

Riverland rural paramedic students connecting with communities

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Service learning evolved as a vehicle to strengthen student's learning, to reconnect them with their communities, to counter the imbalance between learning and living, and to repair the broken connection between learning and community (1)

Introduction

Second year undergraduate paramedic students at Flinders University have the opportunity to be involved in a unique program where they are placed in a rural community for 12 months, in the Riverland, South Australia. This program is designed to introduce students to the benefits of living and working in a regional area with a view that, once graduated, students will be more likely to take up regional posts within the ambulance service. There is evidence to support the value of rural placements increasing medical and health science students' intention to take up rural practice (2-4). There are five students currently placed in; Barmera, Berri, Renmark and Loxton. Their course involves undertaking on-road clinical placements with the South Australia Ambulance Service up to twice a week on average and then fulfilling their study requirements the rest of the week.

The second year undergraduate paramedic students in this study have been offered the opportunity to participate in a service-learning project to increase their engagement with the community. Our question is; **"How does service-learning assist rural paramedic students to become more actively engaged with the community, during a 12 month placement?"** Previous research has identified the outcomes associated with vertical integration of medical education as raising the educational and assessment stakes for the region, creating local ownership, enabling educational providers to span different levels of the education continuum, encouraging longer attachments of students and registrars, and articulating a shared vision of locally delivered multi-level medical education in workforce planning (5). This model has seen community engagement emerge as key objective of rural placements to enable students to become more 'connected' with the community where they have been placed.

Background

Previous research studies have viewed student perceptions of 'service-learning' opportunities to enhance personal and interpersonal development, social or civic responsibility, cultural awareness and academic learning (6-10). Our definition of service-learning is the enhancement of student learning through active community participation and engagement experiences with the opportunity for reflection. There is little research that demonstrates both student and community outcomes, which include paramedic students, or focus on interprofessional service-learning activities. Although placed in the community to undertake clinical practice, true community engagement does not occur unless the community need is identified by the community itself and the students provide and reflect on the service-learning experience (9).

This research aims to explore the process and effects of community engagement from a student perspective as they reflect on a service-learning experience. Five second year paramedic students who commenced their placement in the Riverland in July 2008 and one student who commenced in November 2008, were invited to participate in the study.

The researchers believe through service-learning students will be better prepared to meet, respond and reflect on the needs of the community. This will assist lifelong learning; assist the link of 'classroom experience' to the 'real world'; increase their understanding of social, cultural and economic issues in communities; identify the value of a "life of engaged, democratic citizenship"; provide an opportunity to grow both intellectually and emotionally; increase communication skills and the opportunity to 'make a difference' (1-3).

Through service-learning activities the role and positive image of a paramedic in the community will be promoted. It will allow paramedic officers who work in the community and supervise the students, with an opportunity to reflect and further understand their resource role in the community.

Members of the community may be empowered, through the student activity, to move forward, transform and grow in relation to their health needs. Service-learning activities are reciprocal in nature between those receiving and those providing the experience (4), for example, social relationships and respect for differences can be enhanced. The service-learning activities may have a significant impact on improving health and education of the local community. If the outcomes are positive, the Paramedic academic staff may consider this type of learning-activity to be added to the curriculum.

Methods

This research is an explorative study using a qualitative approach. The intention is to explore the experiences and perceptions of students during each phase of the project.

- Phase One: Phase One took place in January/February 2009. A focus group was organised encouraging students to think about their experiences 4-5 months into the program and their thoughts about community connectedness. Unfortunately, two students were overseas so instead an open-ended survey was arranged using the same questions and participants were emailed the questions, letter of introduction and consent forms. They were invited to email their responses back to the researchers. Consent forms were posted back to the researchers. The service-learning project is not a part of the current students' curriculum, but rather an addition to their experience, and therefore participation in the project and research aspect of the project was entirely of their own volition.
- Phase 2: The next phase of the project will occur over the months of February to March 2009. The undergraduate paramedic students will be given assistance from the research team to liaise with community reference groups and receive feedback on development and implementation of an individual or group service-learning. Students will be guided as to how to keep a reflective journal during the exercise, which with their permission will be part of the analysis.
- Phase 3: The final phase of the project will involve a second focus group to discuss the learning-service activity and to reflect on student and community outcomes. This is planned to occur in April to May, 2009.

In both Phase 2 (reflective journal) and Phase 3, students will be asked to reflect on how a learning-service activity project assisted undergraduate paramedic students to become more connected with

their community and assisted them to enhance their personal, academic and professional development. The Department for Victorian Communities has been developing a set of indicators of community strength. These indicators explore 'participation in a range of community activities' and 'community attitudes around life in their local area' as measurements of community connectedness (11). Our project intends to explore these indicators further in the student reflections.

Students will be supervised during the whole process of the service-learning activity projects and therefore researchers do not see any risks for the community members themselves.

Analysis

Thus far, three participants have consented to be in the study and have participated in the open-ended survey. Two students have indicated their intention to be a part of the study and will participate on their return from overseas. One student has since returned to Adelaide due to health problems. The first phase data from the emailed responses (written by the students) have been analysed using thematic analysis. In the Phase 2 and 3 analysis process, data will be used from the reflective journals and from field notes taken during the focus group. Students have been given pseudonyms and assured all data will be stored in a non-identified form in the software—NVivo 8.

Findings

The responses indicated participants had an exceptional understanding of community engagement and the researchers believe this provides a strong foundation for the project. The first theme constructed by the researchers is **Community Connectedness**. Gary explained he perceives "community engagement" as;

...getting out and into the community in other ways than your job or student life. I feel that to truly engage...you have to participate in a wide variety of things to truly appreciate the experience. True community engagement is shown by someone's ability to engulf themselves into a location and a variety of different people.

Angela explains:

Community engagement is becoming a part of a community. It means attending community events, volunteering, working, playing sport, meeting and socialising with all aspects of the community. It means taking an interest in local events...

Gary felt that he had a head start in engaging through "playing sport and working in health" and how it was important with these community connections that "none of them are with the same people". The activities listed by the participants included volunteer ambulance officer, mental health worker, cricket, football, mixed netball, home help with community health, shopping at local business, watching sport, community events, young professionals meetings and socialising with neighbours.

Gary, Sara and Angela demonstrated they felt connected with the community, through participation in a variety of community activities. Gary states "I have connected so well with the community. I have heaps of new friends outside of paramedics". Sara writes "I have made friends outside of study circles". Angela explained that through her activities "already I am starting to feel a part of the Riverland" and that she "just started work in the community which will really create great community

connections". All three participants mentioned how much more enjoyable their placement has been due to their social and employment networks.

The second theme is **Urban vs Rural Opportunities**. Gary indicated that he has asked for an extension of his placement for a further 6 months and if he was offered an early intern position he "would be ecstatic as it means I could come back to the country faster". Gary explained;

I know when I go back to Adelaide for internship I will be bitter about having to miss out on all the fun I was having up here. There is no opportunity to do all the different things I do back in the city due to travel, time and cost.

Angela stated

I know I have come a long way and will be very sad to get back to the city and lose the amazing extra support and the feeling of being a part of the team as a student is just unity, cause it doesn't really happen in the city.

Sara commented

Its been great for me the lifestyle up here has allowed me to engage in these things. If I was still in the city I would be finding it hard to do these things.

Although all participants remain positive about their experiences, they have found the lifestyle to be different to the city. The participants clearly feel very passionate about the difference between urban and rural placements and this will be explored further in the project in order to understand the process of community engagement.

The third theme is **Rural Retention**. The participants indicated they have become aware of shortages of health professionals in the region. Gary writes "Gaps lie everywhere you look, mental health, nurses, GP's, paramedics, OT's...". Angela writes "It appears to be very difficult to get good doctors and medical staff to the Riverland..." Angela, Sara and Gary are confident the program will provide that incentive.]

I know people from the program have come with little knowledge about the great lifestyle you get in the country and will come back at some point in time. More money needs to be pushed into this area to make it more attractive to students because I am a firm believer that once they have a taste, lots will filter back in the future. It is really an investment in the future of the district health system. (Gary)

Angela writes

It gives students an incredible experience and encourages people to stay/return to the country.

Sara states:

I have noticed that young people often move to the city once they finish school to further their education. This leaves a gap. Young people need to be offered better opportunities and incentives to entice them to stay.

The participants believe this program, like others, has the potential to improve rural health workforce and services in the future.

The final theme to share is the ideas the participants have come up with for their **Learning-Service Projects**. This is what they have shared thus far:

One thing I have thought is worthwhile doing is compulsory CPR in high schools each year to the students. If this is introduced as a part of the curriculum each year then we are empowering these young people to

potentially help save someone's life one day. By doing this and making it compulsory after some time it would become 'the done thing' and more members of the community would be ready to act when needed in an emergency.

I think an educational campaign to educate the community on how and when to call 000 and also what to do when an ambulance comes up behind you while driving. This will eliminate a great deal of unnecessary calls, but also encourage the community to call 000 before it is too late.

As this project is in its initial phase, these project ideas are only indicators of what they could undertake as service-learning projects. However, the students demonstrate motivation to develop and implement a service-learning project.

Discussion

The participants in this study currently demonstrate they have a good concept and sense of community by the middle of their 12 month rural placement. Sense of Community, according to theory developed by McMillan and Chavis (12), explains there are four elements involved in the sense of belonging to a community: membership, influence, integration and fulfilments of needs and shared emotional connection. The undergraduate paramedic students in our study have portrayed a positive experience resulting from wide participation and social bonding which aligns with the above theory. Community participation assists the students to understand the concept of community and therefore they are well placed to commence a learning-service project.

Having an emotional bond with a community may increase an individual's feeling of control over the environment, and increases participation in the community and voluntary organisations (13). The students have demonstrated this by the number of activities including volunteer work they have been involved in during the first half of their placement and their passion for rural workforce issues. The personal degree of connectedness to a community was found in one study to strengthen rewarding experiences and weaken barriers (14). Therefore community participation and feeling connected with the community is an important step towards the students being involved in rewarding experiences and being able to overcome barriers.

The findings of this study thus far, are well aligned with its purpose to explore how community engagement will take place through the participating students undertaking a learning-service activity. Centers for Disease Control and Prevention (CDC) explain community engagement is more likely to be successful when those people it affects are involved in the initiation and promotion of the idea (13). Community engagement, can therefore be defined as the process of working collaboratively with those affiliated by geographic proximity, a special interest, or in similar situations with the purpose of tackling those issues which affect the welfare of those people (13). It is suggested that when a minority group or culture wishes to establish an identity or place within the wider community the group will usually attempt to 'better itself' to further embed their own cultural identity and their need for belonging community(15, 16). The participants in our study are clearly motivated through their community connectedness to consider a learning-service project which will affect the service provided by the paramedic workforce in rural areas. Therefore the projects will be beneficial not only for the community and the students but also the paramedic industry.

One important finding is the program's impact to influence students to have a greater understanding of workforce issues and to think about the possibility of coming back to work in a rural area. The McMillan and Chavis theory discuss the role of personal investment in relation to the importance of feeling part of a group (12). Working for membership is one way to do this and assists with developing

an emotional connection (12). By working and studying in the community the participants have invested energy and emotion which has resulted in a sense of control and commitment. The students are in position where they are able to perceive and understand some of the problems present in the community in relation to the health and welfare of its members.

Factors of workforce retention have been reported widely and the decision to locate and work rurally arises from experience, community support and relationships (17). Therefore it may be possible through the promotion of the student role in community participation or engagement, to increase student governance which could influence recruitment, training and retention of future health science and medical students.

Conclusion

The undergraduate paramedic students who have participated in the study thus far have demonstrated they are already well connected with the community and see the benefits of working as well as studying in the community. The participants are well placed for personal growth and rich learning experiences with an opportunity to 'make a difference' in a community. The researchers will report on further findings in Phase Two of the study during the Soapbox presentation of this paper in May, 2009.

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Presenters

Lyn Gum is currently employed at Flinders University Rural Clinical School—Renmark, SA as a research associate. She completed her Masters in Nursing Education in 1999. Her role includes facilitating the Clinical Simulation in Maternity program for rural practitioners and is undertaking qualitative research in this area. Lyn is involved in medical education and assists with several research and evaluation projects. Lyn has been a registered midwife for over 20 years, the last five years based in a rural hospital. Her research and education interests include interprofessional and rural based education.

Cheryl Ingerson worked in human resources and community services before commencing at the Flinders University Rural Clinical School in Renmark as an Administration Assistant with the Rural Paramedic Program. She completed an Advanced Diploma in Community Service Management and is currently undertaking a Bachelor of Community Services with Uni SA. Cheryl has extensive experience in management, selection, recruitment, training and associated human resource functions with a large diverse workforce of paid staff as well as unpaid volunteers. She has written and delivered training programs, sourced and managed multiple funding grants and associated service and program delivery.

Philip Clarke is a topic coordinator in the Paramedic Stream for the Bachelor Health Sciences (Paramedic) degree at Flinders University. He also maintains his accreditation as Level 3 Paramedic with the SA Ambulance Service. Philip has a Grad Cert in Clinical Education, and is currently a BHSc Honours candidate at Flinders University. Recently, Philip coordinated negotiations to increase the number of health professionals in rural and remote regions, which concurred with taking on an initiative of the Flinders University Rural Clinical School to extend the undergraduate paramedic program to the Riverland. This initiative has provided five students with extended rural placement opportunities in that region.