Exploring a Model of Effectual Learning for a Student Speech Pathology Placement at a Community-Based Rehabilitation (CBR) Centre in Malaysia

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ABSTRACT

Purpose: *Speech-language pathologists in Malaysia typically do not work within CBR. Therefore, exploring the use of services through a non-traditional student placement was a crucial first step in understanding how to develop capacity for such services. It was also important to develop an understanding of the ways in which the implementation of this student placement influenced learning in the context of a Malaysian CBR programme.*

Method: *An action research study was designed to implement and evaluate student speech-language pathology (SLP) placement within a Malaysian community-based rehabilitation (CBR) centre for children with communication disabilities. Data collection involved the learning experiences of key adult stakeholders (students, workers, parents, and the principal research investigator (PI) or lead author).*

Results: *Study findings indicated that all adult learners became better empowered by working together. Workers involved in impairment-focussed rehabilitation activities grew in understanding and skills when supported by relevant professionals.The importance of mentoring as a learning-teaching relationship was demonstrated.*

Conclusion: *While the study has indicated that the setting is beneficial as a student placement, the development of a specialisation in CBR for allied health professionals would be a relevant way forward in the Malaysian context.*

Key words: *CBR, speech-language pathology, student placement, learning*

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INTRODUCTION

The CBR approach is a strategy that seeks to promote "the rehabilitation, equalisation of opportunities and social inclusion of all people with disabilities" (WHO, ILO, UNESCO, 2004). Furthermore, CBR is multi-sectoral and ideally involves the collaboration of different stakeholders including people with disabilities, local stakeholders and relevant professionals. In Malaysia, CBR has been recognised as an augmentative approach to disability management that fills a large gap between rehabilitation needs and actual services (Rashid, 2004). Servicestypically focus on health, education and social (sports and recreation) sectors. These services are mainly provided by CBR workers who, while being expected to engage in health rehabilitation, presently receive limited training and are largely unsupervised (Kuno, 2007).

Studies have documented how parents and families of children with disabilities actively desire to learn, and that such learning contributes positively to child development (O'Toole, 1988; Kaiser & Hancock, 2003). At the same time, studies exploring parent experiences note that parent learning cannot be viewed from a "one-way or deficit" perspective (Todd & Higgins, 1998), where educators set learning goals and assume that parent knowledge and skills are inferior. Instead, a social constructionist model of learning should be utilised. This is especially necessary in health interventions where human behaviour change is targeted. Indeed, in such situations many researchers have commented on the importance of a dialogic or interactive relationship between parents and professionals. For instance, Ching and Wai (2012) noted that adopting such a perspective on parent learning reduced the risk of overemphasising professional knowledge. It also helped in the development of shared and new understandings and led to the empowerment of learners.

Literature Review

Most of the literature on CBR worker learning is made up of expert opinion papers. Recommendations include that curriculum content be relevant to a particular centre's needs; that knowledge and skills must be re-contextualised to learners' personal experiences; and that reflective reasoning skills and resourceful practice among workers need to be inculcated as they already work in a complex environment (Wirz & Chalker, 2002; Mannan et al, 2012; Kuipers & Cornielje, 2013). Empirical research on describing worker training needs suggest many need areas, ranging from health and rehabilitation to empowerment and

advocacy (Como & Batdulam, 2012). Social learning environments in the field of sustainable natural resource management may be relevant as they describe the nature of collaborative learning in a group involving non-specialists. Some studies indicate evidence of a developmental pattern of learning among all stakeholders and the importance of specific interpersonal strategies to facilitate learning (Leeuwis, 2000; Rist et al, 2006).

Literature on the nature of learning and its development is much more extensive in the clinical education field. One much-researched aspect has been the description of the internal learning process. For instance, Argyris and Schön (1974) explored professional practice in terms of espoused theories of practice which, for professionals, may be related to theories in their respective disciplines, and theories-in-use, which are derived from practice and shaped by the individual's experiences, values, attitudes and beliefs. Indeed, the ways in which individuals are made aware of these differences and critically reflect and act on them is critical to learning.

Another important aspect described in clinical education has been interpersonal dimensions. For instance, in their study of nursing student motivation, Levett-Jones and Lathlean (2009) discovered that belongingness (i.e., feeling accepted, valued and connected with a defined group) was a crucial precursor to students' learning and success. Finally, many of these studies and clinical education models (Anderson, 1988; Raidal & Volet, 2009) have focussed on particular, distinct and qualitative differences in modes of thinking and knowledge construction as learners move from being novices to expert practitioners. These points echo findings described earlier about the importance of critical reflection, how interpersonal strategies facilitate the process and how learning has a developmental aspect.

Studies on adult learning have typically looked at specific groups of learners within a learning situation. This is important in order to explore and describe learners within a particular group. At the same time, in many learning situations, there are usually different groups of learners involved, and this article explored findings about a particular learning situation from a multi-group perspective. These perspectives were necessary in order to encompass the learning that occurred as it involved all stakeholders. In addition, the longitudinal and qualitative approach to inquiry adopted here aided a more in-depth investigation. Thus, this research explored how the implementation of student services at the

CBR centre influenced learning among significant adult stakeholders over the course of the study.

METHOD

This research was conducted in an urban Malaysian CBR centre where there were 19 children below 6 years of age, and 9 school-age children (including adolescents) with a range of developmental disabilities. The majority of these children had moderate to severe levels of disability and many had complex needs. The centre was staffed by 5 workers. The principal research investigator's (PI's) involvement with the centre commenced with the project.

Design

The research reported here was part of a larger action research study on the design, implementation and evaluation of a student SLP service. Action research is a research approach which addresses practical problems in a systematic manner using a cyclical process in order to achieve positive change. Participation with local stakeholders was ensured by adopting a "co-operative" model (Herr & Anderson, 2005) which aimed to facilitate the overall learning and development of all stakeholders. However, while active collaboration of all stakeholders was sought, the PI assumed responsibility for the selection of the evaluation tools, data collection, and analysis. This facilitated engagement by all the other research participants, since it lessened demands on their time and resources.

Participants

The participants who were directly involved in the research process comprised the PI, 5 mother-child dyads (selected using maximum variation purposive sampling), all 5 workers, 2 final-year SLP students, the secretary of the central stakeholder committee, and 3 parent participants.

Brief Audit Trail

Table 1: The Action Cycles

Cycle 1
Initial planning (3 months) Data collection – II, GI, FN First stakeholder meeting
Action (3 months) Speech pathology sessions – 3 days/week Data collection – FN Three CBR worker workshops
Observe and Reflect (1 month) Data collection – II, GI, FN
Cycle 2
Revised plan Second stakeholder meeting
Action (3 months) Speech pathology sessions – 3 days/week Data collection – FN, R Two parent workshops Parent day
Observe & reflect (2 months) Data collection – II, GI, FN Third stakeholder meeting
<u>**Key**</u> II = individual interviews GI = group interviews FN = field notes by principal investigator R = reflection journals

Table 1 provides an overview of the study. The preparatory phase of this action research project found that activities were mainly centre-based, conducted in a noisy room, with little resources and no specific schedule of rehabilitation planned. This demonstrated the limited training, knowledge and skills of the workers for health rehabilitation. Indeed, at times they appeared to provide respite care only. That is, workers' key focus seemed to be temporarily relieving families from caregiving duties for a few hours each day.

Two action cycles, spanning a year, were planned and conducted. In cycle 1, the stakeholder committee elected that the PI would provide impairment-focussed SLP services which actively involved workers and parents. This included the decision that workers would perform the role of assistants to build their understanding and skills. Students were only involved in the second action cycle, as the preparatory phase highlighted that the first cycle required the establishment of better relationships between the PI and participants before students entered the cycle. This was critical as this research involved the introduction of not only students, but also a new service, SLP, to the centre.

Activities conducted during these two cycles included individual and group therapy, parent counselling, planning and review sessions with workers, home and community visits, and finally, four formal worker and parent training workshops. At the end of the study, a greater number of rehabilitation resources had been obtained and the physical setting had been modified to include 2 smaller rooms for individual and small group sessions.

Notwithstanding the generally positive outcomes, difficulties were encountered. In the first cycle, there were issues with worker attendance and engagement with the SLP sessions, while in the second cycle there was an unscheduled major disruption of the student placement to accommodate three week-long centre renovations. A complete description of all research findings connected with this project is reported in an unpublished thesis by van Dort (2013).

Data Collection

Data collection involved interviews, reflection journals and field notes. The PI conducted semi-structured individual interviews with mothers and semi-structured group interviews with workers at the beginning and end of the cycles. Questions about parent and worker learning experiences were included in these interviews. Interviews for mothers and workers were conducted in Bahasa

Malaysia. The transcribed data was independently translated into English by a research assistant fluent in both languages. During their placement, students kept a weekly reflection journal about their learning experiences, and participated in a group interview at end of the placement. The PI kept field notes throughout the project. Data from interviews were transcribed verbatim, while field and reflection journal notes were compiled.

Data Analysis

Data analysis was conducted by the PI. The focus of the analysis was on learning issues common to all adult stakeholders. Data analysed included participants' descriptions of their learning experiences and the actions and events arising from these experiences that were recorded in the PI's field notes. Thematic analysis informed, by hermeneutic cycles of interpretive readings throughout the project, primary coding phrases of the texts which were then, through recurrent readings, categorised and re-categorised into sub-themes and themes. Finally, congruent with qualitative approaches where writing and analysis are combined, these were written and rewritten in collaboration with 2 allied-health research supervisors in order to synthesise and provide a credible account of the data. The fact that the PI was an active participant in the research process, allowed her closeness to the phenomena studied and an awareness of the contexts of the texts, two important principles in hermeneutic analysis.

Trustworthiness

Data triangulation, i.e., the use of different sources of data to gain a variety of perspectives on phenomena, was one measure to ensure trustworthiness. In addition, the PI's closeness to the data increased credibility, as did the collaboration with 2 other researchers in writing up the findings.

Ethical Considerations

All participants were aware of data collection and had consented to such data gathering. Approval for this study was given by the Ethics in Human Research Committee of Charles Sturt University. Pseudonyms were given to all participants and research sites were de-identified to protect participant identity. For interview and journal transcripts, the PI handed out typed transcripts to involved participants. She instructed them to read and comment, amend or retract anything they were uncomfortable with. No one chose to make any changes.

RESULTS

Two broad themes conceptualised the learning that occurred among centre participants and these, and their sub-themes, will now be described.

(a) Learning at the Centre was Contextually Bound

The three sub-themes to be described indicate how learning was situated within the context in which it occurred.

Individual Attributes

Individual attributes were broadly categorised into personal history, role, status (level of mastery), and competency. Personal history referred to an individual's family and educational background, and previous and current experiences. Workers adopted a range of roles including: service provider, learner, co-researcher and parent, especially for those who were also parents of children with disabilities. Status related to the level of mastery the individual learner possessed or was recognised by others as having. Competency referred to the knowledge, understandings, skills, personal traits and values an individual learner possessed that enhanced capacity to support children with disabilities.

Each learner possessed a unique set of attributes that will be discussed in the following sections.

A Focus on the Child

One theme that was evident throughout the study was that learning was focussed around the common aim of supporting the children at the centre. All adult stakeholders, at some point, expressed this desire. For instance, all the workers had stated that their primary motivation for becoming workers was their desire to help children with disabilities. Three of these workers were themselves mothers of children with disabilities. Similarly, the parents who were interviewed, even when asked to describe their own needs and difficulties, focussed upon their children's difficulties. The impairment-focussed model of service deliveryfurther intensified this focus on the child. As well, positive outcomes were often described in terms of the children's behaviour. This focus on the child helped knit this community together. It facilitated learning, in that learners were more willing to reshape perceptions and adopt common values once they realised how this would support the children.

The Political Context of Disadvantage

The adjective 'political' is used here in its broad sense to refer to a particular segment in society. In this study, it referred to the centre community which was embedded within a larger disadvantaged community which consisted of individuals from low to mid socio-economic backgrounds. In this context, material and human resources were limited. Families of children with disabilities struggled to support their children with these resources. Furthermore, the workers had received little training and rehabilitation materials were scarce and often non-existent. In fact, this was the first time workers were being provided with consistent grassroots-level support from professionals. Adding to this was the issue of the spontaneous and unstructured approach to centre activities, many of which were decided upon at the last minute. The major disruption of the students' placement schedule during the second cycle to accommodate three week-long centre renovations was an example of this. The head worker had stated that *she had been forced to comply with the schedule of the company donating the flooring*(Field Notes); that is, the need to accept generous offers as they occurred.

Undeniably, the disadvantaged context made this setting less conducive to learning. Paradoxically though, there was a positive aspect. The informal and unstructured setting allowed the SLP providers an opportunity to get to know the children, families and workers better. One of the students had lamented somewhat comically that parents often treated her as if she was *"a worker"* (Group Interview). That is, the environment created more democratic and closer relationships among learners. Such relationships aided learning since the workers and parents were more willing to open up about the difficulties they faced with their children, as well as in providing feedback to the PI and students about the therapy conducted.

(b) Facilitating Processes

In this section, the six processes that facilitated learning in the CBR will be described.

Prolonged Engagement: Developing trust and mutuality through the passage of time and reflecting together

As one of the students noted, *"we got friendly as time went by"* (Group Interview). This study found that time was a critical influence on the development of cooperation and trust among the stakeholders, which was a key facilitator of

learning. The centre had welcomed the plan for establishing SLP services there and the PI first initiated this service. Subsequently, the students (in cycle 2) provided the service. Thus, ownership and engagement among local stakeholders grew over time. Indeed, because the project spanned two cycles across a year, it helped create the context of engagement and trust necessary for the development of shared understandings and common goals. The first few months helped establish informal relationships that allowed deeper exchanges of information to occur subsequently between SLP providers and recipients.

Another consequence of prolonged engagement was the development of mutuality. This is a condition of mutual respect, understanding, and support that is equally rewarding for all parties in the relationship. One example of this was when the PI aided the head worker in addressing her own children's communication needs. Her children were experiencing difficulties in integrating into a special school nearby. Working together thus had *"deepened the relationship"* (Field Notes). Subsequently, greater engagement and attendance at SLP sessions by the head worker could perhaps be attributed to a desire to reciprocate the PI's actions. There were many such mutual relationships between stakeholders which facilitated learning. At the same time, as will be elaborated further, mutuality coexisted with other less trusting relationships between learners.

Reflecting together was a key element in learning. Deliberate efforts were made to provide such opportunities for all adult stakeholders. Sessions with workers were targeted after group SLP sessions to discuss the children's progress, and future activities and plans. In addition, individual parent counselling sessions were held after therapy.

One example of the importance of reflecting together was when one mother adapted a student-recommended strategy to suit her particular situation. She had understood the principles of behaviour management explained to her but had chosen to modify the strategy to a practice she was comfortable with. Furthermore, the introduction of augmentative and alternative communication strategies for particular children at the centre, in collaboration with workers and parents, helped knit this community together as common advocates for such measures. Thus, reflecting together may seem to have strengthened the bonds between participants and contributed towards the reshaping of perceptions and the emergence of shared and new understandings.

Compromise and Negotiation

Other interpersonal processes that facilitated learning were compromise and negotiation. Here the terms are used as Leeuwis (2000) does, to refer to approaches that consider the strategic interests of the participants. Such strategies were already an integral part of centre practice. For instance, one of the mothers, whose child was not regularly involved in sponsored outings because of his tantrum-prone behaviour, had gathered together a group of mothers whose children were similarly excluded. They were then in discussion with the head worker to reach a satisfactory compromise. The mother had rationalised her organised use of dissent by commenting, *"It is not that we want to insistently trouble* (the workers) *but our children need to participate in outside events too"* (Interview). In a similar manner, compromise and negotiation were essential processes that facilitated learning.

The findings revealed instances where initial unsatisfactory compromises were changed into better actions after individual participants developed shared understandings. The initial compromises were starting points to reach consensus, and thus promoted learning. For example, there were initial differences of opinion about where the therapy sessions should be located. The PI's suggestion to use an adjacent room which was less noisy, met with resistance from some workers. They were concerned that if some children were taken across the parking lot to the room suggested, there would be fewer workers left to manage the remaining children. Instead, they suggested the use of the makeshift partitions at the centre to section off space for SLP sessions. By agreeing to this compromise, the workers gained their own learning experience. After they tried out the partitioned area, one worker initiated the shift to the adjacent room.

There were, however, problems with this approach of accepting unsatisfactory compromises as a means to eventually achieve better actions. For instance, it failed to establish a consistent rehabilitation schedule outside of SLP placement activities. Here, the open conflict between two novice workers and the head worker complicated the issue. These novices had joined the centre two months before the project commenced and were openly critical about rehabilitation practices. They correctly perceived the centre functioning merely as *"a child-care facility"* (Interview). So as to not add to this conflict, and given centre capacity and worker skills, the PI elected to avoid the issue of consistent schedules. Thus, the daily centre rehabilitation schedule remained sporadic until the end of the

project. All this diminished the learning that could have been achieved. This point will be further considered in the discussion section.

Mentoring Processes: The teaching–learning relationship

Mentoring, another interpersonal process,was also critically important in facilitating learning by providing necessary insights to learners to assist them in their efforts. The most common type of mentoring occurred when more-experienced participants guided and provided feedback to less-experienced participants. For instance, the SLP providers mentored the others regarding the facilitation of communication. Similarly, the PI who was an experienced SLP, played the role of mentor to the students.

An added feature was that participants less experienced in SLP often provided feedback to SLP providers. Both students were open to this feedback and perceived themselves as being in a reciprocal relationship with the workers and parents, in which a learning exchange occurred and empathy developed. Indeed, the students were quick to acknowledge how the workers and parents had helped them learn and had deepened their understanding. For instance, a student commented, *"Previously, I perceived only the disability… but when I observed the workers' attitudes, i.e., seeing children as being able to learn and being happy over the slightest changes…. So, I now see the children differently"* (Group Interview).

Similarly, one worker commented on the reciprocal relationship thus:

"The two students are definitely good. They both possess ability and they definitely know how to make use of what they have learned for the children. I can learn from (them), *but at times they don't seem to know much about children with disabilities, probably because they have little experience with such children…We have the experience of the children, while they have the knowledge. We get to exchange this information, so this helps the children to develop further"*(Group Interview).

At the same time, ineffective mentoring could limit learning. For instance, one of the students had a stronger need and desire for direction in learning, especially in managing children with behaviour difficulties in the complex and under-resourced setting. Unfortunately, the initial mentoring approach used by the PI was focussed on providing her with choices and letting her learn through trial and error. It was only towards the end of placement that the PI changed the approach and began providing more direction. Not enough attention had been paid to how the unfamiliar and unstructured setting and the rescheduling of

sessions with different clients had affected this student'sanxieties and influenced her ability to learn.

<u>Self-reflection Processes</u>

There was also self-reflection by learners as they viewed actions, both their own and by others, in the light of prior experiences and knowledge. Those who had innate capacity for reflection, or those who developed the capacity in this study, learned more effectively. For instance, one student displayed a better capacity for critical reflection. In one of her journal entries, she initially documented her annoyance with the workers for *"doing the talking instead of* (the child)*"* during the initial group therapy sessions. However, she reflected further to conclude that this was probably motivated by *"their* (workers') *instinct to help the child immediately"* (Student Journal). The capacity to reflect deeply on worker motivation allowed her the opportunity to clarify these issues with the workers and improve overall learning. In contrast, the other student struggled with self-reflection as her cognitive attention was focussed on coping with the unstructured setting. Thus,it appeared that the cognitive competence of reflection could be diminished when there were other pressing cognitive and affective demands.

<u>Being in Control</u>

This theme of being in control arose out of the individual learner's sense of being able to balance her needs with the demands and expectations of the learning situation. Indeed, learners in this research were often engaged in a balancing act because of personal needs and situational constraints. Achieving some measure of control appeared to be critical to optimising learning; otherwise the learner risked being overwhelmed by centre complexity.

Both students expressed anxieties about many of the features of the setting. However, one of them, higher up on the novice-expert continuum, retained a sense of control and even blossomed in the complex environment. The other student experienced more incidents of not being in control in this unfamiliar setting. The workers and mothers faced their own sets of needs, learning opportunities and demands. For many of them, the complex learning environment of the centre was a microcosm of the disadvantaged community with limited resources in which they lived. Their perceptions of an inability to balance their own and their children's learning needs with other family and societal demands and expectations often created this sense of not being in control. For instance, in

cycle 2, one of the children's self-injurious behaviour had suddenly intensified. Although there was ongoing work to manage this, the new worry dampened his mother's enthusiasm for the small improvements in his communication skills. This underlined the continuum aspect of being in control since experiences of not being in control mingled with experiences of control and success.

Undeniably, the learners recognised that it was the individual's determination to keep engaged -*"have to have the words 'have to' in our vocabulary"* (from Group Interview) - that would make the difference. This revealed how engagement could itself influence being in control, whereby an individual learner's self-regulation towards learning remained strong despite challenges.

At the same time, this model of learning underlined the inappropriateness of sweeping generalisations because of the different attributes of individual learners. Being in control did not guarantee positive learning orientation. The head worker, a mother of two children with disabilities, had her own instances of feeling overwhelmed that affected her engagement and sense of control. On the other hand, she also used her position, in an authoritarian manner, to resist changes to rehabilitation activities which would have entailed higher work commitments from her. In this respect, she sought to maintain control in a manner that limited her own learning.

Confidence

A key finding was the close association between being in control and the development of confidence. It appeared that confidence diminished whenever the demands of the situation or the complexity of the task exceeded the abilities of the learners and resulted in failed actions. This was congruent with previous literature, in which confidence among adult learners is often perceived in terms of performance (Norman & Hyland, 2003). This, more often than not, created a negative spiral with experiences that further diminished confidence affecting the performance of the learner. This was especially true among the novice workers and one of the students, where demands were frequently greater than abilities.

On the other hand, confidence greatly contributed towards engagement and learning. Individual attributes such as being more experienced, knowledgeable and having higher status, equipped some learners initially with more confidence. A positive spiral ensued, as having such confidence helped them adapt to situations quickly, take on more responsibility and independence, and interact

more easily with others. This in turn led some mothers, the experienced workers and one of the students to engage more fully in the learning process and learn more comfortably. In addition, mothers who grew in confidence were quick to share their knowledge and understanding with other parents. For example, one mother willingly shared her experiences with other parents during a hospital-based Makaton workshop. Similarly, one of the students commented, at the end of the placement, that she had grown in confidence as a result of working with parents and workers with dissenting viewpoints (from Group Interview).

DISCUSSION

This study explored and described the learning experiences of adult stakeholders duringan action research project to establish a student placement at a CBR centre. A model of effectual CBR learning was synthesised from the findings (see Figure 1). This will now be described, after which individual themes will be further discussed.

Figure 1: Model of Effectual CBR Learning
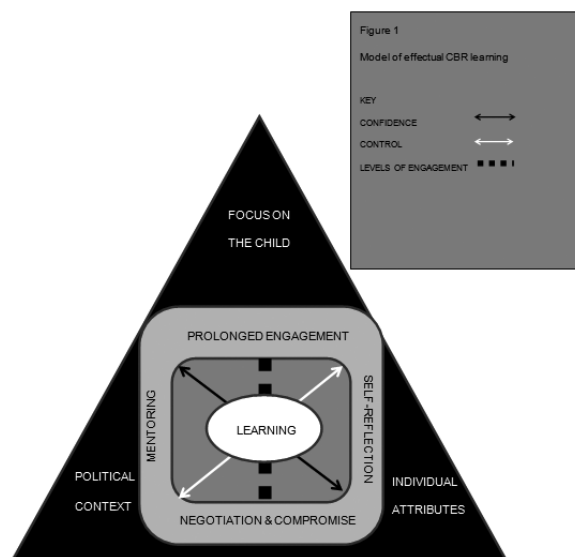
The results point to the situational nature of this learning which was strongly influenced by the disadvantaged centre setting, the individual attributes of learners and their focus on the children. The outermost triangle indicates how these factors contextualised learning and, in some respects, set boundaries and

limited learning. The second set of themes (the rectangle within the triangle) is related to how specific processes provided a scaffolding effect and facilitated learning. For instance, the learning was sparked and sustained through the social encounters and interactions between all learners within this context. The interpersonal processes of prolonged engagement, negotiation and compromise, and mentoring worked through such encounters. When these encounters were positive, learning was strengthened; conversely, negative encounters engendered learning difficulties. In addition, a capacity for self-reflection facilitated learning. Finally, a sense of control and confidence interplayed with each other and other themes to critically influence engagement and learning. Control and confidence are denoted using double-headed arrows to emphasise how, in the complex centre setting, they fluctuated on a continuum. Finally, engagement with learning, denoted as a series of steps, indicated how this took time to develop.

Student placements are a small, but perhaps important, step in mediating the current knowledge divide between professionals and grassroot CBR communities in Malaysia since they build up capacity for such measures. Study findings indicated that all adult learners became better empowered by working together. Shared understandings and even new understandings evolved from such partnerships. While CBR participants acquired knowledge and skills in managing children with communication disabilities, the PI and students grew in empathy and ability to provide effective rehabilitation. Thus, the CBR framework, despite its limitations, provided a natural community framework in which services could be developed. Furthermore, this study indicated how workers involved in impairment-focussed rehabilitation activities grow in understanding and skills when supported by relevant professionals. This calls for greater collaborations between allied health professionals and CBR in Malaysia to provide workers with better training. Some form of supervisory support for any workers who engage in impairment-focussed rehabilitation iscrucial.

A finding of this study, similar to that of Rist et al (2006), was the developmental nature of interactions, which moved from an initial focus of establishing trust among participants to later foci of deepening communication, changing attitudes, reshaping perceptions, and developing shared and new understandings about communication rehabilitation. Prolonged engagement allowed the context for these developments to take place. In addition, particular cognitive (e.g. reflecting together), social (e.g. consensus building) and personal (e.g. the development of

empathy) competencies described in the findings became outcomes of this social learning approach.

At the same time, given the real problems that often arise when different groups of people seek to learn and reflect together, this study found that negotiation and compromise were critical. The PI's lack of ability to successfully negotiate for a more consistent centre rehabilitation schedule is a case in point. She unwittingly focussed too much on waiting for consensus from all participants. On the other hand, Leeuwis (2000) noted that a facilitator in a negotiation setting requires a more active strategy, resources and a power base to successfully forge agreements. This finding, about negotiation difficulties, is similar to other findings in the literature where problems arise in projects with multiple stakeholders with different needs (Jones & Stanley, 2010). Indeed, an important finding of this study was the necessity for facilitators of social learning projects to be properly equipped to pursue the complex negotiations necessary to facilitate learning.In fact, the development of a specialisation in CBR for allied health professionals would be a relevant way forward in the Malaysian context.

This study found that learners required a sense of security so that the demands of the placement would not overwhelm them. Mentoring is a strategy that recognises this need for the scaffolding of real-life experience during learning. This is in order to minimise negative performances among learners, which can diminish confidence.The unfamiliar and unstructured study setting appeared to be significantly difficult for one student. This resonates with other literature which indicates learners' positions on the novice-expert continuum are not static but dependent on knowledge and skills relative to the specific context (Anderson, 1988). It alerted the university programme to the importance of sensitive mentoring in such cases. Additionally, students who are involved in initially establishing non-traditional placements should be selected carefully and include only those who are on the higher end of the novice-mastery continuum of student development. Such students would cope better with the spontaneous events typically found there. This may also facilitate better student ownership of the service and provide opportunities for developing leadership and innovative practice.

The findings demonstrated that mentoring can be perceived as a learning-teaching relationship in which clients and caregivers can furnish SLP providers with important feedback to help them develop as clinicians. This finding is also consistent with studies in professional practice literature, in which learners

often describe how important their clients are to their own learning (Black et al, 2010). As has been described, this mentoring relationship was an outcome of the better and deeper interactions that the SLP service providers experienced in this community setting. It pointed to the value of such settings in SLP education. The learning-teaching relationship also empowered CBR participants and led them to value their own contributions to the service developed.This was evidence of a "re-valuation of their own resources" as workers and parents became more aware of their own understandings and stores of knowledge (Rist et al, 2006). This gave them the confidence to provide practical insights to the PI and students, which aided the creation of new understandings. Another facilitating process described was the cognitive competency of self-reflection which has long been recognised as critical to learning (Argyris & Schon, 1974). All adult stakeholders exhibited this capacity for reflection, although some learners were more proficient. The fact that learners had opportunities to reflect together and become aware of multiple viewpoints aided self-reflection. Conversely, the complex demands of the setting increased anxieties for many of the learners and affected their sense of control. This study found that diminishing control could limit the capacity for self-reflection. Educators need to take these factors into account.

Finally, this study found that an individual learner's levels of control and confidence had a significant influence on learning. These findings resonate with many previous studies (Norman & Hyland, 2003; Raidal & Volet, 2009). At the same time, this study was able to demonstrate how both control and confidence are related to other themes, such as the facilitating processes of mentoring and self-reflection, individual attributes and the context in which learning occurs. Indeed, all these themes are interrelated and in any learning situation they are important factors to consider.

Limitations

One limitation of the placement was that the community was only addressed by the focus on worker training and did not extend, in the main, to training and raising awareness among other members of the community. This may have further added to the burden of responsibility mothers faced, since the focus was on changing child, mother, and worker practices rather than working directly on community inclusiveness and attitude change. However, both parent and worker stakeholder groups had wanted this initial focus on impairment-focussed rehabilitation, identifying it as their greatest need.

Another limitation was that CBR participants played minimal roles in data gathering and analysis. This has already been justified, although the personal initiation of the project by the PI, who commenced the project as an outsider, surely contributed to the challenges described in the findings. For instance, the need to build up trustful relationships and better engagement with CBR centre participants may have been associated with the lack of ownership they initially felt towards the project. It is recommended that future researchers use more participatory approaches (i.e., critical action research) to increase a sense of ownership. Utilising better criteria in initial CBR centre selection would help delineate centres that are clearly open to such approaches.

CONCLUSION

This study has explored several themes common to all adult learners in a social learning situation involving a student SLP placement at a Malaysian CBR centre. The study has indicated that the setting is beneficial as a student placement. Indeed, the university has continued CBR sites to the present time. However, it has been critical for these experiences to be implemented in ways that support positive learning experiences for all involved, using the recommendations discussed above. While the findings cannot be generalised, they would be of importance to contexts that are similar to the context described in this article. Furthermore, it would be interesting to continue to investigate the common experiences of different groups of learners within a particular learning situation in order to further develop the understandings about these events.

REFERENCES

Anderson J (1988). The supervisory process in speech-language pathology and audiology. Boston: Hill Press.

Argyris C, Schon D (1974). Theory in practice: increasing professional effectiveness. London: Jossey-Bass.

Black L, Jensen G, Mostrom E, Perkins J, Ritzline P, Hayward L, Blackmer B (2010). The first year of practice: an investigation of the professional learning and development of promising novice physical therapists. Physical Therapy; 90: 1758-1773. http://dx.doi.org/10.2522/ptj.20100078. PMid:20930050

Ching ML, Wai MK (2012). The ''Paradox of Empowerment'' in parent education: a reflexive examination of parents' pedagogical expectations. Family Relations; 61: 65-74. http://dx.doi.org/10.1111/j.1741-3729.2011.00685.x

Como E, Batdulam T (2012). The role of community health workers in the Mongolian programme. Disability, CBR & Inclusive Development; 23: 14-33.

Herr K, Anderson G (2005). The action research dissertation: a guide for students and faculty. Thousand Oaks, California: Sage.

Jones M, Stanley G (2010). Collaborative action research: a democratic undertaking or a web of collusion and compliance? International Journal of Research & Method in Education; 33: 151-163. http://dx.doi.org/10.1080/1743727X.2010.484549

Kaiser A, Hancock TB (2003). Teaching parents new skills to support their young children's development. Infants & Young Children; 16: 9-21. http://dx.doi.org/10.1097/00001163-200301000-00003

Kuipers P, Cornielje H (2012). Alternative responses to the human resource challenge for CBR. Disability, CBR & Inclusive Development; 23: 17-23.

Kuno K (2007). Does community based rehabilitation really work? Community based rehabilitation (CBR) and participation of disabled people. Kuala Lumpur: Ministry of Women, Family and Community Development, Malaysia

Leeuwis C (2000). Reconceptualising participation for sustainable rural development: Towards a negotiation approach. Development and Change; 31: 931-959. http://dx.doi.org/10.1111/1467-7660.00184

Levett-Jones T, Lathlean J (2009). The ascent to competence conceptual framework: an outcome of a study of belongingness. Journal of Clinical Nursing; 18: 2870-2879. http://dx.doi.org/10.1111/j.1365-2702.2008.02593.x. PMid:19220619

Mannan H, Mac Lachlan M, Mc Auliffe E (2012). The human resources challenge to community based rehabilitation: the need for a scientific, systematic and coordinated global response. Disability, CBR & Inclusive Development; 23: 6-16.

Norman M, Hyland T (2003). The role of confidence in lifelong learning. Educational Studies; 29: 261-272. http://dx.doi.org/10.1080/03055690303275

O'Toole B (1988). A community-based rehabilitation programme for pre-school disabled children in Guyana. International Journal of Rehabilitation Research; 11: 323-334. http://dx.doi.org/10.1097/00004356-198812000-00001. PMid:2480338

Raidal S, Volet S (2009). Preclinical students' predispositions towards social forms of instruction and self-directed learning: a challenge for the development of autonomous and collaborative learners. Higher Education; 57: 577-596. http://dx.doi.org/10.1007/s10734-008-9163-z

Rashid M (2004). Report on Malaysia: United Nations Regional Coordination Mechanism Thematic Working Group on disability-related concerns. Bangkok: United Nations

Rist S, Chiddambarnathan M, Escobar C, Wiesmann U (2006). "It was hard to come to mutual understanding . . ." - The multidimensionality of social learning processes concerned with sustainable natural resource use in India, Africa and Latin America. Systemic Practice And Action Research; 19: 219-237. http://dx.doi.org/10.1007/s11213-006-9014-8

Todd ES, Higgins S (1998). Powerlessness in professional and parent partnerships. British Journal of Sociology of Education; 19: 227-236. http://dx.doi.org/10.1080/0142569980190205

Van Dort S (2013). The design, implementation and evaluation of a community-based rehabilitation student-led speech pathology service in Malaysia. (Unpublished thesis) Charles Sturt University.

Wirz S, Chalker P (2002). Training issues in community based rehabilitation in South Asia. Selected Readings in Community-Based Rehabilitation: Series 2. Disability and Rehabilitation Issues in South Asia [Online]. Available from: http://www.aifo.it/english/resources/online/apdrj/selread102/contents.htm [Accessed on 5 May, 2007].

World Health Organisation, International Labour Organisation, United Nations Educational Social and Cultural Organisation (2004). A strategy for rehabilitation, equalisation of opportunities, poverty reduction and social inclusion of people with disabilities: joint position paper. Geneva: World Health Organisation.