapy and occupational therapy students will be informed by the researcher about the study and written consent will be obtained before the commencement of the research process.

The researcher will obtain consent from the participants by providing them with an information letter, (Appendix A and J), informing them about the process and simultaneously obtaining their consent (Appendix B and F).

Ethical clearance will be obtained from the Health Sciences Research Ethics Committee of the University of the Free State.

I hereby apply for permission to conduct research at the Faculty of Health Sciences to review CSL undergraduate Physiotherapy education at the UFS in order that all stakeholders have an input with regard to the review process.

Permission is required to request the staff and students to participate in the study.

I thank you.

If you have any queries or require additional information, please contact the following persons:

The secretary of the Health Sciences Research Ethics Committee of the University of the Free State at telephone number (051) 405 2812 if you have any questions about your rights as a research subject.

I thank you in advance.

Researcher  
Christolene Saaiman  
Tel: 051 401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)

**PERMISSION LETTER TO THE HEAD OF THE COMMUNITY ENGAGEMENT MANAGEMENT COMMITTEE**

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Rev Ramahlele  
Head of Community Engagement  
University of the Free State  
Nelson Mandela Drive  
Bloemfontein  
9301

**APPLICATION FOR PERMISSION TO CONDUCT RESEARCH WITH THE MEMBERS OF THE MANAGEMENT COMMITTEE FOR COMMUNITY ENGAGEMENT**

Dear Rev Ramahlele

I Christolene Saaiman, am a student enrolled for the M.HPE degree. As part of the prerequisite for obtaining a Master's degree in Health Professions Education (M.HPE), I am required to complete a research study. I hereby request permission to conduct research with the members of the Management Committee for Community Engagement.

**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

The purpose of this research project is to review the current structure and content of Community Service Learning (CSL) in undergraduate Physiotherapy education at the University of the Free State (UFS). The aim of the research project is to firstly engage experts in Service-learning (SL) at the UFS, and other stakeholders namely, the community, service providers and the students to gain information to review the CSL in Physiotherapy at the UFS in order that all stakeholders have an input with regard to the review process.

My research population will be the consenting staff employed at the Community Engagement Office of the University of the Free State.

The researcher will first contact the possible participants by telephone, informing them about the research project with a short summary of the study and informing them that a more detailed information email will follow.

The researcher will obtain consent from the participants by providing them with an information letter, (Appendix A), informing them about the process and simultaneously obtaining their consent (Appendix B).

Ethical clearance will be obtained from the Health Sciences Research Ethics Committee of the University of the Free State.

I hereby apply for permission to conduct research to gain information to review CSL in undergraduate Physiotherapy education at the UFS in order that all stakeholders have an input with regard to the review process. Permission is required to request the staff to participate in the study.

If you have any queries or require additional information, please contact the following persons:

The secretary of the Health Sciences Research Ethics Committee of the University of the Free State at telephone number (051) 405 2812 if you have any questions about your rights as a research subject.

I thank you in advance.

Researcher

Christolene Saaiman  
Tel: 051 401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)

**PERMISSION LETTER TO THE DEPARTMENT OF HEALTH**

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**THE UNIVERSITY OF THE FREE STATE  
FACULTY OF HEALTH SCIENCES**

Department of Physiotherapy  
CR De Wet Building G30  
University of the Free State  
105 Nelson Mandela Drive  
Bloemfontein  
9301  
Date:

The Director/Manager  
Free State Department of Health  
St Andrews Street  
Bloemfontein  
9301

Dear Doctor

I, Christolene Saaiman, am a student enrolled for the M.HPE degree. As part of the prerequisite for obtaining a Master's degree in Health Professions Education (M.HPE), I am required to complete a research study. I hereby request permission to conduct research at the Department of Health.

**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

I, hereby request permission to conduct research at the following DoH facilities: The Mangaung University of the Free State Community Partnership Programme (CHCCHC) and the Trompsburg Clinic. I also ask permission to conduct interviews with the staff members involved with the community service learning (CSL) projects.

The objective of this research project is to review the current structure and content of the undergraduate Community Service Learning (CSL) education in Physiotherapy at the University of the Free State (UFS). The second objective is to determine the expectations for physiotherapy- related CSL education from the stakeholders involved in the physiotherapy CSL education by means of questionnaires.

Service-learning is a "course-based, credit bearing educational experience in which students (a) participate in an organised service activity that meets identified community needs, and (b) reflect on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of personal values and civic responsibility. It requires a collaborative partnership context that enhances mutual, reciprocal teaching and learning among all members of the partnership (lecturers and students, members of the communities and representatives of the service sector)" (Bringle and Hatcher 2009:38).

CSL forms an integral part of the UFS vision and mission in addition to being one of the key transformation objectives of higher education to provide contextualised relevant reciprocal teaching and learning. In order for the UFS to remain relevant in communities, CSL programs need to be reviewed continuously to ensure focused modification and contextualisation of what is taught, learned and researched in order to guarantee an enabling environment for the community and the university. CSL education must therefore remain relevant to community needs and development and must be evaluated regularly, hence the purpose of this research project.

I hereby request permission for the following:

- To interview the service providers working at the clinics where CSL services were rendered by the department of physiotherapy. Data to be collected by means of structured interviews.

- Secondly I request permission collect data from community members who partook in the CSL projects at these facilities by means of a questionnaire.

The study will be conducted between April and July 2017 at the above mentioned clinics. Participants will be recruited by the researcher after verbal consent has been obtained by the researcher. The procedure will be explained to the participants and they will receive the following documentation: An information document, to explain the purpose of the study (Appendix E and H). Informed consent document (Appendix F).

The researcher will make use of a Sesotho translator if needed during the execution of the research.

No personal information will be published, but the results of the study may be published and/or presented at a meeting/congress.

Ethical clearance will be obtained from the Ethics Committee of the Faculty of Health Sciences, at the University of the Free State.

I hereby ask approval to conduct this study at the above mentioned healthcare centers. If you have any queries or require additional information, please contact the following persons:

The secretary of the Health Sciences Research Ethics Committee of the University of the Free State at telephone number (051) 405 2812 if you have any questions.

I thank you in advance.

Researcher  
Christolene Saaiman  
Tel: 051 401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)



**APPENDIX P**

**PERMISSION LETTER TO SERVICE PROVIDER MANAGEMENT COMMITTEES / MANAGERS  
AT THE DIFFERENT CSL SITES**

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**THE UNIVERSITY OF THE FREE STATE  
FACULTY OF HEALTH SCIENCES**

Department of Physiotherapy  
CR De Wet Building G30  
University of the Free State  
105 Nelson Mandela Drive  
Bloemfontein  
9301  
Date:

The Director/Manager  
*Bloemfontein, Free State, 9301*

Dear Sir/Madam

I, Christolene Saaiman, am a student enrolled for the M.HPE degree. As part of the prerequisite for obtaining a Master's degree in Health Professions Education (M.HPE) I am required to complete a research study. I hereby request permission to conduct research at the Department of Social Development' facilities in order to execute the following research project.

**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

The objective of this research project is to review the current structure and content of the undergraduate Community Service Learning (CSL) education in Physiotherapy at the University of the Free State (UFS). The second objective is to determine the expectations for physiotherapy- related CSL education from the stakeholders involved in the physiotherapy CSL education by means of questionnaires.

Service-learning is a "course-based, credit bearing educational experience in which students:

- (a) Participate in an organised service activity that meets identified community needs, and
- (b) Reflect on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of personal values and civic responsibility.
- (c) It requires a collaborative partnership context that enhances mutual, reciprocal teaching and learning among all members of the partnership (lecturers and students, members of the communities and representatives of the service sector)."

CSL forms an integral part of the UFS vision and mission as well as one of the key transformation objectives of higher education to provide contextualised relevant reciprocal teaching and learning. In order for the UFS to remain relevant in communities, CSL programs need to be reviewed continuously to ensure focused modification and contextualisation of what is taught, learned and researched in order to guarantee an enabling environment for the community and the university. CSL education must therefore remain relevant to community needs and development and must be evaluated regularly, hence the purpose of this research project.

In order to execute the research project, I hereby request permission to conduct a data collection session with the community members/residents who partook in the CSL projects. A questionnaire will be used. I would also like to interview the service providers working at the FOHFOH and BOHBOH Old Age Homes, JWJW Home, EDCEDC Centre, Talitah Cumi House of Safety where CSL services were rendered by the department of physiotherapy.

The study will be conducted between April and July 2017 at the above mentioned CSL sites. The population group will consist of community members or personnel who form part of the service

providers who did partake in the physiotherapy CSL projects. Participants will be recruited by the researcher and a structured interview will be conducted after verbal consent has been obtained by the researcher. The procedure will be explained to the participants and they will receive the following documentation:

An information document, to explain the purpose of the study (Appendix E and H).

Informed consent document (Appendix F).

The researcher will make use of a Sesotho translator if needed during the interview. No personal information will be published, but the results of the study may be published and/or presented at a meeting/congress.

Ethical clearance will be obtained from the Ethics Committee of the Faculty of Health Sciences, at the University of the Free State.

I hereby ask approval to conduct this study at the above mentioned healthcare centers.

If you have any queries or require additional information, please contact the following persons:

The secretary of the Health Sciences Research Ethics Committee of the University of the Free State at telephone number (051) 405 2812 if you have any questions about your rights as a research subject.

I thank you in advance.

Researcher  
Christolene Saaiman  
Tel: 051 401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)

**PERMISSION LETTER TO DEPARTMENT OF EDUCATION**

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**THE UNIVERSITY OF THE FREE STATE  
FACULTY OF HEALTH SCIENCES**

Department of Physiotherapy  
CR De Wet Building G30  
University of the Free State  
105 Nelson Mandela Drive  
Bloemfontein  
9301  
Date:

The Director/Manager  
Free State Department of Education  
Bloemfontein,  
Free State,  
9301

Dear Sir/Madam

I, Christolene Saaiman, am a student enrolled for the M.HPE degree. As part of the prerequisite for obtaining a Master's degree in Health Professions Education (M.HPE), I am required to complete a research study. I hereby request permission to conduct research at TLGTLG School in order to execute the following research project.

**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

The purpose of this research project is to review of the current structure and content of Community Service Learning (CSL) undergraduate education in Physiotherapy at the University of the Free State (UFS).

CSL forms an integral part of the UFS vision and mission as well as being one of the key transformation objectives of higher education to provide contextualised relevant reciprocal teaching and learning. In order for the UFS to remain relevant in communities, CSL programs need to be reviewed continuously to ensure focused modification and contextualisation of what is taught, learned and researched in order to guarantee an enabling environment for the community and the university. CSL education must therefore remain relevant to community needs and development and must be evaluated regularly, hence the purpose of this research project.

I hereby request permission to interview the service providers/therapists working at TLGTLG School where CSL services are rendered by the Department of Physiotherapy.

The study will be conducted between April and June 2017 at the school. The population group will consist of the three physiotherapists directly involved with the physiotherapy community service learning program and the head of therapy services at the school. The researcher will make use of semi-structured interviews, conducted during break times at the school so as not to interfere with the official duties of the therapists. The participants will be contacted by the researcher telephonically first and then followed by an information document which will be sent via email. The research will be conducted after verbal and written consent has been obtained by the researcher. The procedure will be explained to the participants and they will receive the following documentation:  
An information document, to explain the purpose of the study (Appendix E and H).  
Informed consent document (Appendix F).

No personal information will be published, but the results of the study may be published and/or presented at a meeting/congress.

Ethical clearance will be obtained from the Health Sciences Research Ethics Committee of the University of the Free State.

I hereby ask approval to conduct this study at TLGTLG School.

If you have any queries or require additional information, please contact the following persons:

The secretary of the Health Sciences Research Ethics Committee of the University of the Free State at telephone number (051) 405 2812 if you have any questions.

I thank you in advance.

Researcher  
Christolene Saaiman  
Tel: 051 401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)

**PERMISSION LETTER TO THE MWRUGBY MANAGEMENT**

**THE UNIVERSITY OF THE FREE STATE  
FACULTY OF HEALTH SCIENCES**

Department of Physiotherapy  
CR De Wet Building G30  
University of the Free State  
205 Nelson Mandela Drive  
Bloemfontein  
9301  
25 May 2017

The Management  
MWRugby Team Bloemfontein,  
Free State, 9301 Date

Dear Sir

I, Christolene Saaiman, am a student enrolled for the M.HPE degree. As part of the prerequisite for obtaining a Master's degree in Health Professions Education (M.HPE), I am required to complete a research study. In order to carry out the following research project, I need to obtain permission to execute the study at your premises and to speak to the team members.

The background information of this study is included below:

**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY.**

Ethics Number: HSREC 57/2017 (UFS-HSD2017/0500)  
Principal Investigator: Ms CMB Saaiman  
Supervisor: Dr R Botha  
Co-Supervisor: Dr EC Janse Van Vuuren

The purpose of this research project is to make recommendations for the review of the current structure, content and research of Community Service Learning (CSL) in Physiotherapy at the University of the Free State (UFS).

Service-learning is a "course-based, credit bearing educational experience in which students: (a) Participate in an organised service activity that meets identified community needs, and (b) Reflect on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of personal values and civic responsibility".

CSL forms an integral part of the UFS vision and mission as well as one of the key transformation objectives of higher education to provide contextualised relevant reciprocal teaching and learning. In order for the UFS to remain relevant in communities, CSL programs need to be reviewed continuously to ensure focused modification and contextualisation of what is taught, learned and researched in order to guarantee an enabling environment for the community and the university. CSL education must therefore remain relevant to community needs and development and must be evaluated regularly, hence the purpose of this research project.

I hereby request permission to conduct research with the MWRugby Team. I also request permission to interview the management and to complete research questionnaires with members of the wheelchair rugby team members.

The study will be conducted between June and August 2017 at the premises where your practice sessions are conducted. Participants will be recruited by the researcher and after written consent

has been obtained by the researcher. The procedure will be explained to the participants and they will receive the following documentation:

An information document, to explain the purpose of the study (Appendix E and H).  
Informed consent document (Appendix F).

The researcher will make use of a Sesotho translator if needed.

No personal information will be published, but the results of the study may be published and/or presented at a meeting/congress.  
Ethical clearance will be obtained from the Ethics Committee of the Faculty of Health Sciences, at the University of the Free State.

The researcher will make use of a Sesotho translator if needed during the interview. No personal information will be published, but the results of the study may be published and/or presented at a meeting/congress.

I hereby ask approval to conduct this study at your premises.

I thank you.

If you have any queries or require additional information, please contact the following persons:

The secretary of the Health Sciences Research Ethics Committee of the University of the Free State at telephone number (051) 405 2812 if you have any questions.

I thank you in advance.

Researcher  
Christolene Saaiman  
Tel: 051 401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)

## OUTLINE OF THE GOOD PRACTICE GUIDE QUESTIONS FOR THE DATA COLLECTION METHODS

Good Practice Guide and Self-evaluation Instruments for Managing the Quality of Service-Learning

**Table 4: The indicators applicable to the Good Practice Guide for Quality Service Learning Module**

Good Practice Guide and Self-evaluation Instruments for Managing the Quality of Service-Learning	Focus Groups CSL Experts Questionnaire	Focus Groups Physiotherapy Academics	Semi-Structured Interviews	Community Members Questionnaire	Physiotherapy Student Questionnaire
	The questions are based on the indicators below	The questions are based on the indicators below	The questions are based on the indicators below	All questions are focussed on Indicator 8 and 11 for evaluation and monitoring of the CSL module	Most questions are focussed on Indicator 8 and 11 for evaluation and monitoring of the CSL module
Indicator 1: Partnerships are designed to be collaborative.	Question 2	Question 2 & 4	Question 6		
Indicator 2: CSL is integrated in the curriculum.	Question 3	Question 3			Question 15
Indicator 3: Planning for implementation of the designed module.		Question 2			Question 16
Indicator 4: Student orientation and training are conducted.	Question 5 & 6	Question 1			
Indicator 5: Sustainable CSL partnerships are maintained.	Question 1		Question 1 & 7		
Indicator 6: Formative assessment of student learning is conducted.					Questions 23-26
Indicator 7: The CSL process is managed.		Question 2	Question 3 & 8		

Indicator 8: The impact of the module is monitored and evaluated.	Question 1		Question 2		
Indicator 9: Summative assessment of student learning is conducted.					Questions 27-35
Indicator 10: The completion of the CSL module is demonstrated and celebrated.					
Indicator 11: Evaluation and review for improvement takes	Question 1	Question 5	Question 4 & 5		
Indicator 12: The partnership is expanded or terminated.		Question 4			

For the purposes of this study, the researcher compiled the questions for the different research methods according to:

- The indicators applicable to the Good Practice Guide for Quality Service Learning - Module/Course level which include (HEQC 2006a:30-32) and
- The Service Learning Module: Evaluation for Community Members and Service Sector UFS: 2011 online:  
[<http://www.ufs.ac.za/supportservices/departments/service-learning-at-our-university-home/service-learning-information/evaluation-instruments>]



**APPENDIX T**

**REQUEST OF PERMISSION LETTER TO UNIVERSITY OF THE FREE STATE DEPARTMENT OF PHYSIOTHERAPY**

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**University of the Free State**

**APPLICATION FOR PERMISSION TO CONDUCT RESEARCH AT THE DEPARTMENT OF PHYSIOTHERAPY**

Dear Dr R Barnes

I, Christolene Saaiman, am a student enrolled for the M.HPE degree. As part of the prerequisite for obtaining a Master's degree in Health Professions Education (M.HPE), I am required to complete a research study. I hereby request permission to conduct research at the Department of Physiotherapy.

**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

The purpose of this research project is to review of the current structure and content of Community Service Learning (CSL) in undergraduate Physiotherapy at the University of the Free State (UFS). The aim of the research project is to firstly engage experts in Service-learning (SL) at the UFS, and other stakeholders, namely the physiotherapy and occupational therapy lecturers, the community, service providers, and the physiotherapy and occupational therapy students to review CSL in Physiotherapy education at the UFS in order that all stakeholders have an input with regard to the review process.

The research population will be the consenting academic staff of the Department of Physiotherapy, and all the second to fourth year physiotherapy students.

For the pilot study, two lecturers and two fourth year students of the Department of Occupational Therapy will be recruited to participate.

The researcher will first contact all possible participants (lecturers) via telephone, informing them about the research project with a short summary of the study and then notifying them that a more detailed information email will follow.

The physiotherapy and occupational therapy students will be informed by the researcher about the study and written consent will be obtained before the commencement of the research process.

The researcher will obtain consent from the participants by providing them with an information letter, (Appendix A and J), informing them about the process and simultaneously obtaining their consent (Appendix B and F).

Ethical clearance will be obtained from the Health Sciences Research Ethics Committee of the University of the Free State.

I hereby apply for permission to conduct research at the Department of Physiotherapy with the physiotherapy academic personnel and the second to fourth year undergraduate physiotherapy student. The purpose of the study is to review the CSL undergraduate Physiotherapy education at the UFS in order that all stakeholders have an input with regard to the review process.

Permission is required to request the staff and students to participate in the study.

If you have any queries or require additional information, please contact the following persons:

The secretary of the Health Sciences Research Ethics Committee of the University of the Free State at telephone number (051) 405 2812 if you have any questions about your rights as a research subject.

I thank you in advance.

Researcher  
Christolene Saaiman  
Tel: 051 401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)

**APPENDIX U**

**COVER LETTER TO THE HEALTH SCIENCES RESEARCH ETHICS COMMITTEE (HSREC) OF THE UFS**

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**UNIVERSITY OF THE FREE STATE  
FACULTY OF HEALTH SCIENCES**

Department of Physiotherapy  
CR De Wet Building G30  
University of the Free State  
105 Nelson Mandela Drive  
Bloemfontein  
9301  
08 May 2017

Head: Health Sciences Research Ethics Committee Administration  
Faculty: Health Sciences  
PO Box 339  
Bloemfontein 9300

**RE: APPLICATION FOR ETHICAL CLEARANCE TO CONDUCT RESEARCH AT THE FACULTY OF HEALTH SCIENCES AT THE UNIVERSITY OF THE FREE STATE.**

Dear Sir / Madam

I, Christolene Saaiman, am a student enrolled for the M.HPE degree. As part of the prerequisite for obtaining a Master's degree in Health Professions Education (M.HPE), I am required to complete a research study. I hereby request ethical clearance to conduct research at the Faculty of Health Sciences.

**Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

Community Service Learning (CSL) forms an integral part of the UFS' vision and mission as well as one of the key transformation objectives of HE to provide contextualised relevant teaching and learning. In order for the UFS to remain relevant in communities, CSL programs need to be reviewed continuously to ensure focused modification and contextualisation of what is taught, learned and researched in order to guarantee an enabling environment for the community and the university. Community Service Learning (CSL) in physiotherapy must be aligned with the policies (UFS Community Service Policy), guidelines and developments in CSL in the physiotherapy profession and others government directives. Gaps have been identified in the training of physiotherapy students in order to prepare them for community service. Confusion in the understanding of CSL exists among the different universities. The UFS policy and the World Confederation of Physical Therapy (WCPT) policy directives recommend that CSL curricula undergo regular reviews in order to stay relevant. Stakeholder needs and expectation in the CSL partnerships, must be aligned with the CSL module outcomes thus an evaluation is proposed to assess the alignment with policies, expectations and identify possible shortcomings in the module. CSL education must remain relevant to community needs and development and must be evaluated regularly hence the purpose of this research project. The purpose of this research project is to review of the current structure and content of Community Service Learning (CSL) in undergraduate Physiotherapy at the University of the Free State (UFS). The aim of the research project is to firstly engage experts in Service-learning (SL) at the UFS, and other stakeholders, namely the physiotherapy and occupational therapy lecturers, the community, service providers, and the physiotherapy and occupational therapy students to review CSL in Physiotherapy education at the UFS in order that all stakeholders have an input with regard to the review process.

The research population will be the consenting stakeholders as mentioned above. For the pilot study, two lecturers and two fourth year students of the Department of Occupational Therapy will be

recruited to participate.

The researcher will obtain consent from the participants by providing them with an information letter, informing them about the process and simultaneously obtaining their consent.

Ethical clearance is hereby requested from the Health Sciences Research Ethics Committee in order to commence with the study. Permission to conduct the study from other authoritative bodies such as governmental departments, the university authorities and management structures of the sites where the research will be conducted are subject to ethical clearance from the Health Sciences Research Ethics Committee.

If you have any queries or require additional information, please contact the following persons:

Researcher  
Christolene Saaiman  
Tel: 051 401 3300  
Cell: 079 890 7247  
Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)

Study Leader:  
Dr Rene Botha  
Tel: 051 401 7378  
Email: [BothaRW@ufs.ac.za](mailto:BothaRW@ufs.ac.za)

Co-study Leader:  
Dr Corlia Janse Van Vuuren  
Tel: 051 401 3691  
Email: [JanseVanVuurenEC@ufs.ac.za](mailto:JanseVanVuurenEC@ufs.ac.za)

I thank you in advance.

Yours Sincerely.

Christolene Saaiman

**PERMISSION LETTER FOR PROTOCOL AMENDMENTS**

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Department of Physiotherapy  
CR De Wet Building G30  
University of the Free State  
105 Nelson Mandela Drive  
Bloemfontein  
08 November 2017

The Chairperson: Health Sciences Research Ethics Committee (HSREC)  
For Attention: Mrs MGE Marais  
Block D, Room 104,  
Francois Retief Building  
University of the Free State  
Bloemfontein  
9300

**Re: Application for permission to make amendments to the protocol****Research study title: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

Ethics Number: HSREC 57/2017 (UFS-HSD2017/0500)  
Principal Investigator: Ms CMB Saaiman  
Supervisor: Dr R Botha  
Co-Supervisor: Dr EC Janse Van Vuuren

Dear Madam

I hereby ask permission to make amendments to 1.) The focus group procedure and 2) Transcription of data recordings and 3.) Questions that I was going to use in the above mentioned research study.

**1. Focus group procedure (Department of Physiotherapy)**

The researcher wishes to make use of an external facilitator to facilitate the focus groups in the department of Physiotherapy due to the following ethical reasons. In order to avoid personal bias, as the researcher is a permanent staff member within the department. Objectivity may also be compromised, if the focus group is facilitated by the researcher, due to the fact that the researcher form part of the academic staff of the physiotherapy department and colleagues may not be able to express their true views if the researcher is present during the focus group session. The researcher will also make use of and external transcriber for the focus group recordings to ensure objectivity. The protocol will thus be changed on page 23 paragraph 8.2.1.3 (c).

**8.2.1.3 Data collection*****(c) Focus group procedure***

The researcher will facilitate all the focus group sessions utilising the semi-structured interview schedule (Appendix C and D) and use audio recordings of the focus group sessions for verbatim transcription. Furthermore, a research assistant will be used as an observer to observe the proceedings and take notes during the focus group discussions. The research assistant will also capture the non-verbal cues of the participants. The researcher will transcribe the focus group interviews verbatim from the audio recording after the focus group and the transcriptions will be verified by the research assistant as well as the interviewees (member checks).

**Amendment to protocol:**

The focus groups in the department of physiotherapy will be facilitated by an experienced external

facilitator from a different department in order to avoid personal bias and to ensure objectivity throughout the focus group session. Objectivity may be compromised due to the fact that the researcher form part of the academic staff of the physiotherapy department and colleagues may not be able to express their true views if the researcher is present during the focus group session. The researcher will also make use of an experienced transcriber to transcribe the audio recordings in order to ensure objectivity. The transcriptions will be verified by the researcher and research assistant as well as the interviewees (member checks).

## **2. Data Analysis**

### ***8.2.1.4 Data analysis procedure of focus groups: page 25 of protocol***

The researcher will transcribe the audio recordings of the focus group interviews, then read and re-read the transcribed notes in their entirety, reflecting on the focus groups from each of the population groups (i.e. UFS CSL experts and physiotherapy academic staff), as a whole.

#### **Amendment to protocol:**

The researcher will make use of an experienced transcriber to transcribe the audio recordings in order to ensure objectivity. The transcriptions will be verified by the researcher and research assistant as well as the interviewees (member checks).

## **3. Questions to be used during the focus group discussion for Academics (Lecturers) and CSL Experts**

After the pilot study had been conducted, the following changes are proposed in order to make the questions more generic for academics that are not directly involved in Community Service Learning to easily give their opinion /viewpoint (Appendix C).

- 3.1 Question one will be an introduction to the focus group session. From question two onwards the wording of the questions has just been rephrased (Appendix C).
- 3.2 In Appendix D only one question will be added namely question one. The questions will thus consists of seven questions and not six.

### **3.1 APPENDIX C: FOCUS GROUP INTERVIEW SCHEDULE FOR CSL EXPERTS**

1. How do you ensure that CSL projects remain relevant to community needs and development and involve a diverse population of students, communities and service providers?
2. How is contextual relevance and application of content knowledge integrated with community development and collaboration?
3. How is the philosophy of promoting social justice while encouraging students to become active contributors to society being implemented in CSL?
4. How is the development of graduate attributes embedded in CSL interactions with stakeholders?
5. How are quality assurance and the impact of CSL engagements evaluated?
6. Do you have any additional comments or recommendations with regard to CSL engagements?

#### **Amended Questions for Appendix C:**

1. What is your understanding of Community Service Learning (CSL)?
2. How do you or can you ensure that CSL projects remain relevant to community needs and development and involve a diverse population of students, communities and service providers?
3. How is or can contextual relevance and the application of content knowledge be integrated with community development and collaboration?
4. How is or can the philosophy of promoting social justice while encouraging students to become active contributors to society be implemented in CSL?
5. How is or can the development of graduate attributes be embedded in CSL interactions with stakeholders?

6. How are or can the quality assurance and the impact of CSL engagements be evaluated?
7. Do you have any additional comments or recommendations with regard to CSL engagements?

### **3.2 APPENDIX D: FOCUS GROUP INTERVIEW SCHEDULE FOR PHYSIOTHERAPY LECTURERS**

1. What are your expectations of the undergraduate CSL education in physiotherapy?
2. How should the undergraduate CSL education in physiotherapy link to the national expectations of CSL, HPCSA guidelines for CSL, institutional expectations of CSL as well as community-specific expectations?
3. How should the development of graduate attributes, contextual knowledge application and community expectations be integrated in undergraduate CSL education in physiotherapy?
4. Give your views on sustainable partnership development for CSL engagements.
5. How should quality assurance and the impact of CSL engagements be evaluated?
6. Do you have any additional comments or recommendations with regard to CSL engagements in physiotherapy?

#### **Amended Questions for Appendix D:**

1. What is your understanding of Community Service Learning (CSL)?
2. What are your expectations of the undergraduate CSL education in physiotherapy?
3. How should the undergraduate CSL education in physiotherapy link to the national expectations of CSL, HPCSA guidelines for CSL, institutional expectations of CSL as well as community-specific expectations?
4. How should the development of graduate attributes, contextual knowledge application and community expectations be integrated in undergraduate CSL education in physiotherapy?
5. Give your views on sustainable partnership development for CSL engagements.
6. How should quality assurance and the impact of CSL engagements be evaluated?
7. Do you have any additional comments or recommendations with regard to CSL engagements in physiotherapy?

Please find the original protocol and focus questions (Appendix C and D) attached with the amendments highlighted.

If you have any queries please contact the researcher.

I thank you.

Regards  
Christolene Saaiman  
E-mail: ([saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za))  
Work: 051 401 3300  
Cell: 079 890 724

## LETTERS OF APPROVAL

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### **10. UNIVERSITY AUTHORITIES**

- xxxi. Evaluation Committee Report
- xxxii. UFS Authorities Approval Letter
- xxxiii. Health Sciences Research Ethics Committee (HSREC) Provisional Approval Letter
- xxxiv. HSREC Interim Approval Letter
- xxxv. HSREC Final Approval Letter
- xxxvi. Biostatistics Letter
- xxxvii. Department of Physiotherapy Approval Letter

### **11. GOVERNMENTAL AUTHORITIES**

- xxxviii. Department of Health Approval Letter
- xxxix. Department of Education Approval Letter

### **12. SERVICE PROVIDERS APPROVAL LETTERS**

- xl. TLGTLG School
- xli. Mustangs Wheelchair Rugby Club
- xl.ii. BOHBOH Old Age Home
- xl.iii. JWJW Home and EDCEDC Centre
- xl. iv. FOHFOH Old Age Home
- xl. v. BSBS Centre

### **13. LETTER OF EDITING**



29.2

## EK2 – Notice to Chairperson of evaluation committee

UNIVERSITY OF THE  
FREE STATE  
UNIVERSITEIT VAN DIE  
VRYSTAAT  
YUNIBESITHI YA  
FREISTATA



**REPORT FROM CHAIRPERSON  
EVALUATION COMMITTEE**

## 1. GENERAL

DATE	03.03.2017	TIME	08:00 – 10:00
VENUE	FRANCOIS RETIEF BUILDING, BLOCK A, ROOM 112		
STUDENT DETAILS			
CANDIDATE	Ms CMB Saaiman		
STUDENT NR	1991183144		
DEPARTMENT/SCHOOL	Jnr Lecturer: Dept Physiotherapy, School for Allied Health Professions		
INSTITUTION	UFS		
PROPOSED QUALIFICATION	Masters' degree in Health Professions Education		
PROPOSED TITLE	COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY AT THE UNIVERSITY OF THE FREE STATE: THE DEVELOPMENT OF A REVIEW FRAMEWORK		

## 2. EVALUATION COMMITTEE

ATTENDANCE				
	INITIALS AND SURNAME	DEPARTMENT	ATTENDED	NOT ATTENDED (with apology)
CHAIR PERSON	Prof GJ van Zyl	Dean: Faculty of Health Sciences	✓	
STUDY LEADER	Dr RW Botha	Head: CBE and Rural Health	✓	
CO-STUDY LEADER	Dr EC Janse van Vuuren	Senior Lecturer: Economic and Management Sciences	✓	
QUALITATIVE EXPERT	Dr D.E van Jaarsveld	School of Nursing	✓	
HPE COORDINATOR	Dr J. Bezuidenhout	Head: Division Health Sciences Education	✓	
EDUCATIONAL EXPERTS	Dr B de Klerk	Dept. of Community Health	✓	
	Ms K Venter	Community Engagement, Top Management	✓	
	Mr N Naicker	Dept. of Optometry	✓	
	Mrs E. Myburgh	(Faculty: Economic and Management Sciences)	nie op lys	

## 3. CLARIFICATION OF PROCESS

The following was proposed:

(a)	That the candidate first delivers a presentation (20-25 minutes)	Yes	No
(b)	That a period will be allowed for questions.	Yes	No
(c)	That the candidate will leave the venue for 10-15 minutes so that the Committee can formulate their decisions.	Yes	No
(d)	The Chair will inform the candidate of the final findings on behalf of the Committee.	Yes	No
(e)	The candidate will have an opportunity to respond to this.	Yes	No

## 4. QUESTIONS PUT TO THE CANDIDATE

Use of Community Service Learning and Service Learning. Explain Social Justice + Community and Graduate attributes. Collapse aim + goal. Problem statement and research question. Put in Interprofessional Education. Add Good Practice guidelines. Focus on education as outcome and curriculum inputs.

## 5. EVALUATION OF PROTOCOL

Please mark appropriate block	
Excellent (e.g. 80% +)	
Acceptable (e.g. 75 – 80%)	<input checked="" type="checkbox"/>
Good, needs minor changes under the supervision of supervisors (e.g. 61 – 74%)	
Satisfactory, but needs changes; after correction – circulated for approval (e.g. 50 – 60%)	
Unacceptable – major exclusions – rethink and resubmit (49% or less)	

## 6. OVERALL ASSESSMENT OF THE PROPOSED POSTGRADUATE RESEARCH

The study is feasible	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The candidate is able and capable to complete research	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The research is on the specific master's/ doctoral level as required	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The proposed methods are appropriate for the study	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The title is correct. (If no – reformulate)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
PROPOSED TITLE	Review of the Undergraduate Community Service Learning Education in Physiotherapy at the University of the Free State COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY AT THE UNIVERSITY OF THE FREE STATE: THE DEVELOPMENT OF A REVIEW FRAMEWORK	
ACCEPTED (AMENDED TITLE)	An Evaluative Case Study for Undergraduate Community Service Learning in Physiotherapy.	

## 7. COMMENTS OF SUPERVISOR(S) AND CANDIDATE

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8. RECOMMENDATIONS

The corrections on protocol to be  
made under supervision of study leaders

9. FINAL DECISION

The protocol is accepted in its current form	
The protocol needs to be adapted under the supervision of the supervisors	✓
The protocol needs to be adapted under the supervision of the supervisors, but needs to be recirculated to the members	
The protocol is not accepted in its current form and a new evaluation committee has to be scheduled	

Comments:

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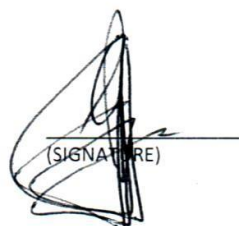


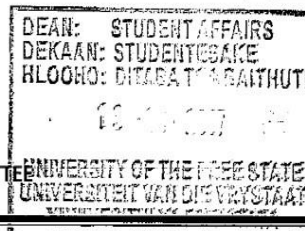
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EVALUATION REPORT COMPILED BY:

Veen Zyl GT  
 (SURNAME AND INITIALS)

3 March 2017  
 (DATE)

  
 (SIGNATURE)



HEALTH SCIENCES RESEARCH ETHICS COMMITTEE

**APPROVAL FROM UFS AUTHORITIES  
FOR PARTICIPATION OF STUDENTS/STAFF IN RESEARCH PROJECTS**

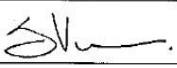

<b>Title, Initials, Surname:</b>	Ms CMB Saaiman	<b>Staff/Student number</b>	0874889
<b>Department/Institution:</b>	UFS Department of Physiotherapy		
<b>Phone:</b>	0798907247	<b>E-mail address:</b>	saaimancmb@ufs.ac.za
<b>Supervisor(s):</b>	Dr Rene Botha Dr Corlia Janse Van Vuuren	<b>Phone:</b>	0833819695 0829210536

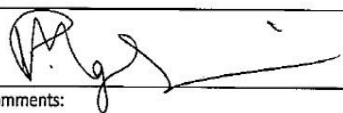
<b>Protocol Title:</b>	<b>AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY</b>

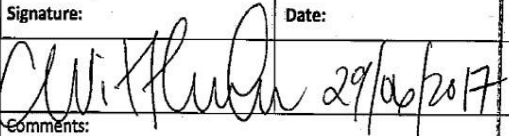
<b>Who will be involved in the study? (tick ✓)</b>	<input type="checkbox"/> UFS Personnel	<input type="checkbox"/> Students
--	--	-----------------------------------

**INSTRUCTIONS:**

- I. Please attach the study protocol and all supporting documentation to this form when requesting approval from the signatories.
- II. Kindly note that it is the responsibility of the researcher(s) to ensure that all relevant signatures are obtained before this signed form is returned to the HSREC. The application may, however, be submitted for HSREC approval while signatures are being obtained.
- III. If any uncertainty exists regarding this process, please contact HSREC Administration for advice.
- IV. Section C is **mandatory** for all research on campus.

<b>A. FOR RESEARCH ON UFS STUDENTS AND/OR UFS STAFF FROM A SPECIFIC FACULTY, BOTH THE FOLLOWING SIGNATURES MUST BE OBTAINED:</b>		
<b>I. HEAD OF SCHOOL (IF APPLICABLE):</b>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Signature: 	Date: 12/06/2017	
Comments:		
<b>II. DEAN OF FACULTY:</b>		
	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Signature: 	Date:	Dean: Faculty of Health Sciences University of the Free State  <b>12-06-2017</b>  Dekaan: Fakulteit Gesondheidswetenskappe Universiteit van die Vrystaat
Comments:		

<b>B. FOR RESEARCH ON UFS STUDENTS, THE FOLLOWING SIGNATURE MUST BE OBTAINED:</b>		
<b>I. DEAN: STUDENT AFFAIRS</b>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Signature: 	Date: 26-06-2017	
Comments:		

<b>C. ALL RESEARCH ON UFS STUDENTS AND/OR UFS STAFF TO BE APPROVED BY:</b>		
<b>I. VICE-RECTOR: RESEARCH</b>	<input checked="" type="checkbox"/> Approved	
Signature: 	Date: 29/06/2017	Die Universiteit van die Vrystaat The University of the Free State  <b>2017-06-29</b>  Prof. R.C. Witthuhn VISEKTOR: NAVORSING VICE RECTOR: RESEARCH
Comments:		



IRB nr 00006240  
REC Reference nr 230408-011  
IORG0005187  
FWA00012784

10 May 2017

MS CMB SAAIMAN  
DEPT OF PHYSIOTHERAPY  
FACULTY OF HEALTH SCIENCES  
UFS

Dear Ms CMB Saaiman

**HSREC 57/2017 (UFS-HSD2017/0500)**

**PRINCIPAL INVESTIGATOR: MS CMB SAAIMAN**

**SUPERVISOR: DR R BOTHA**

**PROJECT TITLE: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

1. You are hereby kindly informed that the Health Sciences Research Ethics Committee (HSREC) reviewed the above research project. Research may not be conducted before the following condition(s) has/have been met and the HSREC grants final approval for the project:

1.1. *Permissions are outstanding from the following: The Head of the Physiotherapy Department, Department of Education, Department of Health, Department of Social Development, Permission from UFS Authorities (HSREC 17 form), Mangaung Wheelchair Rugby Management.*

**PLEASE NOTE:** Please highlight all changes and provide a summary of changes. Upon receipt of the updated documentation/other request(s) from the HSREC in RIMS, the project will be re-considered.

2. Kindly use the **HSREC NR** as reference in correspondence to HSREC Administration.
3. The HSREC functions in compliance with, but not limited to, the following documents and guidelines: The SA National Health Act. No. 61 of 2003; Ethics in Health Research: Principles, Structures and Processes (2015); SA GCP(2006); Declaration of Helsinki; The Belmont Report; The US Office of Human Research Protections 45 CFR 461 (for non-exempt 21 CFR 50, 21 CFR 56; CIOMS; ICH-GCP-E6 Sections 1-4; The International Conference on Harmonization and Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH Tripartite); Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines; Constitution of the HSREC of the Faculty of Health Sciences.

Yours faithfully



PROF WJ STEINBERG  
VICE CHAIR: HEALTH SCIENCES RESEARCH ETHICS COMMITTEE

IRB nr 00006240  
REC Reference nr 230408-011  
IORG0005187  
FWA00012784

16 October 2017

MS CMB SAAIMAN  
DEPT OF PHYSIOTHERAPY  
FACULTY OF HEALTH SCIENCES  
UFS

Dear Ms CMB Saaiman

**HSREC 57/2017 (UFS-HSD2017/0500)**  
**PRINCIPAL INVESTIGATOR: MS CMB SAAIMAN**  
**SUPERVISOR: DR R BOTHA**  
**PROJECT TITLE: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY**

1. You are hereby kindly informed that the Health Sciences Research Ethics Committee (HSREC) reviewed the above research project. You have received approval to commence with data collection at the following institutions:

- 1.1. *The University of the Free State*
- 1.2. *Boikhuco Old Age Home*
- 1.3. *Jean Webber Home*
- 1.4. *Mangaung Wheelchair Rugby Management*

2. Research may not be conducted at **schools** or **public healthcare facilities** before the following conditions have been met:

- 2.1. *Please submit permission from the Free State Department of Health and the Free State Department of Education in RIMS.*

**PLEASE NOTE:** Upon receipt of the updated documentation/other request(s) from the HSREC in RIMS, the project will be re-considered.

2. Kindly use the **HSREC NR** as reference in correspondence to HSREC Administration.
3. The HSREC functions in compliance with, but not limited to, the following documents and guidelines: The SA National Health Act. No. 61 of 2003; Ethics in Health Research: Principles, Structures and Processes (2015); SA GCP(2006); Declaration of Helsinki; The Belmont Report; The US Office of Human Research Protections 45 CFR 461 (for non-exempt research with human participants conducted or supported by the US Department of Health and Human Services- (HHS), 21 CFR 50, 21 CFR 56; CIOMS; ICH-GCP-E6 Sections 1-4; The International Conference on Harmonization and Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH Tripartite); Guidelines of the SA Medicines Control Council as well as Laws and Regulations with regard to the Control of Medicines; Constitution of the HSREC of the Faculty of Health Sciences.

Yours faithfully



MS MGE MARAIS  
HEAD: HEALTH SCIENCES RESEARCH ETHICS COMMITTEE ADMINISTRATION



health

Department of  
Health  
FREE STATE PROVINCE

21 August 2017

Ms. CMB Saaiman  
Dept. of Physiotherapy  
Faculty of Health Science  
UFS

Dear Ms. CMB Saaiman

Subject: AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE LEARNING IN PHYSIOTHERAPY.

- Please ensure that you read the whole document, Permission is hereby granted for the above – mentioned research on the following conditions:
- Participation in the study must be voluntary.
- A written consent form for each participant must be provided.
- Serious Adverse events to be reported to the Free State department of health and/ or termination of the study
- Ascertain that your data collection exercise neither interferes with the day to day running of MUCPP and Mamello CHC nor the performance of duties by the respondents or health care workers.
- Confidentiality of information will be ensured and please do not obtain information regarding the identity of the participants.
- **Research results and a complete report should be made available to the Free State Department of Health on completion of the study (a hard copy plus a soft copy).**
- Progress report must be presented not later than one year after approval of the project to the Ethics Committee of the University of Free State and to Free State Department of Health.
- Any amendments, extension or other modifications to the protocol or investigators must be submitted to the Ethics Committee of the University of Free State and to Free State Department of Health.
- **Conditions stated in your Ethical Approval letter should be adhered to and a final copy of the Ethics Clearance Certificate should be submitted to [seheelats@fshealth.gov.za](mailto:seheelats@fshealth.gov.za) before you commence with the study**
- No financial liability will be placed on the Free State Department of Health
- Please discuss your study with the institution manager/CEOs on commencement for logistical arrangements
- Department of Health to be fully indemnified from any harm that participants and staff experiences in the study
- Researchers will be required to enter in to a formal agreement with the Free State department of health regulating and formalizing the research relationship (document will follow)
- You are encouraged to present your study findings/results at the Free State Provincial health research day
- Future research will only be granted permission if correct procedures are followed see <http://nhrd.hst.org.za>

Trust you find the above in order.  
Kind Regards,

Dr D Motau

HEAD: HEALTH

Date: 28/8/17

Head : Health  
PO Box 227, Bloemfontein, 9300  
4<sup>th</sup> Floor, Executive Suite, Bophelo House, cnr Maitland and, Harvey Road, Bloemfontein  
Tel: (051) 408 1646 Fax: (051) 408 1556 e-mail: [khusemi@fshealth.gov.za](mailto:khusemi@fshealth.gov.za) / [fshealth.gov.za@fshealth.gov.za](mailto:fshealth.gov.za@fshealth.gov.za) / [chikobvup@fshealth.gov.za](mailto:chikobvup@fshealth.gov.za)

[www.fs.gov.za](http://www.fs.gov.za)



Enquiries: BM Kitching  
Ref: Research Permission: CMB Saaiman  
Tel. 051 404 9283 / 9221 / 082 454 1519  
Email: [berthakitching@gmail.com](mailto:berthakitching@gmail.com) and [B.Kitching@edu.fs.gov.za](mailto:B.Kitching@edu.fs.gov.za)



CMB Saaiman  
233 Dr Belcher Road  
Heidedal, BLOEMFONTEIN

Dear Ms Saaiman

#### APPROVAL TO CONDUCT RESEARCH IN THE FREE STATE DEPARTMENT OF EDUCATION

1. This letter serves as an acknowledgement of receipt of your request to conduct research in the Free State Department of Education.

**Research Topic: An evaluative case study for undergraduate community service learning in physiotherapy**

**Schools:** Tswellang Special School, Motheo District.

**Target Population:** Physiotherapists and Therapist Manager, Tswellang School.

2. **Period of research:** From the date of signature of this letter until 30 September 2018. Please note the department does not allow any research to be conducted during the fourth term (quarter) of the academic year nor during normal school hours.
3. Should you fall behind your schedule by three months to complete your research project in the approved period, you will need to apply for an extension.
4. The approval is subject to the following conditions:
  - 4.1 The collection of data should not interfere with the normal tuition time or teaching process.
  - 4.2 A bound copy of the research document or a CD, should be submitted to the Free State Department of Education, Room 319, 3<sup>rd</sup> Floor, Old CNA Building, Charlotte Maxeke Street, Bloemfontein.
  - 4.3 You will be expected, on completion of your research study to make a presentation to the relevant stakeholders in the Department.
  - 4.4 The attached ethics documents must be adhered to in the discourse of your study in our department.
5. Please note that costs relating to all the conditions mentioned above are your own responsibility.

Yours sincerely

  
DR JEM SEKOLANYANE  
CHIEF FINANCIAL OFFICER

DATE: 7/2/18

RESEARCH APPLICATION SAAIMAN CMB PERMISSION EDITED JAN 2018

Strategic Planning, Policy & Research Directorate

Private Bag X20565, Bloemfontein, 9300 - Room 318, Old CNA Building, 3<sup>rd</sup> Floor, Charlotte Maxeke Street, Bloemfontein

**Tel:** (051) 404 9283 / 9221 **Fax:** (086) 6678 678

**TSWELLANG**  
SPECIAL SCHOOL



☒ 16087 MANGAUNG  
9307  
☎ 051 4323975  
☎ 051 4324764  
fax 051 4324664  
0867169088  
email: admin@tswellang.co.za

Psalm 25:4 Teach me your ways Lord; make them known to me

15 June 2017

The Department of Physiotherapy  
CR de Wet Building G30  
University of the Free State  
Bloemfontein  
9301

**For Attention: Ms CMB Saaiman**

Dear Me Saaiman

**RE: Application for permission to conduct research at Tswellang School**

Permission is hereby granted to Christolene Saaiman to conduct research at Tswellang School in order to execute her research project:

**An evaluative case study for undergraduate community service learning in Physiotherapy.**

We wish you everything of the best in your research.

Kind regards

ML le Grange (Mrs)  
**Principal**



P O Box 2509, Bloemfontein. 9300  
55291 Maleleka Street, Bochabela  
Mangaung. 9323  
Tel: (051) 432 2471/ 4394  
Fax: (051) 432 4953  
NPO No: 002 – 806  
VAT No: 4910115569

**19 June 2017**

**Mrs. Christolene Saaiman**  
Junior Lecturer: Physiotherapy  
Faculty of Health Sciences  
University of the Free State  
P O Box 339  
Bloemfontein  
9300

Dear Mrs Saaiman,

**Re: Request to conduct research at Boikhuco Old Age Home**

Kindly be informed that your application and request for permission to conduct research at Boikhuco Old Age Home has been received. Permission is hereby granted for the research.

Sister Mogapi who is the Senior Sister in Charge for the old age home will be of assistance to you and will assist you to identify the respondents for the research.

Wishing you all the best with your research and studies.

Yours sincerely

**Mrs MC Mosala**  
**Manager**  
**PP Chairperson**





Association for Persons  
with Disabilities – Free State

Christolene Saaiman

11 September 2017

Email: [saaimancmb@ufs.ac.za](mailto:saaimancmb@ufs.ac.za)

Dear Christolene

**RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH AT JEAN WEBBER  
HOME AND EMELIA CHILDREN'S DAY CARE CENTER**

Hereby we approve and give permission to you to do the following research at Jean  
Webber Home and Emelia Day Care Centre:

**AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE  
LEARNING IN PHYSIOTHERAPY**

We request that you coordinate appointments and interviews with persons involved in  
the centres with the managers (Nthabiseng Molongoana and Zandile Nhlapo) of the 2  
centres. Please also note that personal information of the residents of Jean Webber  
Home and the children of Emelia is confidential.

Kind regards

Jackie Malan

Director

APD Free state

**POSTAL ADDRESS**

Posbus/PO Box 20027  
Bloemfontein, 9320

Affiliated with the National Council of and for Persons with Disabilities (NCPD)

002-606 NPO  
TEL: 051 430 2883  
FAX: 051 444 3443  
[director@apdfs.co.za](mailto:director@apdfs.co.za)  
[reception@apdfs.co.za](mailto:reception@apdfs.co.za)  
[www.apdfreestate.co.za](http://www.apdfreestate.co.za)

5 June 2017

Me C Saaiman  
Department of Physiotherapy  
University of the Free State  
Bloemfontein

Dear Me Saaiman

**RE: PERMISSION TO CONDUCT RESEARCH AT THE DEPARTMENT OF PHYSIOTHERAPY**

I refer to your letter dated 2 June 2017 requesting permission to conduct research on the academic staff members as well as the second to fourth year physiotherapy students. I wish to remind you that both the staff members as well as the students may refuse to participate in the study and the proposed completion of the questionnaire as well as the focus group for the lecturing staff may not interfere with the schedule of the department.

I wish you luck with your study and looking forward to the results.

Kind regards



Dr Roline Barnes





*A retirement lifestyle ensuring peace of mind.*

*'n Aftreeleefstyl met gemoedsrus.*

18 October 2017

**APPLICATION TO CONDUCT RESEARCH AT TRANS-50 FICHARDT PARK**

**RESEARCHER:** Ms. Christolene Saaiman  
**INSTITUTION:** The University of the Free State  
**FACULTY:** Health Sciences  
**STUDY TITLE:** An Evaluative case study for undergraduate community service learning in Physiotherapy.  
**ETHICS NO:** HSREC 57/2017

To whom it may concern,

The Research Committee of Trans-50 Association, hereby grants Christolene Saaiman, permission to conduct her research at Trans-50 Fichardt Park Retirement centre. The researcher has complied with the requirements as set out by the Organisation and informed consent was obtained from all research participants.

It is requested that, upon completion of the study, the Organisation is provided with feedback on the research findings.

We wish you well with your study and successful completion of your Master's degree.

Kind regards,

Christi Louw  
Trans-50  
National Care Director and member of Ethics Committee

**RETIREMENT  
VILLAGES  
AFTREE-OORDE**

**ACACIA PARK**  
P.O. Box 11079  
Hadison Park  
Kimberley 8306  
Tel: 053 861 1923  
Fax: 053 861 4375

**FICHARDT PARK**  
P.O. Box 32135  
Fichardt Park  
Bloemfontein 9317  
Tel: 051 522 6811  
Fax: 051 522 6812

**JAKARANDA PARK**  
No 646  
23rd Avenue  
Rietfontein 0084  
Tel: 012 331 0017  
Fax: 012 330 2452

**PANORAMA PALMS**  
P.O. Box 15072  
Panorama  
Cape Town 7506  
Tel: 021 930 6035  
Fax: 021 930 5686

**WITFIELD PARK**  
P.O. Box 13165  
Witfield  
Boksburg 1467  
Tel: 011 826 2441  
Fax: 011 823 4029

Tel: 011 823 2651 • Fax: 011 826 2385 • [www.trans50.co.za](http://www.trans50.co.za) • e-mail: [admin@trans50.org.za](mailto:admin@trans50.org.za)  
5 Miranda Street, Ravensklip, Boksburg, 1459 • P.O. Box 13783, Witfield, 1467 • Reg. Nr: 1999/02024/08

Directors: Rae Labuschagne, Ntombi Sixaba, Freddie Calitz, Lyn van Rooyen, Norman Taylor, Raymond Claassens, Anneke Liebenberg, Dirk van den Berg  
Ruan de Wet (Managing Director), Christi Louw (Care), Teresa Barnard (Human Resources)

Private Bag X20539

Willows  
9301

03 June 2020

TO WHOM IT MAY CONCERN

The dissertation by Miss CMB Saaiman, student number **1991183144**, *AN EVALUATIVE CASE STUDY FOR UNDERGRADUATE COMMUNITY SERVICE-LEARNING IN PHYSIOTHERAPY* was proofread and language edited by Lorraine Louw from the Communication Sciences Department at the Central University of Technology, Free State.

Yours faithfully

A handwritten signature in black ink, appearing to be 'L Louw', with a stylized flourish at the end.

LM Louw