

Abstracts

ties, or that they were unsure. Respondents indicated that institutional and departmental involvement in service learning for academics, students and community participation was minimal. Although three respondents attended training sessions, all indicated that they would either like to receive information about the national service learning policy guidelines, or attend training sessions on service learning.

Conclusion

It can therefore be concluded that the academics and clinical supervisors are willing to participate in activities to overcome the challenges identified. It is therefore recommended that a tailor-made training programme be designed to address the needs of the school of nursing in order to institutionalise service learning in the undergraduate nursing programme.

INTEGRATING PRIMARY HEALTH CARE PRINCIPLES IN CLINICAL TEACHING

Melanie Alperstein

Correspondence to: Melanie Alperstein (Melanie.Alperstein@uct.ac.za)

Context and setting

Primary health care (PHC) was adopted as a lead theme for curriculum transformation by the Health Sciences Faculty of the University of Cape Town in 1994. However, integration of PHC in clinical teaching remains limited at the secondary and tertiary levels of care.

Prior to embarking on this project, recent experience and data from the Department of Medicine suggest that clinicians at all levels of the health care system can apply these principles in clinical teaching if they are familiar with them. The established Clinician Education Course (CEC) provided an ideal opportunity to modify a module to focus on teaching the PHC principles as relevant to clinical teaching.

Why the idea was necessary

Different strategies to integrate the PHC principles in all clinical teaching are necessary for holistic individual and community health care. The CEC was chosen as one approach to provide clinicians with an approach, and the skills and knowledge needed to impart to students the importance and application of the principles of PHC in clinical care.

What was done

A module of the CEC was re-designed and introduced in 2010. An in-depth qualitative study was conducted with 8/15 (53%) of the participants who completed the module. Participants completed a pre- and post-module questionnaire on their knowledge of PHC and their perceptions of integrating PHC principles in their own clinical practice and teaching. This was followed by observation of their clinical teaching and an in-depth semi-structured interview. The data related to pre- and post-module knowledge of PHC were analysed using basic tools of discourse analysis. The rest of the data from the questionnaires, in-depth interviews and observations were triangulated and analysed according to the impact of the course on different levels using Freeth *et al.*'s modification of Kirkpatrick's model for evaluation of educational outcomes at different levels.

Results and impact

Participants' post-module knowledge shifted from disorganised, point form, concrete examples to a more coherent understanding of PHC and

the PHC principles. Seven participants, 3 each from family medicine and speech therapy and audiology and one from psychiatry, claimed to already be using the PHC principles in their clinical teaching prior to the course. This was corroborated by observation of their clinical teaching and/or further explanation in the semi-structured interview. The aspect that all identified as needing further attention, and where greater insight was gained, related to equity of care and violation of human rights within the health care system. The last participant from a tertiary speciality was finding it more difficult to incorporate the PHC principles. All eight had identified areas of action for individual and organisational change in the future.

'...it's about changing the country and I'm saying to them can we make a difference to healing the nation. So they'll be laughing about it because it is lofty ideals, but PHC is about that, it is about lofty ideals. It's about healing the nation.'

INTRODUCING CASE-BASED LEARNING IN DECENTRALISED NURSING PROGRAMME

Sindi Mthembu

Correspondence to: Sindi Mthembu (mthembus1@ukzn.ac.za)

Background/context

The approach to teaching and learning in rural decentralised settings has predominantly been didactic. To introduce a more student-centred approach, a case-based learning programme focussing on primary health care (PHC) was undertaken.

Aim/purpose

This project aimed to facilitate the introduction and implementation of case-based teaching and learning approach in a decentralised PHC programme at the school of nursing.

Method/what was done

An exploratory descriptive needs assessment survey was administered to 65 PHC programme facilitators. The survey canvassed their perceptions on case-based learning and their ability to construct cases and facilitate case-based teaching in the classroom. It also explored their resource(s) constraints.

Results and discussion

The participants were positive towards case-based learning approach. However, they acknowledged limitations in their skills to design cases and facilitate teaching sessions. They also identified a lack of resources which would hinder the successful implementation of the programme. Two capacity development programmes were conducted to facilitate the construction of cases and enhancing facilitators with the skills to facilitate case-based classrooms culminating with drafts of a case study booklet and facilitators' manual. A mobile suitcase library was introduced with all the necessary resources for the PHC programme.

Conclusion/take home message

This project will help the school to produce a different kind of graduate who will be in possession of transferable core skills. Effective mechanisms for close monitoring of students' learning and early identification of students with problems will be enhanced. Continuous support is needed for facilitators to gain confidence in case-based teaching.