COMMUNITY-BASED SERVICE-LEARNING

A Rural Australian Perspective on Student and Academic Participation Outcomes

Dr Deb Jones: Prepared for the 6th Rural and Remote Health Scientific Symposium: Outback in Front: 20 Years of Rural and Remote Health Research
Partnerships between community agencies and higher education institutions.

However, community-campus partnerships can be high risk endeavours as communities can be viewed as “pockets of needs, laboratories for experimentation or passive recipients of expertise” (Bringle et al. 1999, p. 9).
The Rural Community-Campus Partnership and Service-Learning Program

- Context
- Background
- Partners (local and external)
- What happened?
Research Approach

- Pragmatic qualitative study
- Community participants (School principals n=7 & senior managers from local facilitating agencies [school education and UDRH] n=2)
- Campus participants (Allied health students n=10 & academics [metropolitan & rural] n=2)
I have a research interest in rural health and a passion about equity of access to services for people in rural areas. This program was a match made in heaven.

(Metro Academic)

“We had heard good things from previous students. They said it was an excellent placement to work on. We all preferenced this placement first.”

(AH Student)

“We got an email saying that we were placed here. We just got told. We had to pack our bags and 12 hours later we got here”

(AH Student)
"We had a long-term frustration across the schools around the inability of health sectors to provide services for children with delays. "
(School Principal)

"The partnership evolved from conversations between the principals and the UDRH. All of the principals were unanimous about participating."  
(Senior Education Manager)

"We have a number of different health services in this community, but there was just a glaring gap with allied health services.”
(School Principal)
“In other placements you just do what you’re told and get on with it.” (AH Student).

“My learning style is to observe something. It’s simpler when you can see it than when you have to work it out for yourself.” (AH Student)

“Those work ready skills are difficult to develop in other placements where there is that shadowing level of supervision.” (Rural Academic)
“You're nine hours from home, you're in a new place, you're meeting new people, you're trying to explore the town, you're looking at different schools and you're going to other communities. There's a lot on, it's great, it's just a little bit intense for the first week.

(AH Student)

“Everyone in this community knows each other or has a connection at some point.”

(AH Student)

“We sit and live in this community. We are service providers to our community and we are doing that through the education of students.

(Rural Academic)
“Because there isn’t that constant supervision I was constantly [asking myself] ‘Am I doing this right? Is this okay? Am I pitching it at the right level? Did I use the right feedback? Am I using the right tools?’ Personally that was quite a challenge doing that on my own initially but now it’s okay.”
(AH Student)

“You have your own caseload, you have to make your timetable, make your session plans and think about therapy.”
(AH Student)
I think time would be much better spent doing individual sessions rather than trying to manage an entire class. You’re setting these broader goals. I’m starting to think, ‘What should pupils be doing at this age?’ That’s where I’m pitching this lesson rather than focusing on therapy. It’s not really therapy.

(AH Student)
“You don’t really get, you never get interprofessional practice experiences.”
(AH Student)

“You might be able to shadow the [other profession] today, you might watch them, you just walk around with them but you don’t see that connection, that side of a team. We’ve definitely learnt a little more about each other’s profession and how we work together [here].”
(AH Student)

“For many of our students this placement will be the only true interprofessional placement they have, the interprofessional aspect of the program is unique.”
(Metro Academic)

“This placement is quite different to everyone else’s because we actually get to work with students from another discipline. We do class-based therapy alongside them. We know what their activities are.”
(AH Student)
“Everyone asks what you’re doing here, they know that you’re students. They say, “You must be the health students. What are you doing?” We’re working in the schools, “Oh, I know so and so.” We even get the kids that say, “Oh, do you know this child because they get therapy from you.”

(AH Student)

“There is the dimension of student learning about rural communities, their challenges, their joys, their benefits and the difference in culture. We have a lot of international students who typically never go [rural], ever. For those students this program is an amazing eye-opening experience.

(Metro Academic)
“One of the school principals said to me, “Will we ever see you again? That’s what happens with allied health professionals, they come once and then you never see them again.” Talking to the principals took it to another level. I came away feeling very determined that I was going to help be part of the solution.” (Metro Academic)

“Other agencies come in, deliver what they want and it meets their needs. Why would you want to work with them?” (School Principal)
Programs are sustainable as long as there is that shared commitment. You’re going to hit some hurdles along the way and you’ve got to work through them. Our principals definitely wanted this program to succeed and they weren’t going to throw the towel in because we hit some hurdles.

(School Manager)

It’s not about external agencies being the guiding light. This initiative was grown locally; local people have ownership of it, are connected and invested in ensuring it succeeds. The power and knowledge exists within the community. External agencies that have the most success are ones that sit alongside rather than on top of communities.

(University Manager)
Study Propositions

- Need to develop community literate health students, services and higher education institutions as equally as enhanced health literacy of communities
- Rethink how we approach the education and training of future health professionals
- Intangibles are critical for communities (relationships, trust, long-term commitment, listening and responding)
- Community-campus partnerships and service-learning initiatives can reflect the characteristics associated with complex public health strategies
Extending on the Success

- Embedding Health Framework
- Primary Health Care Registered Nurse: Schools Based Initiative
- A new Nursing Model of Care
- Primary Health Care Pre-Registration Nursing Service-Learning: Schools Based Model
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