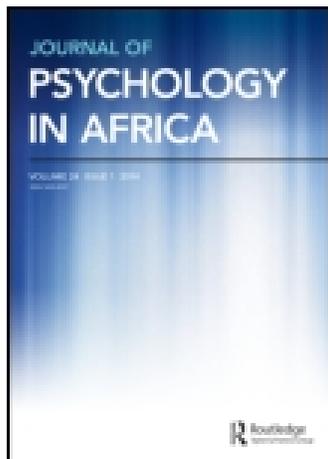


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Counselling on Rails: Social Accountability Learning Among South African Psychology Students

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This study investigated the utility of train transportation health care service in a North Eastern South African region. Participants were seven psychology graduate students at a South African university. They completed reflective journals on their subjective experience and objective reporting of their activities. While on the train, they provided psychological services to the local community members. Data were thematically analysed. Aspects such as problem-solving driven by community needs, personal motivation for community service, and awareness of differences in socioeconomic status and cultural orientation were highlighted by students. This process highlights the value of service learning and social accountability, particularly in South Africa and Psychology where a chasm exists between contextual challenges and the conventional training and interventions.

Keywords: social accountability, service learning, community engagement, Phelophepa Healthcare train

Social accountability is the obligation and commitment to respond as best as possible to the priority needs of citizens or a society (Boelen & Woollard, 2009). In the teaching of health sciences, socially responsive learning seeks to address the priority health needs of the community (Boelen, 2008; Boelen & Heck, 1995; Ho et al., 2008; Jarvis-Selinger et al., 2008). This often involves working with different communities as the students engage in health promotion, community awareness and health clinics (Dugani & McGuire, 2011). In South Africa, an extension of this is the mandatory community service year in which recently qualified health care professionals participate (Gibson, Sandenbergh & Swartz, 2001), making it likely to attract them to seek work in such previously under-served communities (Dugani & McGuire, 2011).

The Transnet Health Care Train

In South Africa, Transnet (South African transport service provider) developed the Transnet-Phelophepa health care train as a social responsibility initiative. It is an 18-coach train with 20 resident staff members. They bring primary health care services to rural communities in South Africa (Truter, 2010). Services rendered by Transnet-Phelophepa Health care train are Dentistry, Psychology, Pharmacy, Optometry and Nursing (Lonsdale, 2004). A pivotal characteristic of the Transnet-Phelophepa initiative is that it utilises students in health care disciplines to administer the services under the supervision of qualified practitioners (Truter, 2010). For example the train's Psychology clinic is staffed by registered students in Psychology who then render individual and group psychotherapy while a resident qualified psychologist oversees and supports their work.

Therefore, the efforts of the Transnet-Phelophepa Health care train to identify social and health needs, and orientate stu-

dents to the value of community engagement provide an optimal platform to facilitate community service learning, social accountability, and the development of a sense of social justice. Aspects listed by Steinert, Razack, DiMeglio, Cruess and Cruess (2007) as ways to facilitate social accountability, such as role modelling, informal teaching and multi-disciplinary collaboration embedded in local context can be found in the train's approach to providing services.

Aim of the Study

The aim of this study was to investigate the utility of the Transnet-Phelophepa Health care train as a platform for facilitating a sense of social accountability among post-graduate psychology students. We aim to report the various aspects and competencies of social accountability fostered in this group of students through their experience of working on the health care train.

Method

Participants and setting

Participants were seven psychology graduate students (all female; six White, one Coloured; age range 21 to 33 years). They were English and Afrikaans speaking. The Transnet-Phelophepa Health care train served the semi-rural towns of Balfour and Ermelo, Mpumalanga Province (South Africa) in the North-eastern part of the country for the duration of August 2010. The province mainly relies on the sectors of agriculture, service and trade for economic activity and employment, and has an unemployment rate of 23% (StatsSA, 2001). The community members would have been prepared in advance for the visit of the train (Truter, 2010).

Process

Prior to the train based service learning, the students attend a preparatory workshop about the train as a health service centre, brief community interventions, and orientation to the health service user community. The student service placement lasted for two weeks.

Data Collection

Students maintain daily journals on their subjective experience and objective reporting of their activities. In addition, each student prepared a full report on a consultation with one of the clients he or she served. The resident psychologist supervises and evaluates each student and his/her work.

Ethical Aspects

Permission for the study was granted by the Ethics Committee of the North West University (NWU-0003-11-A1) The therapy/counselling took place through the assistance of trained and multi-lingual translators and interpreters who were also more conversant with the communities' cultural orientation. Data were collected during normal train clinic hours.

Data Analysis

Thematic content analysis (Braun & Clarke, 2006) was applied to construct units of shared meaning (Baldwin, Buchanan, & Rudisill, 2007). The identification of themes was a sequential process reading the text, coding, and then refining units of meaning into the different themes (cf. Baldwin et al., 2007). The resultant themes are presented in the results section.

Results and Discussion

Six dominant themes relating to social accountability emerged from the data analysis: interventions in community context; problem- and context-based learning; training in multi-disciplinary teams and intragroup dynamics; personal motivation for community service; influence and awareness of cultural orientation; and contextual challenges to conventional intervention and training. These themes and direct participant quotations are presented in Table 1.

Central to service learning is the notion of reciprocal impact, and as previous research has indicated (Baldwin, Buchanan & Rudisill, 2007) the current study also achieved outcomes that were beneficial to both students and the community. Six dominant themes relating to community engagement in the form of service learning were found, and are reported in Table 2. They indicate an enhancement of psychosocial well-being and health among community members.

Limitations and recommendations of the study are acknowledged. Only one year group of post-graduate psychology students participated in this study, and data were collected from only one provincial area in South Africa. These can be seen as limitations to the study and further research could include a bigger sample size with research conducted in other provinces of South Africa as well.

Conclusion

The Transnet-Phelophepa health care train has allowed for the adoption of a community-based learning method that equally benefits the students and the recipients of service (cf. Simons & Clearly, 2006). As suggested by Payne (2000) as well as Simons and Clearly (2006), it was evident that this group of students developed an appreciation of the diverse backgrounds and characteris-

tics of community recipients. The students' experience also increased confidence in their ability to make a difference in the community. This kind of short-term involvement within the otherwise neglected rural communities has the potential to translate into long-term commitments to community service (Payne, 2000, Simons & Clearly, 2006). The Transnet-Phelophepa initiative contributes towards the creation of an inter-professional, practice-based learning context for post-graduate psychology students to gain hands-on experience working in rural communities. It also motivates them to further practice within their context, thus facilitating social accountability.

References

- Baldwin, S. C., Buchanan, A. M., & Rudisill, M. E. (2007). What teacher candidates learned about diversity, social justice, and themselves from service-learning experiences. *Journal of Teacher Education, 58*(4), 315–327.
- Boelen, C. (2008). Social Accountability: Medical Education's Boldest Challenge. *MEDICC Review, 10*(4), 52.
- Boelen, C., & Heck, J. E. (1995). Defining and measuring the social accountability of medical schools. *World Health Organization, Geneva* (WHO/HRH/95.7)
- Boelen, C., & Woollard, B. (2009). Social accountability and accreditation: A new frontier for educational institutions. *Medical Education, 43*, 887–894.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101.
- Dugani, S., & McGuire, R. (2011). Development of IMAGE: A three-pillar student initiative to promote social accountability and interprofessional education. *Journal of Interprofessional Care, 25*(6), 454–456.
- Gibson, K., Sandenbergh, R., & Swartz, L. (2001). Becoming a community clinical psychologist: Integration of community and clinical practices in psychologists' training. *South African Journal of Psychology, 31*(1), 29–35.
- Ho, K., Buote, D., Jarvis-Selinger, S., Lauscher, H. N., Ferdinands, L., Parboosingh, J., . . . Woollard, R. (2008). Achieving social accountability through interprofessional collaboration: The Canadian medical schools experience. *Journal of Interprofessional Care, 22*(S1), 4–14.
- Jarvis-Selinger, S., Ho, K., Lauscher, H. N., Liman, Y., Stacy, E., Woollard, R., & Buote, D. (2008). Social accountability in action: University-community collaboration in the development of an interprofessional Aboriginal health elective. *Journal of Interprofessional Care, 22*(S1), 61–72.
- Lonsdale, J. (2004). The tracks of healing. *The Journal of the Royal Society for the Promotion of Health, 124*(4), 159.
- Payne, C. A. (2000). Changes in involvement preferences as measured by the Community Service Involvement Preference Inventory. *Michigan Journal of Community Service Learning, 7*, 41–53.
- Simons, L., & Clearly, B. (2006). The influence of service learning on students' personal and social development. *College Teaching, 54*(4), 307–319.
- Simons, L., Lathlean, J., & Squire, C. (2008). Shifting the focus: Sequential methods of analysis with qualitative data. *Qualitative Health Research, 18*(1), 120–132.
- Statistics South Africa. (2001). Primary tables Mpumalanga: Census '96 and 2001 compared. Pretoria, South Africa: Statistics South Africa.

Table 1

Social Accountability - Students: Themes, Phelophepa Interventions and Student Experiences

Theme	Phelophepa intervention	Student experience example: quotation
Contextual interventions	Direct intervention with real people in their context allow students to co-experience the reality and frustrations of the community members	<p><i>"A lot of the people there had very sad stories that they shared, of rape, molestation, and suicide attempts," – Participant 4, age 24.</i></p> <p><i>"I left the book and started to just form a group discussion about conflict and relationships in the workplace." – Participant 2, age 22.</i></p> <p><i>"I showed acceptance and that I could laugh and cry with them, by getting involved in the activities" – Participant 6, age 24.</i></p> <p><i>"I think this week was just one big reality check for me." – Participant 2, age 22.</i></p>
Problem- and context-based learning	Thinking and addressing tasks in accordance with the community needs	<i>"In any way, with the first contact I realized that my programme, the one that I worked so hard on the previous evening, was totally too complex for their understanding. Immediately I realized that I had to improvise" – Participant 6, age 24.</i>
Training in multi-disciplinary teams; and intra-group dynamics	The train hosts: Psychologists; Dentists; Nurses; Optometrists; Pharmacists; Health educators; understanding position/function of Psychologist in a team	<p><i>"I have also formed new strong relationships with my fellow classmates... we are there for each other in difficult situations" – Participant 5, age 23.</i></p> <p><i>"The dentists are always busy, I guess physical pain wins. The eye clinic and pharmacy too." – Participant 2, age 22.</i></p> <p><i>"Today we all worked [well] together. Everyone did her best to make it a full day." – Participant 3, age 28.</i></p>
Influence and awareness of cultural orientation contrast	Helping occurs across both cultural and linguistic diversity	<p><i>"the headmaster made us wait for half an hour. This made our schedule fall behind" – Participant 6, age 24.</i></p> <p><i>"My translator was an elderly woman and was very interesting to see the respect they just automatically showed her." – Participant 6, age 24.</i></p> <p><i>"It was very difficult to built rapport with this child. I think this was because of my lack of experience working with the translator and the brief nature of the intervention" – Participant 6, age 24.</i></p>
Contextual challenges to conventional intervention	The circumstances in the community are not always conducive for the conventional methods of intervention as taught in the class-room	<i>"I saw the value of having a concrete metaphor for something as abstract as stress management" – Participant 6, age 24.</i>

Table 2

Community Engagement, Students: Themes, Phelophepa Interventions and Student Experiences

Themes	Phelophepa intervention	Student experience example: quotation
Under-serving of rural communities: Inadequate proportions: Lack of health care staff v/s increasing health care needs	The primary aim of the train is to bring health care services to rural communities. With increasing mental health problems and less mental health care professionals, the train allows for needed services that would otherwise not be known and available	<p><i>"I realized that there is a great need for more accessible help for rural areas."</i> – Participant 6, age 24.</p> <p><i>"The people come here for help probably has nowhere else to go...it was humbling today...it is an honour to help them."</i> – Participant 6, age 24.</p> <p><i>"No one pitched. I guess people here either do not know about psychology or maybe they just don't believe in it."</i> – Participant 2, age 22.</p> <p><i>"people do not trust psychologists. Maybe they are afraid we are "reading their minds", or we can "see" things about them that they want to keep secret."</i> – Participant 4, age 24.</p>
General deficit of effective action towards disease prevention and health promotion	Focus on primary health care, with an increased emphasis on preventative actions and positive mental health promotion than treatment of serious problems	<p><i>"two Puppet shows and a presentation about conflict"</i> – Participant 2, age 22.</p> <p><i>"communication skills and another puppet show."</i> – Participant 3, age 28.</p> <p><i>"visited a day-care centre and there we presented a puppet theatre for the children."</i> – Participant 4, age 24.</p> <p><i>"we presented a workshop for home based caregivers,"</i> – Participant 6, age 24.</p> <p><i>"Oh and the highlight of the day was of course my conflict workshop with the police."</i> – Participant 2, age 22.</p>
Drifting to merchandising of services, sacrificing professional ideals; motivation of health care professionals	Making provision of health care services to the under-privileged rural communities more attractive again instead of rushing to practice in urban centres	<i>"it is a shame that so many psychologists, doctors and other professional people lock themselves in expensive offices, and do not get to where the people really need them."</i> – Participant 4, age 24.
Awareness of health-care services that are available in the community	Consistent and congruent referrals to the community clinic and other health care service	<i>"According to her father he suspected she as a hearing difficulty. This has never been tested. I referred her to an educational psychologist for further evaluation and school readiness tests, an audiologist for hearing and a doctor because of breathing difficulties and heart palpitations she has."</i> – Participant 6, age 24.
Perspective and constructive awareness of functioning	Therapeutic process and outcome within personal circumstances and context	<p><i>"I just had to let this woman fully realize what she has achieved and how she can really be proud of herself. A proud wife and mother"</i> – Participant 2, age 22.</p> <p><i>"if there is no fulfilment of basic needs everything else is meaningless."</i> – Participant 2, age 22.</p> <p><i>"these children craved physical contact, they just wanted a high five, a hug or just even to touch my coat."</i> – Participant 6, age 24.</p>
Rigidity that comes with bureaucracy and red tape	All patients/clients who come to the train are helped on that specific day.	<i>"And everything runs like clock-work. Everyone just gets up and do what they are suppose to do and everything gets done."</i> – Participant 2, age 22.

- Steinert, Y., Razack, S., DiMeglio, G., Cruess, S., & Cruess, R. (2007). *From the Community to the University – and back Again! Issues of Quality and Continuing Professional Development: Maintenance of Competence (CPDiQ): A Learning Resource: A collaboration among seventeen Canadian medical schools*. Association of Faculties of Medicine in Canada.
- Truter, I. (2010). The Phelophepa healthcare train: A pharmacoepidemiological overview of the Western cape in 2009. *South African Family Practice*, 52(5), 463–466.