



**Students' Reflections of Learning Experiences at a Homoeopathic
Satellite Health Centre**

BY

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DECLARATION

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

09/09/2021

Date

6/09/2021

Date

7/9/2021

Date

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M Tech: Homoeopathy

DEDICATION

This dissertation is dedicated to the loving memory of my both late parents, my mother Mrs Funani Florina Gwala and my father Mr Sdumo Hebert Gwala. Until we meet again. Thank you for the gift of life.

Most of all, glory be to God who gave me strength throughout my studies.

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ABSTRACT

Background

At the Durban University of Technology (DUT), Homoeopathy is a five-year, full-time course, and course-work master's degree. Clinical practice is a compulsory component. The purpose is to integrate the theory and practical components of the Bachelor's degree in Technology in Homoeopathy (B. Tech. Hom.) and Master's degree in Technology in Homoeopathy (M. Tech. Hom.), in order to produce competent and independent homoeopathic practitioners capable of restoring patients' health by utilising homoeopathic and naturopathic therapeutics. Students have to complete a prescribed number of patients during their B. Tech. Hom. and M. Tech. Hom. degrees in a clinical setting where students can apply clinical homoeopathic knowledge with regard to the physical examination, diagnosis and treatment under the supervision of a qualified and experienced clinician. In addition to this, the clinician on duty conducts onsite assessment of specific clinical examinations. The Department of Homoeopathy has established five homoeopathic community health centres in different areas of eThekweni district which serve as teaching clinics and render free primary health care services to the community. Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC) is one of these health centres. No documented studies have been conducted on students' perceptions with regard to their learning experiences at UNHCHC, commonly known as Ukuba.

Aim of the study

The aim of this study was to explore students' reflections on their learning experiences at a homoeopathic satellite health centre, namely, UNHCHC.

Methodology

A qualitative, exploratory, descriptive and contextual design was employed (Polit and Beck 2012). Semi-structured was interviews were conducted between the researcher and the participants, on one-on-one basis. A purposive sample of 13 registered full-time B. Tech. Hom. and M. Tech. Hom. students were selected to participate in the study. Data collection took place until a point of saturation was reached, however, after this point was reached one more participant was recruited. The emerging data was thereafter analysed using thematic analysis guided by Tesch's eight steps of data

analysis (Creswell 2009) to develop themes and sub-themes. Statistical Package for Social Science (SPSS version 25) was used to analyse demographic data.

Findings

Three main themes were identified, viz. influence of the learning environment on students' learning experience, influence of the Homoeopathy curriculum on students' learning experience, and influence of the homoeopathic clinic supervision on students' learning experience. Participants were very positive and reported that UNHCHC provided them with a good learning experience. Ukuba Nesibindi Homoeopathic Community Health Centre provided a good clinical learning environment by exposing participants to diverse patients, affording them the opportunity to practice homoeopathy first-hand and improve their communication skills with patients. The Homoeopathic curriculum content and subject modules were highlighted as a key influence in the successful preparation of participants for patient management at the UNHCHC.

With regards to the influence of clinical supervision on the learning experience of students, it emerged that the supportive nature of the clinical supervisors in the clinic, their friendship, politeness and empathy, years of homoeopathy experience and knowledge, was advantageous to the participants' learning experience. Nonetheless, the participants noted a negative impact pertaining to clinical supervision which included one clinician on site being insufficient because it puts the clinician under pressure at the UNHCHC. Another point that was made by participants as a negative perception, was the inconsistency of clinical supervision by some clinicians.

The aim of this study was to explore the students' reflections on their learning experiences at a homoeopathic satellite health centre, namely, UNHCHC. The researcher is of a perception that the study did achieve what it was seeking to achieve. Having said this, the implications are therefore for the department of homoeopathy to reflect on these findings so as to whether look at how clinical supervision is conducted and how to enhance the graduate attributes. It may also be worthwhile for the department to improve on other logistical matters that were raised as an issue of concern by the students i.e. transport, overcrowding of students per session. The department must be also commended for the positive outcomes such as clinical experience, ability to communicate with patients and diversity of patients the participants were exposure to.

This also has an implication on the internship that is about to commence in 2020 that these reflections may contribute as to the areas that still need further development of students in the clinical field that is required for minimum competency as per legislation.

Conclusion

This study found that students perceived UNHCHC to be very crucial and contributing positively in their learning experience. Further, they also provided constructive feedback on the areas needing improvement. This feedback included the shortage of clinicians, the need for the clinician to observe and validate proper physical examinations in the consultation room, and the late arrival of transport from DUT to the clinic.

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LIST OF ACRONYMS

Acronym	Full term
AHPCSA	Allied Health Professional Council of South Africa
B. Tech. Hom.	Bachelor's degree of Technology in Homoeopathy
DUT	Durban University of Technology
ECP M. Tech. Hom.	Extended Curriculum Programme Master's Degree of Technology in Homoeopathy
HCHC	Homoeopathic Community Health Centre
HIV	Human immunodeficiency Virus
UNHCHC	Ukuba Nesibindi Homoeopathic Community Health Centre

CHAPTER 1: INTRODUCTION

In this chapter the background of the Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC) and the research problem, aim or purpose, questions, scope and outline of the dissertation are clarified.

1.1 Background of Ukuba Nesibindi Homoeopathic Community Health Centre

The UNHCHC was first known as Ukuba Nesibindi Homoeopathic Community Clinic (UNHCC) when it was established in 2004. This was pioneered by the DUT's Department of Homoeopathy in collaboration with Lifeline with the aim to provide a free primary health care service to the community and to facilitate teaching and learning. This collaboration was in line with the Faculty of Health's goal to "continue to develop community-based projects to foster social responsibility through collaborative projects between programmes" (DUT Homoeopathy Handbook 2018). The Ukuba Nesibindi Homoeopathic Community Health Centre is in Warwick Junction, Durban. UNHCHC is on the third floor of the Lifeline building in Acorn Road, Warwick Triangle and is less than one kilometre away from the Homoeopathic Day Clinic on DUT Ritson campus. The area is disadvantaged with high crime rate, violence, prostitution, small business and low-income housing (Dube 2015). This place is also situated close to several taxi-ranks which makes it extremely busy.

According to Smillie (2010), Lifeline used to run courses such as beadwork, sewing, hairdressing, and computer skills, as well as school daycare for children, rape counselling, free human immunodeficiency virus (HIV) testing, and a soup kitchen. Some of the services are no longer offered, like beadwork and hairdressing, but computer literacy skills and volunteering and counselling skills with personal development short courses are now offered. Human Immunodeficiency Virus testing is still a major part of their programme.

When the clinic first opened its doors in 2004 it was operating in only one room and on a Wednesday afternoon and Friday morning. Ukuba Nesibindi Homoeopathic Community Health Centre has evolved over the years, and was recently renovated. At present, the clinic has a dispensary room and three consultation rooms with one examination bed in each room. The clinic now operates on Tuesday afternoon and

Thursday afternoon and Friday morning.

The Ukuba Nesibindi Homoeopathic Community Health Centre provides a primary health care service and free homoeopathic treatment to the Warwick community and people coming from all areas around eThekweni Municipality. Fourth year B. Tech. Hom. and Fifth year M. Tech. Hom. homoeopathic students run the clinic under the supervision of a qualified homoeopathic practitioner. The DUT Department of Homoeopathy fully funds the clinic (Smillie 2010). UNHCHC has shown a significant increase in patient numbers since its establishment in 2004, and a relatively high return of patients for one or more follow-up consultations (Smillie 2010)

A total of six research studies have been conducted and completed at this site: Smillie (2010), Watson (2015), Dube (2015), Sibeko (2017), Ngobese (2018), Ford (2019). When (Smillie 2010) conducted her study at this community satellite health centre, her findings were that an average of 56% of patients came back for more than one follow-up consultation during the study period. She further stated recommendations to be implemented to improve service provision at this clinic, and according to Dube (2015), these recommendations have been implemented, proving that Smillie (2010) was accurate with these recommendations as the numbers have increased ever since.

The annual statistics of patients' numbers from 2004 to 2018 is shown in Table 1.1.

Table 1.1: Patients' numbers at UNHCHC from 2004 to 2018

Year	Number of patient consultation
2004	69
2005	133
2006	266
2007	224
2008	352
2009	272
2010	611
2011	383
2012	342
2013	280
2014	386
2015	1128
2016	1276
2017	964

2018	524
TOTAL	7210

Dube (2015) conducted a qualitative, descriptive, cross-sectional study on 50 new patients. The study revealed that 70% to 90% of patients showed a very high degree of satisfaction with the homoeopathic consultation, 72% of patients expressed improvement after the homoeopathic consultation, and 68% had trust in the homoeopathic student practitioner. Further, 70% to 82% of patients had a very high level of satisfaction with the homoeopathic student practitioners' manners, reflecting that the homoeopathic students' showed empathy, communicated well with the patient in a language they understood, and afforded them the opportunity to ask questions. Dube (2015) therefore concluded that patients were satisfied and very positive regarding the health care and service provided at UNHCHC. The results showed that an increase in the number of patients attending UNHCHC was due to the satisfaction patients have with the homoeopathic treatment at UNHCHC.

1.2 Research problem

South Africa is faced with a number of challenges ranging from diseases to shortage of health professionals, especially in the under-resourced and rural areas (Sibiya 2018). Sibiya (2018) explained some of these challenges during her Inaugural Lecture at the Mansfield Hall, on Wednesday, 8 August 2018, which was titled: 'Transforming The Education and Training of the Health Professionals to Strengthen the Health System in the 21st Century: Have We Made Progress?'. Challenges with regard to diseases (which take the priority are generally around the lines of, HIV and AIDS, sexually transmitted infections, maternal and child morbidity and mortality, violence and injuries), continue to burden the current health system.

In seeking for remedial solution, Sibiya (2018) further suggested the transformation of health professional education to be imperative in addressing the aforementioned challenges. "The major challenge in South Africa is that universities that offer health professional education and training have not kept pace with these challenges. The current curricula do not adequately prepare the graduates that are capable to address these challenges. The redesign of the health professional curricula is therefore, urgently needed in South Africa". There is a strong call for the transformation of the current

curricula for health professional education training (Sibiya 2018). Thus, this study provides reflections of students' learning experiences in a satellite health centre in KZN while they are still with the current curriculum. This study was conducted in the same year that the call for the transformation of the current curricula for health professional education and training was made. This added to the significance of this study because the rich information produced may be used to refine and modify the homoeopathic programme at DUT.

Previous research has focused mainly on the patients' experiences and perceptions at the UNHCHC (Smillie 2010; Ngobese 2018), and consequently less attention has been given to the student's reflection on their learning experience. This is not only evident at UNHCHC but in all the five homoeopathic community health centres initiated and managed by the Department of Homoeopathy at DUT. This has contributed to the paucity of literature documenting the learning experiences of students. It became important and necessary to conduct this study.

This study may be beneficial in exploring the views of students which may improve the clinical experience of future students within the department which may indirectly benefit the patients and services offered at UNHCHC.

The value and importance of reflection and reflective practice are frequently noted in the literature. In fact, reflective capacity is regarded by many as an essential characteristic for professional competence (Mann, Gordon and MacLeod 2009). Educators in the health professions strongly believe that reflective practice forms part of the change that acknowledges the need for students to think professionally as an integral part of learning throughout their courses of study, integrating theory and practice (Mann, Gordon and MacLeod 2009).

1.3 Aim of the research

The aim of this study was to explore the students' reflections on their learning experiences at a homoeopathic satellite health centre, namely, UNHCHC.

1.4 Research questions

Grand tour question:

What are the student reflections on learning experiences at a homoeopathic satellite health centre, UNHCHC, concerning the care they render to the community and the teaching they receive?

Sub questions:

1. Does UNHCHC provide a good learning environment for students?
2. Does the homoeopathy curriculum prepare students to manage patients at UNHCHC?
3. What are students' perceptions (positive and negative) of the clinical supervision at UNHCHC?

1.5 Chapter summary

Chapter 1 provided an overview of the research study; it presented the background of the UNHCHC, the research problem, the aim of the research and the research questions. The next chapter will present the literature review.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The relevant literature pertaining to the topic is presented in this chapter.

2.2 Homoeopathy

Homoeopathy is a comprehensive therapeutic structure of medicine developed by Dr. Samuel Hahnemann (Allied Health Profession Council of South Africa 2018). It uses highly diluted medicines that awake the body's immune defence system to trigger the healing process, while acknowledging the individual as a unique human being (De Schepper 2001).

2.3 Homoeopathic scope of practice

According to the Allied Health Professions Act, 1982 (Act 63 of 1982) homoeopathic practitioners are primary healthcare professionals and their scope of practice allows them to diagnose, treat or prevent, mental and physical illness, prescribe or dispense medicine (Allied Health Profession Council of South Africa 2015).

2.4 Homoeopathic laws

De Schepper (2001) describes homoeopathy as a holistic system of medicine, which respects and considers the interrelation of mind, emotions, body and spirit.

The following are the fundamental laws of homoeopathy:

- Law of similar “like cures like” – a substance that produces symptoms in healthy people that can cure the same symptoms in the dis-eased individuals. This is achieved by administering homoeopathic remedies which have the ability to elicit an artificial medical disease state that is similar but stronger than natural disease (Chauhan and Gupta 2007).
- Law of simplex – only one single, simplex remedy that matches the totality of the patient's symptoms and that of the unique disease picture of the remedy, is to be for one given case. This is also called the “simillimum” (De Schepper 2001).

- Law of minimum dose – this is the reduction of the initial substance by a succession of trituration or dilutions and at every step of dilution an inert medium like alcohol or saccharum lactose is employed to achieve this dilution (De Schepper 2001)). Homoeopathic remedies aid the body to heal itself, by stimulating the body's own energy or vital force (De Schepper 2001; Vithoulkas 1998).

In addition to the above laws, Roberts (2005) stated that the homoeopathic physicians must avoid prejudice in order to be able to look fairly at disease conditions from an unbiased point of view. Roberts (2005) called upon physicians to treat every patient as an individual, not as a disease. Thus, homoeopathy treats the person who has a disease.

2.5 The Allied Health Professions Council of South Africa

The Allied Health Professions Council of South Africa (AHPCSA) was established to regulate the practice of all allied health professionals (Majola 2015). According to Act 63 of 1982 the responsibility of the AHPCSA is to promote and protect the health of the public; manage, administer and set policies relating to the professions registered with the AHPCSA; investigate complaints relating to the professional conduct of practitioners, interns and students; administer the registration of persons governed by the AHPCSA; and set guidelines for the education and training of prospective practitioners (Majola 2015). According to the Head of Department, Department of Homoeopathy at the DUT, an internship will be formally introduced in 2020 which is a requirement recently introduced by the AHPCSA (Maharaj 2019).

2.6 Challenges currently faced by homoeopathy in South Africa

Homoeopathy is a relatively small but steadily growing profession in South Africa, with 556 homoeopaths registered with the AHPCSA (Solomon 2014). The demographic distribution of the profession is estimated to be 78% White, 13% Indian and 9% African (Solomon 2014). The demographic proportions of the South African population as a whole are 80.9% African 7.8%, White 8.8%, Coloured and 2.5% Indian (Statistics South Africa 2018).

According to the Head of Department, Department of Homoeopathy at the DUT, the demographic profile of students recruited and enrolling into the homoeopathic

programme has changed over recent years, from being mainly White students to mainly African students (Maharaj 2019). Basic IsiZulu is taught to non-Zulu speaking students to assist them when seeing patients whose preferred medium of communication is IsiZulu, especially in the satellite DUT clinics (Maharaj 2019).

The inability of the homoeopathy profession to attract and retain enough African students for training (Solomon 2014) is closely associated with homoeopathy not being integrated into the general health system in the country. This limits career paths and results in financial insecurity for graduates upon completion, especially for those coming from disadvantaged backgrounds (Solomon 2014). According to Statistics South Africa (2018), 61.9% of Black South Africans live in poverty. To set up a homoeopathic practice requires start-up capital from a graduate who still has to pay study loans. According to Majola (2015) graduates abandon the profession to explore a career that will make them employable in the public sector.

The homoeopathic profession is unfamiliar to the majority of South Africans owing to the fact that it is only available through the private sector (Majola 2015) and only approximately 20% of the South African population have access to private healthcare (Sibiya cited in Majola 2015) i.e. those with a higher income (Cromarty 2007). Most users of homoeopathy are from the higher socio-economic class (Majola 2015), and the majority of the South African community has no exposure to homoeopathy (Solomon 2014).

Majola (2015) conducted a qualitative study employing a semi-structured interview with 12 participants. This study examined the perceptions of homoeopathic doctors practising in KwaZulu-Natal regarding their perception of the role of homoeopathy in the public healthcare system in South Africa. The results of this study revealed that most homoeopathic practitioners were positive regarding the possibility of integration. There were some negative responses from participants. These included the lack of knowledge of homoeopathy in South Africa, and, importantly, that the homoeopathic education offered at DUT was inadequate. Thus, it was imperative to know how homoeopathic students perceive educational training at DUT.

2.7 UNHCHC

In a venture to address access, although in a restricted way, to homoeopathic treatment to the South African society, the Department of Homoeopathy at DUT initiated homoeopathic community health centres (HCHC) in four low-income areas with free homoeopathic consultation and treatment for any member of the public. These are: UNHCHC, Redhill HCHC, Kenneth Gardens HCHC and Cato Ridge HCHC. In addition, there is the Homoeopathic Day Clinic situated in the Department of Homoeopathy on the Ritson Road Campus of DUT, which is a fee-paying clinic.

The DUT's UNHCHC has a triad of functions; teaching and learning; patient care and research.

2.7.1 Teaching and learning

The Ukuba Nesibindi Homoeopathic Community Health Centre provides clinical learning experience for students to integrate theory learnt in classroom with the practice of homoeopathy with real patients. Being a teaching clinic, homoeopathy students consult with patients under the supervision of a qualified and experienced homoeopathic practitioner. Patients at UNHCHC understand that homoeopathic students have to discuss the case and receive necessary guidance from the clinician.

There is no study at present documenting the learning experience of homoeopathic students attending UNHCHC.

2.7.2 Patient care

Smillie (2010) conducted a clinical audit at UNHCHC using a retrospective, explanatory and descriptive design. That study aimed to determine patient demographics and disease prevalence, and to identify and describe the various homoeopathic treatment modalities offered. The results showed that 862 patients were seen between 2004 to 2008. Over 80% of patients attending UNHCHC since inception were African, 20% were Coloured and Indian, and no white patients visited the clinic. Moreover, it also appeared that the majority of patients who attended at the UNHCHC were African female, between the ages of 40 to 60 years, and unemployed. From the above mentioned study it was apparent that the medium of communication was isiZulu; hence, most users attending the UNHCHC are Africans. This is also the case

because the UNHCHC is located in KwaZulu-Natal, a mainly isiZulu speaking province. It can be inferred that the socio-economic status of patients is low income. Smillie (2010) found that the majority of patients were unemployed.

Watson (2015) conducted a quantitative study employing a descriptive paradigm to determine patients' perception of the services provided at UNHCHC and to determine their responses to the homoeopathic treatment. With regard to the service provided, patients conveyed an overall positive satisfaction on services: 98% agreed that staff at the clinic were polite, quick to help patients and informed patients of the waiting time for an appointment; 86% agreed that the waiting time for an appointment was good enough; 36% were dissatisfied with the waiting time for the medication; and 25% disagreed that there was enough privacy in the consultation rooms, which is a large number. In addition, it was found that the patients' perception of the homoeopathic students attending at Ukuba, which included perceptions of their appearance, skill, friendliness, manners, organisation, care and confidence, was 97%. All participants perceived the attention given to their case to be either 'Good' or 'Very good'.

The results also showed that the majority of patients' main complaints (93%) and secondary complaints (82%) improved after receiving treatment. Although many patients were simultaneously taking other medications for other health conditions, 87% stated the improvement their condition was due to the homoeopathic treatment.

The number of patients seeking homoeopathic treatment is growing steadily, especially in the African community (Smillie 2010), where homoeopathy is said to be less familiar (Khumalo 2015). Watson (2015) investigated the quality of service, together with the homoeopathic treatment. Watson's results furnished the reasons why patient numbers are increasing at UNHCHC, a trend noted by Smillie (2010).

Dube (2015) conducted a quantitative, descriptive and cross-sectional study on 50 new patients to determine the perceptions of patients after their first homoeopathic consultation and their satisfaction with service delivery at UNHCHC, and to assess patients' knowledge about homoeopathy. The results of the study showed a very high degree of satisfaction with the health care and the service provided. The results also showed that the majority of respondents attended the clinic as a result of the blood pressure drives in the vicinity held by students during the clinic sessions (Monday mornings and afternoons; and Thursday afternoons). Dube (2015) recommended that

future studies be qualitative in nature and with a larger sample size. Dube (2015) also recommended that the UNHCHC be operational on all weekdays which would result in an increase in the patient numbers and would enable further research studies.

Ngobese (2018) conducted a qualitative study employing an explorative, descriptive and contextual design to explore the experiences of returning patients at UNHCHC. The results showed that the majority of patients had a vague understanding of homoeopathy but recognised that the quality of service received at the homoeopathic clinic was highly beneficial. In addition, patients voiced dissatisfaction with other streams of healthcare that contended with homoeopathic treatment. It was also noted that the infrastructure at UNHCHC needed improvement in terms of space. Ngobese (2018) recommended that an increase in consultation rooms be considered, and for one consultation room to be on the ground floor to accommodate those who cannot climb stairs.

2.7.3 Research

Students in the DUT Master's Homoeopathic Programme are required to produce a mini-dissertation which contributes to the knowledge of the profession. Some students have utilised the UNHCHC as a platform to conduct research. The Ukuba Nesibindi Homoeopathic Community Health Centre has demographic profiles of patients that fairly represents the South African society, which is useful when homoeopathic students conduct research. A total of six research studies have been conducted and completed at this site: Smillie (2010), Watson (2015), Dube (2015), Sibeko (2018), Ngobese (2018), Ford (2019).

2.8 Homoeopathic education in South Africa

Formal professional homoeopathic training in South Africa is offered only in two tertiary institutions, namely, the DUT (formerly Technikon Natal), beginning in 1989, and the University of Johannesburg (UJ) beginning in 1993. Both tertiary institutions offer a five-year, full-time, course-work master's degree (Watson 2015) with clinical practice as compulsory component. The degree is recognised by the South African Qualification Authority (SAQA) (Solomon 2014). According to the SAQA registration document, the purpose of the Master's degree of Technology in Homoeopathy is to produce a primary contact practitioner. Upon completion of the programme, the graduate should have the ability to make a differential and holistic diagnosis in order

to determine following or possess the following skills;

- The cause of the patient's discomfort and disease
- To restore the patient to health by homoeopathic and naturopathic therapeutics
- The knowledge to refer the patient to the appropriate health care professional in accordance with the patient's needs
- An interest in continued educational development and research projects of benefit to the health of humankind
- Self-motivation and the desire to cure the patient
- The willingness to become part of the community and health care system and the relieving of the suffering of the sick
- The ability to question and arrive at an unbiased logical reason for the cause and cure of the patient's malady.

Furthermore, Solomon (2014) mentions that learners should be able to carry out appropriate treatment and continue to manage patients as per the homoeopathic scope of practice provided by the Allied Health Professions Act (1982) Act 63 of 1982.

2.8.1 The Homoeopathic Programme at the DUT

The DUT currently offers two Homoeopathy Programmes, the old and the new curriculum programme. The old programme is separated into four qualifications (table 2.1). There is no exit point prior to the Master's in Technology: Homoeopathy. Students do not graduate after the first three qualifications, but these are required and contribute towards the completion of the M. Tech: Homoeopathy (Table 2.1). This is in accordance with the minimum requirement as stipulated by the statutory board, the AHPCSA. The new programme is divided into three qualifications (Table 2.2). This homoeopathic programme allows students to graduate upon successful completion of the Bachelor of Health Sciences: Homoeopathy (BHSc) and the Bachelor of Health of Sciences: Homoeopathy: Extended Curriculum Programme (BHSc) (ECP). The registration with the AHPCSA to practice as Homoeopaths requires the students to enrol and complete the Master of Health Sciences: Homoeopathy, commencing in 2019.

Table 2.1: The old Homoeopathy Programme

Qualification	Duration	Date of teach out
National Diploma in Homoeopathy	1 - 3 years	2020
National Diploma in Homoeopathy (Extended Curriculum Programme) (ECP)	1 - 4 years	2021
Bachelor's Degree in Technology in Homoeopathy	4 years	2023
Master's Degree in Technology in Homoeopathy	5 years	2025

Source: Adapted from DUT Homoeopathy Handbook (2018)

2.8.1.1 The old Homoeopathy Programme

2.8.1.1.1 Summary of content in the National Diploma: Homoeopathy

This programme is designed to lay the foundation by providing students with subjects in pure science (Physics and Chemistry), basic medical science (Biology, Physiology and Human Anatomy) and Homoeopathy (Philosophy, Principles and History, and Materia Medica). Clinical modules (Systematic Pathology III and Diagnostics III) Auxillary Therapeutics (Nutrition, Phytotherapy, Bach flowers, Tissue Salts and Iridology) are introduced towards the final year (third year) of the diploma.

2.8.1.1.2 Summary of content in the Bachelor's Degree in Technology: Homoeopathy

The formal minimum duration of the B. Tech: Homoeopathy is one year. Student must be in possession of the National Diploma: Homoeopathy and current and accredited certificate in First Aid approved by the Head of Department for admission in the programme.

In this level of study, the modules are offered mainly by the Department of Homoeopathy. There is strong emphasis on clinical skills, physical examination and diagnosis in Diagnostics IV. Other subjects are: Homoeopharmaceutics IV, Clinical Homoeopathy, Materia Medica, Clinical Practice IV which includes students rendering patient care at the UNHCHC and DUT Homoeopathic Day Clinic. The Research Methods module is introduced at this level. Other activities include the hospital visits (case observation and discussions).

The B. Tech. students visit a public hospital once a week where they take a brief case

history and conduct examinations at the bedside of the patients. The case management thereafter is discussed with the qualified clinician from the Department of Homoeopathy accompanying the students in the hospital. The case discussion incorporates questions on diagnosis, differentials, patient education, and further investigations. Ganesh (2017) compared the nature of the hospital visits and found that there was a difference between the hospital rounds of homoeopathy students and traditional medical students. This is due to the limited interaction between the clinical staff and B.Tech. students while the medical students can enjoy the privilege of working together with the clinic staff to review diagnosis, suggest management, request investigations and prescribe medication.

The limitation highlighted by Ganesh could be caused by the fact that homoeopathy is not formally included within the public primary healthcare sector in South Africa (Khumalo 2015), whereas allopathic medicine is the main public and primary health care. Despite this marginalisation, the hospital visits afford the B. Tech students exposure to different types of pathologies (Ganesh 2017).

Gonzalo *et al.* (2009) conducted a cross-sectional web-based survey of 102 medical students and 51 internal medicine residents. The purpose of this study was to describe the learner's experiences and attitudes regarding their perception of bedside rounds at an academic medical institution. The participants perceived bedside rounds to be crucial for learning core clinical skills and professional development.

2.8.1.1.3 Summary of content in the Master's Degree in Technology: Homoeopathy

The first year of registration in the Master's Homoeopathic Programme includes Clinical Practice V. Students are required to complete a triad of academic, clinical and research components. The academic programme comprises lectures, practical, assignments, tests and examinations. The Clinical Practice V component includes patient care at the DUT Homoeopathic Day Clinic and UNHCHC, Kenneth Gardens HCHC, Red Hill HCHC and Cato Ridge HCHC. The research component requires the production of a mini dissertation. In the first year of the Master's programme, students attend lectures in the morning or afternoon, throughout the week, and are rostered either into the DUT Homoeopathic Day Clinic or the HCHCs every alternate day. Students are required to see a prescribed number of patients to gain primary points,

which the student gain a point for every patient consulted in the main Health Centre on campus and other Satellite Health Centre which includes UNHCHC. Also, to observe patients in public clinic or private homoeopathic practice and attending seminar to make up secondary points. Both primary and secondary points are the requirement for the clinical practice module.

2.8.1.2 The new Homoeopathy Programme

2.8.1.2.1 Bachelor of Health Sciences: Homoeopathy

The Bachelor of Health Sciences: Homoeopathy is offered for a minimum time of four years. The maximum time for completion is six years. This programme was introduced in 2015 and is replacing the National Diploma: Homoeopathy. On completion of the Bachelor of Health Sciences: Homoeopathy, students will enrol into the Master of Health Sciences: Homoeopathy which will be introduced in 2019 and is a requirement for registration with the AHPCSA to practice as a homoeopathic practitioner in South Africa.

2.8.1.2.2 Bachelor of Health Sciences: Homoeopathy (Extended Curriculum Programme)

The Bachelor of Health Sciences: Homoeopathy, Extended Curriculum Programme has been devised in order to enhance student development and to improve the student's chances of successful completion. The programme is offered for a minimum time of five years. The maximum time for completion is seven years. This programme was introduced in 2015 and is replacing the National Diploma: Homoeopathy (Extended Programme). On completion of the Bachelor of Health Sciences: Homoeopathy (ECP), students will enrol into the Master's of Health Sciences: Homoeopathy which was introduced in 2019 and is a requirement for registration with the AHPCSA to practice as a homoeopathic physician.

2.8.1.2.3 Master of Health Sciences: Homoeopathy

The minimum registration of Registration of the Master of Health Science is two years. This qualification is replacing the Master's Degree in Technology: Homoeopathy. The Master of Health Science in Homoeopathy is designed in similar fashion to the old programme, apart from the fact that modules are continuous assessment except

Materia Medica as it has an annual examination. Table 2.2 shows the layout of the new Homoeopathy Programme.

Table 2.2: Layout of the new Homoeopathy Programme

Qualification	Duration	Date of Commencement
Bachelor of Health Sciences: Homoeopathy (BHSc)	1 - 4 years	2015
Bachelor of Health of Sciences: Homoeopathy: Extended Curriculum Programme (BHSc) (ECP)	1 - 5 years	2015
Master of Health Sciences: Homoeopathy	5 years	2019

Source: Adapted from DUT Homoeopathy Handbook (2018)

2.9 Quality assurance in tertiary education

In South Africa, the Higher Education Quality Committee (HEQC) has drafted a system of quality assurance. The was to ensure programme accreditation, institutional audits, quality promotion and capacity development. Furthermore, to support interact with one another as parts of a reasonably integrated system, whose objective is to sustain the improvement of the actual quality provision (Higher Education Quality Committee 2009).

In addition, the HEQC accreditation function focuses on evaluation of the institutions' ability and readiness to provide good new programmes in both undergraduate and postgraduate levels, in compliance to series of minimum standards (HEQC 2009). The national reviews put emphasis on accreditation methodology, assessing academic provision of selected programmes at a national level, from the point of their academic governance, teaching and learning practices and the structure of the learning programme, against minimum standards agreed upon by peers and experts.

2.10 The importance of programme evaluation

According to van den Berg (2007), programme evaluation is a crucial part of quality assurance and can be used as an information source for measuring or judging the effectiveness of academic programmes. Van den Berg (2007) further defines evaluation as collection, analysis, interpretation of information about any aspect of educational or training as part of a recognised process of judging its effectiveness, its efficiency and other outcomes it may have. Thus, programme assessment should be

a continuous culture that higher education institutions should adopt to monitor and improve student learning experiences (Praslova 2010).

While an evaluation provides vital information to the institution of higher education, it also provides information to stakeholders such as government regulatory entities, professional accrediting organisation, representatives of the workforce and prospective students (Praslova 2010). Praslova (2010) also mentions that the institutions of higher education have a duty of teaching students, producing research and participating in community engagement (Praslova 2010).

2.11 Evaluation of students learning experiences

The DUT is a student-centred institution. It considers what students ought to know, and what methods would be most effective in facilitating learning for individual students or groups of students (Bawa 2014).

The Mission Statement of the Faculty of Health Sciences at the DUT is as follows:

Within a values-driven student-centred ethos, the Faculty of Health sciences is committed to developing quality health professionals that are practice-orientated, receptive and responsive to the health care needs of the people of South Africa, and of Africa as a whole. This will be achieved by providing the highest standards of learning, teaching, research, and community engagement, underpinned by a commitment to creating space for students and staff to succeed, DUT Homoeopathy Handbook (2018).

The Faculty of Health Sciences is guided by the following core values:

- “Transparency, openness, honesty, and shared governance;
- Professional and personal respect for others;
- Educational relevance, equity and transformation (curriculum, access and success); and
- Loyalty, accountability, dignity and trust.” DUT Homoeopathy Handbook (2018).

It was therefore, this study was necessary to be conducted, and is in line with the above- mentioned major core values and ethos of the DUT.

Bakhshialiabad, Bakhshi and Hassanshahi (2015) state that students’ perceptions are a fundamental component in implementing improvements of educational environment.

The authors further mention that meaningful learning is positively related to students' perceptions of the educational environment, which influence students' learning experiences and outcomes. This approach improves quality assessment and the commitment of health professional education programmes towards student-centred teaching and learning Bakhshialiabad, Bakhshi and Hassanshahi (2015).

Bakhshialiabad, Bakhshi and Hassanshahi (2015) conducted a descriptive cross-sectional study on students' perceptions of the academic learning environment in seven medical sciences courses based on the Dundee Ready Education Environment Measure. The results showed that it was very important for faculty members and course managers to make more effort to observe principles of instructional designs, to create an appropriate educational environment, and to reduce deficits in academic achievement and learning in order to provide a better learning environment with more facilities and supportive systems for the students Bakhshialiabad, Bakhshi and Hassanshahi (2015).

2.12 Learning theories in support of clinical training in a 'clinic type' setting

It is vital that homoeopathic students are exposed to 'real life' problem based learning settings, such as clinics and the UNHCHC. This type of learning is supported by the Social Learning Theory as described by Bandura (Nabavi 2011) where human learning occurs from interactions within a social context. Observation and imitation of the behaviour of others helps to mould professional behavior in a clinical setting, as in the case of patient and student interaction and clinician student interactions. The Cognitive learning theory that incorporates Observational learning is the framework for skills development (Aliakbari et.al 2015). Here professional behaviour and important Homoeopathic skills, are instilled and negative learned patterns are discouraged by observation. This teaching and learning approach is used extensively in all Clinical training.

It is acknowledged that there is little substance that is emerging from the literature that speaks to the research question. The only recent and relevant study that has been completed (Buthelezi 2019). An exploration into students' perceptions regarding dropout within the chiropractic programme at a University of Technology has been added, even this still does not directly speak to the perceptions on clinical perception. Buthelezi (2019), however showed the importance of gathering students' perspective to be vital in developing curriculum at university level. Especial in the university that

embrace student centeredness.

2.13 Chapter summary

Chapter 2 presented the literature review in support of the current study. The next chapter presents the design and methodology that was utilised to conduct this study.

CHAPTER 3: Research Methodology

3.1 Introduction

This chapter discusses the methodology used to execute this study in terms of study design, research setting, study process, study population, sampling process, duration of the study per each participant, inclusion criteria, exclusion criteria, recruitment procedure, data collection, pilot study and data analysis.

3.2 Study design

A qualitative, explorative, descriptive and contextual design was employed (Polit and Beck 2012). An exploratory research approach is employed when there is lack of or little prior research in the area (Flynn and McDermott 2016). Such research intends to discover knowledge about an issue, and to gain insights or clarification. Flynn and McDermott (2016) further mention that employing an exploratory research approach is common for beginning research students, and is a common approach for research which tends to be smaller in nature and focused on specific programmes or service usergroups.

Descriptive research precisely describes the characteristics or qualities of the population group (Flynn and McDermott 2016). This type of research design does not necessarily require a researcher to have a deep knowledge on which to base the study (Flynn and McDermott 2016). Also, the researcher needs exploratory findings to lay a foundation (Flynn and McDermott 2016).

3.3 Research setting

The research setting was UNHCHC. The interview setting was DUT Homoeopathic Day Clinic. A clinic room (room 12) was pre-booked for the interview, and all the interviews were conducted in the same room.

3.4 Research question

Grand tour question

What are the student reflections on learning experiences at a homoeopathic satellite health centre, UNHCHC, concerning the care they render to the community and the

teaching they receive?

Sub questions:

- Does UNHCHC provide a good learning environment for students?
- Does the homoeopathy curriculum prepare students to manage patients at UNHCHC?
- What are students' perceptions (positive and negative) of the clinical supervision at UNHCHC?

3.5 Study population

The study sample included registered 4th and 5th year homoeopathic students currently consulting at the UNHCHC who met the inclusion criterion.

3.6 Sampling process

Purposive sampling was used to recruit a minimum of 12 potential research participants. After the study was approved by the DUT Ethics committee (Appendix 1) the research participants' personal contact details were extracted from files within the Department of Homoeopathy to call students and request permission to include them in the study. Data collection took place until a point of saturation was reached which was determined by the supervisor and co-supervisor in charge (Holloway and Wheeler 2010), who were experienced experts in the field of qualitative research. The sample reached saturation at research participant number 13.

3.7 Duration of the interview per participant

The duration of the interview per participant was 30 minutes. A semi-structured interview was conducted to gather data from participants.

Inclusion criteria

- Homoeopathy students currently registered for Bachelor of Technology or Master's degree in Technology at DUT when the study commenced
- The students who gave consent for the interview.

Exclusion criteria

- The students in the Bachelor of Health Sciences: Homoeopathy were not part of the study.

3.8 Recruitment procedure

- Step one: The Head of Department granted permission.
- Step two: The researcher extracted potential participants' names from registers.
- Step three: The researcher was then given access to the Department of Homoeopathy class lists under the supervision of the department secretary and supervisors.
- Step four: The researcher extracted contact details for the potential participants.
- Step five: The researcher returned all files to the secretary.
- Step six: The researcher contacted the potential participants for inclusion in the study and provided them with a brief explanation about the study.
- Step seven: If the potential participant agreed to participate, a date for an interview was set. The date was a convenient time for the potential participant. The interview was held at DUT campus.

3.9 Interview procedure

- Step eight: On the day of the interview. The participant was fully informed about the study. The participant was given the information letter (Appendix 3A or 3B), and the participant had an opportunity to ask question about the study.
- Step nine: The participant then signed the consent form (Appendix 4A OR 4B) granting their permission to participate in the study.
- Step 10: The information letter and consent form contained information about participants not being forced to participate in the study and that there was no remuneration for taking part in the study.
- Participants were informed that they could withdraw at any time during the study without any prejudice and that no samples of body fluid were required. They were informed that a recorder was to be used to record the interview and that a journal was to be used to take notes of the interview.

The researcher conducted the interview in a room in the DUT Homoeopathic Day Clinic allocated by the clinic secretary. The room was the same for all participants. The interviews were conducted in a quiet and private space to allow participants to be comfortable and private so that they could feel free to discuss relevant topics without

any distractions (Khumalo 2015).

The researcher switched on the Olympus digital voice recorder ws-852, which was placed on the desk and started the semi-structured interview after the participant had fully read and understood the study details and signed consent agreement. All recording had no names inferences and were password protected for ethical reasons. The interview was conducted in either English or IsiZulu depending on the language chosen by participant. The researcher used an interview guide (Appendix 6A or 6B). On completion of the interview, the researcher thanked the participant for their participation in the study.

3.10 Data collection: transcriptions and observational data using journal

The researcher conducted the study in either isiZulu or English to accommodate those who might find it difficult to express certain concepts in English which is the medium of instruction in the institution. This was in line with language policy and transformation of higher education within the institution (Foley 2004). The interview was audio taped for accuracy of the participant's words. The data in IsiZulu was read and compared with the field notes and translated to English before analysis took place under the supervision of a supervisor who is fluent in both languages.

Observational data was collected by the researcher on an ongoing basis, related to the interview setting and non-verbal behaviour of the interviewees. This data was useful in enhancing the understanding of the participant's experience beyond verbal explanation and was recorded in the form of field-notes by the researcher as soon after the interview as possible (Padgett 2011).

As per Polit and Beck (2012), the data collection continued until data saturation was achieved or a maximum sample size was met. Saturation is said to take place when each category is conceptually dense, when variations in data are identifiable and explainable, and when no new data relevant to the existing categories emerge during collection. The point of saturation in this study was reached at participant 12, but data collection continued by addition of one more participant as it was imperative to finish all participants as a general rule in qualitative studies.

3.11 Pilot study

A pilot study involves the pre-testing of interview questions. This was done to determine if participants understand the questions and are able to generate adequate data for the purposes of the study. A pilot study was conducted at the Homoeopathic Day Clinic, on 6th year homoeopathy students. These participants were not included in the main study. The interview guide had never been used before therefore the questions needed to be authenticated and tested to see if they were understood and not ambiguous. The researcher made necessary changes to the interview questions after the pilot tests. Sixth year students were chosen because they were not part of the inclusion sample, however they had already worked in the UNHCHC for two years.

3.12 Data analysis

Statistical Package for Social Science (SPSS version 25) was used to analyse demographic data.

To identify the emerging themes, the researcher analysed data under the guidance and expertise of the supervisors. As outlined by Creswell (2009), thematic and Tesch's eight-step procedure of data analysis was applied as follows:

- Interviews were transcribed verbatim and analysed by the researcher.
- The researcher read the transcripts and compared them with the audio taped interviews.
- The researcher read the transcripts for a second time to identify the underlying meaning.
- The researcher then selected interviews which appeared to be relevant and informative to the research question. The process was repeated for the rest of the interviews.
- Similar topics were clustered together under topics.
- From these topics, the researcher then formed themes and sub-themes.
- An experienced person in the field of qualitative research analysed the data separately and the identified themes were discussed with the researcher.
- Literature was reviewed to verify the findings.

3.13 Trustworthiness

Strategies employed by the researcher are crucial to ensuring trustworthiness of the data collected and subsequent theory generated. Anney (2014) suggest four criteria for developing the trustworthiness of a qualitative inquiry, as outlined below. These were all applied in this study.

3.12.1 Credibility

To ensure credibility of the study, the researcher discussed the research process and the findings with the co-supervisor who is qualified and competent in the field and provided insights into factors about which researcher may not have fully understood. The researcher used field notes and a digital recorder to collect data. The data was transcribed, and the researcher made sure that the transcribed notes were a true reflection of the participants' experiences.

3.12.2 Dependability

An audit trail was maintained through safe keeping of raw data of each interview for future reference.

3.12.3 Confirmability

Following the transcription of the voice-recorded interviews, each participant was given an opportunity to review the notes to confirm that they were a true reflection of their views regarding their experiences. Voice recordings were done to reflect the participant's voice (Graneheim and Lundman 2004).

3.12.4 Transferability

This study is not transferable because it cannot be generalised to other groups or institutions, but does provide insights regarding students' perceptions.

3.13 Data management and storage

Data was collected and stored in a manner that ensured that participant confidentiality was maintained throughout the study. During the interviews the participant's personal details were not recorded on any of the interviews, field notes or audio recordings. At the onset of the study numbers were assigned to participants. A record of each participant's name and assigned code were held by the researcher only.

The collected data was kept in a safe, secure area for the research duration and is now stored in a locked office of research study personnel at the Department of Homoeopathy, DUT, and destroyed after five years. Permission to access the stored data will only be given to the researcher and supervisors. Participant's confidentiality was maintained, and all effort was made to ensure that no information identifying the participant will ever be revealed.

3.14 Ethical considerations

The study was carried out according to the approved DUT protocol and standards. After participants were informed of all the known possible risks involved, full permission was attained from the participant. The participants were participating in this study voluntarily and there was no coercion to be part on the study by the researcher or the supervisors of the study nor DUT. The interview was conducted by the researcher only so that students were completely honest without fear or intimidation by the presence of a supervisor or clinician.

All data collected from participants was handled with strictest confidence. Only the supervisors and the researcher had access to participants' file. All data was coded in numbers and password protected. The data collected was stored in a safe place with the Department of Homoeopathy and will be destroyed appropriately after five years as per DUT regulations.

3.15 Chapter summary

This chapter provided clarity on how data was obtained and analysed. The next chapter presents the results of the study.

CHAPTER 4: RESULTS

4.1 Introduction

This chapter presents the outcome of the qualitative data obtained through semi-structured interviews with homoeopathic students in training at Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC). The demographic data of the participants is first presented in tables and graphs created through the use of Microsoft excel (2013 version) and SPSS (version 25). Subsequently, the findings from the semi-structured interviews is presented.

4.2 Section A: Demographic data

Table 4.1 reflects the gender distribution of the participants per age group. The Fisher exact tests failed to show significant differences in the gender with respect to the age distribution of the participants ($P>0.05$). For instance, although the percentage of male participants (46.2%) was lower when compared with the female participants (53.8%), few differences were observed with respect to the age distribution. Overall, most of the participants were between 20-25 years (69.2%), followed by those within the age bracket 26-30 (23.1%) with the lowest representative within the age distribution of above 30 (7.7%).

Table 4.1: Gender by age distribution

			Age			Total
			20-25	26-30	Above 30	
Gender	Male	Count	3	2	1	6
		% of Total	23.1%	15.4%	7.7%	46.2%
	Female	Count	6	1	0	7
		% of Total	46.2%	7.7%	0.0%	53.8%
Total		Count	9	3	1	13
		% of Total	69.2%	23.1%	7.7%	100.0%

Fisher Exact test= 0.339

Figure 4.1 shows the racial distribution of the 13 study participants of which nine were African (69.2%), two were White (15.4%), one Asian (7.7%) and one Indian (7.7%).

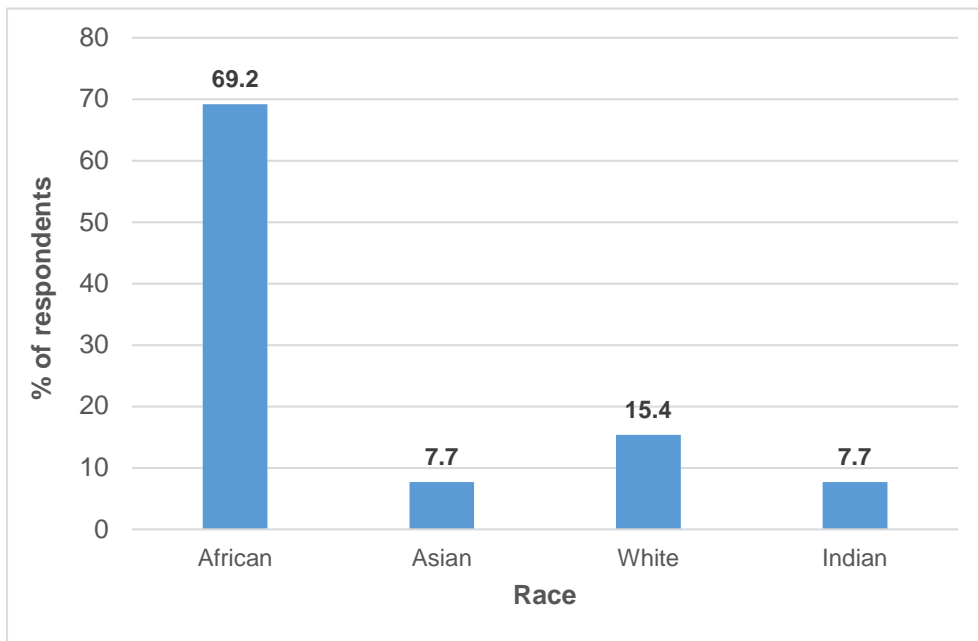


Figure 4.1: Race distribution of the participants

Figure 4.2 Illustrates the percentage distribution of the participants in which five of them were B. Tech. Hom (35.5%) and eight were M. Tech. Hom. (61.5%).

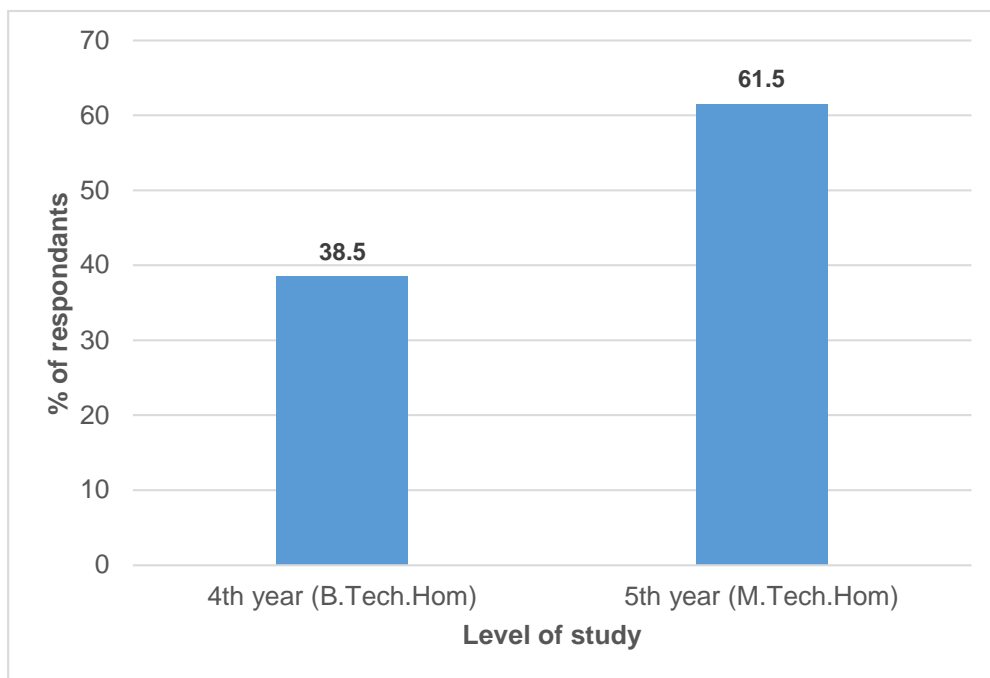


Figure 4.2: Participants level of study

4.3 Section B: Emerging themes and subthemes from the semi-structured interviews with participants

Analysis of the data gathered from the semi-structured interviews resulted in the identification of themes and sub-themes. These are presented in Table 4.2 and described in more detail below.

Table 4.2: Identification of themes and sub-themes

Theme	Sub-theme
1. Influence of learning environment on students' learning experience.	<ul style="list-style-type: none"> • Diversity of patient on students' learning experience • Practical experience gained from the clinic environment • Communication skills • Environmental challenges
2. Influence of homoeopathy curriculum on students' learning experience.	<ul style="list-style-type: none"> • Influence of curriculum content • Influence of subject modules • Challenge of curriculum
3. Influence of homoeopathy clinic supervision on students' learning experience.	<ul style="list-style-type: none"> • Influence of supportive supervisors • Negative influence of supervisors

Themes were identified in line with the research questions which focused on understanding participants' reflections on their learning experiences at the UNHCHC, concerning the care they render to the patients and the teaching they receive. In determining that, the following sub-questions guided the research interviews:

- Does UNHCHC provide you with a good learning environment?
- Explore how the homoeopathic curriculum programme prepares you to manage patients at UNHCHC?
- What is your perception (positive and negative) of the clinical supervision at UNHCHC?

In the following discussion on themes, relevant quotes from the data generated from the interviews are used. Data from the semi-structured interviews were transcribed verbatim. The participants' names have been coded (P1 to P13) to ensure anonymity.

4.4 Theme 1: Influence of learning environment on participants' learning experience

Although the UNHCHC was established as a primary health care service and provides free homoeopathic treatment to the Warwick Triangle community, it also provides an

opportunity and clinical experience for full-time B. Tech. Hom. and M. Tech. Hom. students. Bearing in mind the claim by Bakhshialiabad, Bakhshi and Hassanshahi (2015) that an educational environment has a profound influence on students' learning experiences and outcomes, this study set out to investigate the perspective of homoeopathic students regarding whether the UNHCHC provides them with a good learning environment. It was found that an overwhelming number of the participants were highly positive about the learning experiences the location of the UNHCHC offers them. They perceived that the diversity of the patients they see was due to the location of the clinic. The students also perceived that the clinic offered them the opportunity to practice first hand and gain a deeper understanding of the teaching they receive in the classroom. The students' perceptions are presented in the subthemes below.

4.4.1 Subtheme 1: Diversity of patients and the learning experience

Some of the interviewees acknowledged the influence of the environment on the diversity of the patients visiting the clinic, as recorded in the following excerpts:

I will say yes; it does provide a good learning environment. The reason being, the fact that the Health Centre has been set in an environment where there is a lot of different patients coming in for consultations and medication. So, making a typical example, the patients who present at Ukuba are mostly coming from areas in and around Durban, such as Umlazi. Regarding also the setting of the Health Centre, including the consultation rooms. [P1]

I say yes. In terms of the environment itself, we do see a lot of different kinds of patients ... with different problems and different ages as well. [P2]

While the diversity of the patients attending the clinic in terms of their place of residence was noted to be important, the above interviewees expressed dissatisfaction regarding the lack of diversity of the age groups seen at the clinic. This is reflected in the following words.

So far, the majority of patients visiting Ukuba that I have consulted are adults. As for my personal experience, there is a small number of babies, children (1-12-year-old) and pregnant women presenting at the UNHCHC. [P2]

Another lack of diversity was that participants perceived that patients only come from a particular social-economic background, mainly poor. This is expected given that the

UNHCHC was established to provide primary health care free of charge to the economic disadvantaged communities.

4.4.2 Subtheme 2: Practical experience gained from the clinic environment

Most of the participants saw the clinic as a great opportunity to finally put into practice the theoretical concepts gained in the classroom. This is reflected in the following excerpts.

It provides the environment where you can consult with a patient in a private consultation room. You also get the sense that you are working in the clinic, where you sit-in with a patient one-on-one. While you are getting exposure to integrate what you have learnt in the classroom through practical experiences. With that being said, it is a good clinic environment setting. [P1]

Yes, UNHCHC provides us with a good learning environment. This is simple because we are given the platform to practically apply whatever that we are learning in classrooms at DUT. More so, this is allowing us to get a deeper understanding of homoeopathy. It is of my personal preference that being practical at Ukuba is better than being in class, but that is just my view. [P3]

Yes. Ukuba contributed to the majority of the knowledge that I possess now. I can say that in terms of the diagnostic skills and several remedies that I have learnt, and still continuing to learn from Ukuba. All this achieved beside from reading a book! Just to elaborate further, this knowledge is gained when the clinician refers you to read upon the remedy, other adjunctive therapeutics which works well with homoeopathic remedies, for example, herbal tinctures. [P4]

In support of participants above, Participant P8 was enthusiastic about the influence the environment had on the learning experience. In the participant's own words:

Yes, I think it does. So, it is in the main part of Durban, it is very busy. We see lots of patients which is very beneficial to us as students. There is also a lot of serious illness, for an example, HIV, diabetes, hypertension. This is beneficial for us, students, as we become familiar with common diseases affecting the common South African society. I have also noted that the majority of our patients are African, from the CBD of Durban. [P8]

Resonating further, Participant P9 noted that the renovation of the clinic had improved the circumstances for the practice of homoeopathy. In the participant's own words:

Yes. This is especially so, ever since Ukuba was renovated which made the environment a lot better. I also find that because we have dispensary duty as well, which helps you learn how to make the remedies, it gives you a sense of responsibility in that aspect. In terms of the type of diseases, the majority I have encountered are acute cases. Therefore, you are also equipped to clinically approach the case, compared to the more constitutional case taking at the Main Homoeopathic Day Clinic. More so, the clinicians at Ukuba are encouraging, and they also ensure that you complete all your paperwork which teaches you about the legal side and the legitimacy of the consultation. [P9]

Other positive comments by participants were as follows:

Yes, it does provide me with a good learning experience. Ukuba helps me to get to know how the real world is, in that sense, it prepares me to be competent in managing patients in future. I can further say that it basically gives necessary experience which will contribute to my confidence in helping patients with their primary health care needs. [P10]

For me in my case I just started going at Ukuba this year. But I think it is very beneficial for me to attend Ukuba, as I personally benefit from a lot of information during the case discussion, regardless of the case not being my own case. For instance, when a woman presents with menstrual complaint, I will then note down all the feedback from the case discussion, including the patient management and apply that information in my next case which is similar to above mentioned complaint. So, it is a very good learning environment. [P11]

It is preparing me to be a competent health care provider for my prospective private practice in the future. This is tested in terms of working under time pressure and the ability to actually cope and being fully involved in treating patients without the supervision of the clinician coming between you and the patient during case taking. Although the clinician will occasionally step-in, maybe for the physical exam. But for the most part of case taking I am on my own. [P12]

I also find this as a platform which allows me to build-up confidence for future patients. And also, the responsibility and pressure that come with the patient's life in your hands. More so, seeing patients at UNHCHC also equips me in how to manage patients from other Community Health Centres, for an example, at DUT (Homoeopathic Day Clinic, Kenneth, Redhill and Cato Ridge. And I would say that seeing patients there also equips me to see patients in other clinics as well. Is not just Ukuba, it is DUT, Kenneth,

Redhill and Cato Ridge. So, yes, it is a very good learning experience for me. Furthermore, to the environment, it does provide me with good exposure to majority of South African conditions that we are facing. It is also a good way of providing health care to patients who do not receive it in government hospitals. And it is good to know that as students the patients are actually relying on us. They are viewing us as their primary healthcare providers, of which it is a very good confidence boost in my opinion. [P12]

Most of our patients are not privileged enough to have access to medical aids which can afford them medical care. The patients we consult, are more like rural cases. This is quite difference from the textbook or patients who have medical aids which allows them access to private health care. More so, when you live in an environment where you can access healthy food and clean water, the diseases which affect you are most likely to differ from the diseases affecting the individual who is deprived of such. To cut the long story short, at UNHCHC, we see real diseases which gives us as students a taste of the reality that we are going to be faced with upon graduation. This also equips us to be conscious of the patients we serve, in that sense we also become better doctors. [P13]

Drawing from the above thematic content analysis, it can be gathered that the clinic environment had indeed contributed to the participants' homoeopathic training experience. Nonetheless, one of the participants, however, felt that are a dearth of critical diagnostic instruments. It should however be noted that, only specialist gastroenterologists use an endoscope, and the patient must have had to drink bowel clearing medicine first, and be partially sedated etc. This is impossible to do in a single appointment in a public clinic like UNHCHC.

As far as homoeopathy is concern, I can say yes. But when it comes to diagnostic part of things, I feel there is a lack. At Ukuba we focus more on the homoeopathic stuff, such as case taking, remedy prescription and mental symptoms, of which also plays a very crucial part in our learning experience. However, there is a lack of diagnostic equipment which aids our diagnosis, such as ultrasound and endoscopy. [P5]

Despite the above views, Participant P5 was, however, optimistic that:

In other way, it is making us to be good doctors who do not rely on to diagnostic equipment. But on another part is that what if our own thoughts are deceiving us? We

are going to the correct diagnostic path. So that is what I can say about the learning part. [P5]

Apart from the opportunity to gain first-hand experience in homoeopathic practice, it also emerged that the clinic offers the participants a confidence boosts in terms of their communication skills. For example, some of the participants highlighted that the environment of the clinic had afforded them the opportunity to communicate in the language they are most comfortable with thereby increasing their confidence. This is reflected in the following sub-theme.

4.4.3 Subtheme 3: Communication skills

It is generally acknowledged that good communication is the central basis of a good relationship between health practitioners and their patients. For instance, patients become more trusting when they are most comfortable with their doctors. Considering that English language is the second language of most South Africans, it is difficult for patients and doctors to interact freely using the English language unless that is the first language of both parties. For students with poor English communication skills, these challenges are made even worse when they are faced with their patients. As such, the opportunity to communicate in their native language boosts their confidence thus improving their learning experience. From the interviews, it was gathered that the environment and the type of patients seen at the UNHCHC offered the participants good learning experience. For instance, Participant 7 said:

Yes, we are learning a lot from our patients, starting even from the way they talk, as you have to learn their language as well. Since we are also Africans, and so as the majority of patients who presents at Ukuba, and English is not our home language to most of us. Therefore, the case would be conducted in isiZulu. Like it is a case in using primarily English as the language of communication during consultations, should an Indian patient present to you, for an example, and be able to understand whatever could be the complaint of the patient. [P7]

More so, but apart from the language of communication, you also have to remain neutral to the patients, as it is emphasised at school, to not judge the background of the patients, as a lot of patients presenting at UNHCHC some come from surprising backgrounds and lifestyles, for example, some lives on the street. Therefore, you as a

learning practitioner have to remain unjudgmental of whomever that presents to your consultation room. [P7]

4.4.4 Subtheme 4: Environmental challenges

As in most conventional clinics and hospitals, the environment and facilities in the place are critical to the quality of service offered. The UNHCHC is no exception. Regarding the environmental influence that the UNHCHC has on the students' learning experience, some of the participants noted the constraints that limited space and overcrowding of students had on their learning experience, as expressed in the following excerpts:

The other problem we are facing regarding the environment with the Health Centre is that we attend the Health Centre (UNHCHC) along with the third years who occasionally come with us to UNHCHC, while there are already two groups of fifth-year students attending the Health Centre at Ukuba. In that sense, there is not enough space to accommodate roughly eight fifth-year, plus another eight more fourth-years students, or even another ten more third-year students. [P2]

On Tuesdays, we attend the health Centre as two groups of fifth year students, along with the third-year students which in is roughly sixteen students in total, and that gets quite clustered. Otherwise, Ukuba I think provides a good learning environment. [P9]

The environment outside the Ukuba clinic, market, is not basically conducive. There are always people moving up and down. It basically does not look very safe. And the environment is not clean. But I cannot complain about that. Because that is where the medical people, like doctors have to intervene, in a place where there is no conducive environment. That where us as doctors have to, to treat people whom are exposed in that sort of an environment. So, I cannot complain much about the environment. I think there is a very good reason we are there. So that we can help people who in that environment. [P5]

A similar concern was also expressed by Participant P7 regarding the appearance of the environment:

When we first came at Ukuba the rooms were already renovated. And everything was fine. But I feel like the rooms are small! Like even the patients doesn't feel that comfortable, as compared to other clinics that we go to. So, the patient will be there and look at you in your eyes and the patient will see that, ok. Is this the bed that I have

to, like go to? You see? And you will tell him that no the place is fine. It's just that is small. And you also tell him to be comfortable. But yes, I wish that they could be more spacious. But there is nothing we can do about that. So yes, the rooms are restricted. Especially room 1 and room 2 I feel like there are restricted. But! When it comes to cleanness. It is very clean. I don't know what else can I say to elaborate about the cleanness. [P7]

Apart from the concern of space and overcrowding of students, the safety of the environment was also highlighted to be of utmost concern. One of the participants said:

My worry though is about the patients not about us as students. Like the clinic is on second floor. People arrive sick, they arrive sick there. They are some who arrive really sick, like elderly people climb the stairs there, you know? I think maybe some other day we will have a case where someone fall there, because its narrow, like the space is restricted. So otherwise maybe it could be better if it was something at ground floor. But anyway, because we able to work. I don't know. [P11]

Some of the participants expressed concern about sometimes arriving late at the Health Centre due to the late arrival of transportation, as stated by this participant:

We have a problem with transport not being consistence, sometimes it arrives on time, and sometimes it comes late which results to us not reaching the Health Centre on time. Otherwise, each and everyone gets the opportunity to see a patient, as we are divided in groups. Yes, I think it's a very good thing what is happening there, and we learn so much! More so, clinicians at Ukuba asks us questions which gives us guidance in terms of remedy selection. Therefore, going to Ukuba is a very good learning opportunity! [P11]

Echoing Participant P11's sentiment with respect to the safety of the environment, another of participant added that:

The location of Ukuba is not good because even as student should it happens that you were to miss the transport, you cannot walk to Ukuba because it is not safe around market. It is not safe at market, I can even loss my equipment. Therefore, as for me, the environment around market is not safe. [P6]

Based on the above, although the diversity of the patients was noted as a defining factor in the experience gained from the location of the clinic by some of the

participants, the challenge of inadequate space to accommodate the students was a critical point highlighted by the participants. While it may appear that the clinic has been renovated to create more dispensary space, it emerged from the interviews that the high number of students from different levels gaining practical experience at the clinic adds further stress to the clinic facilities.

4.5 Theme 2: Influence of the homeopathic curriculum on participants' learning experience

The literature review in Chapter 2 noted that the educational curriculum has a profound influence on teaching and learning. In other words, the quality of teaching, as well as learning, can be positively or negatively impacted by the curriculum. As a consequence, the participants were asked whether the homeopathic curriculum prepared them to manage patients at UNHCHC. It was found that the curriculum is sufficient and does adequately prepare them to manage and take patient cases. The responses from the participants are reflected in the subthemes below.

4.5.1 Subtheme 1: Influence of curriculum content

Curriculum content is strategically important in meeting the demands of the real world. As humans adopt new lifestyles and behaviours, the patterns and trends of disease change. As such, it was important to know from the perception of the students whether the homeopathy curriculum content sufficiently prepared them for practising homeopathy at UNHCHC. Participant 2 said the following:

It prepared me quite a lot, and I am still learning to put together all concepts that we have covered so far, different systems of the body. When the patients present to us with different kinds of illness, for an example, when a patient is coming to me with an abdominal pain, I will then search for the cause of it, how it is presenting, and will kind-of guide my approach to the case, also applying what I have been taught in class. Even though I sometimes feel that the curriculum did help me, in terms of knowledge preparation. Remedy wise, I think as well, although I still struggle a little bit with the remedies. [P2]

In a brief, Participant 2 perceived that the curriculum did prepare students for proper management of patients at UNHCHC:

I would say the curriculum did its job. [P2]

Expanding on his earlier statement, Participant P2 said:

Yes, I feel that this is what I have experienced with the curriculum. Although there is one thing that I feel they should also emphasise is that, what kind of tests? In terms of blood-tests or allopathic tests that a patient can come with, or that you can send the patient for, to confirm our suspicions. Because sometimes I feel that we in terms of sending blood tests, even though we get told for disease what kind of blood tests. But they didn't really tell us or emphasise on what figures? You know, that more like, and sometimes they just simply read the blood forms and then they don't really say if you suspect the patient is having chronic disease anaemia (anaemia caused by chronic disease). What kind of tests would confirm that if you suspect that a patient might have chronic anaemia caused by chronic disease? What kind of test that you can confirm that suspicion? You know, they emphasised a lot on anaemia, different types of anaemia, how does different types of anaemia present, and how chronic disease can cause anaemia. But they didn't really tell us how we can confirm through blood tests, through the tests that we can do. Besides blood tests, what other tests that we can do, or we can send the patient to? [P2]

From the above statement, although the curriculum content is noted to be sufficient in managing most patient cases, it can be gathered from P2's response that there is a grey area or gap in the curriculum with respect to diagnosis through blood tests.

On the contrary, and according to the view expressed by Participant P3:

We did various kinds of training in class, like how to take a consultation case, how to take a case, a proper case. How to apply, like what techniques or what questions sort of questioning style to get the exact information that we need from the patient. Patient handling, you know like, and then going on to medicine, dispensing, medicine administration and so on. I can say we got that from the curriculum, and also in the curriculum, we learnt things like nutrition, which are like added value. Because we understand that sometimes medicine needs to be supplemented, so the homoeopathic curriculum is vast and very diverse. It covers a lot of things in the sense that a person who wants to practice in rural area will be able to practice, because of the information they receive from the curriculum, the person who wants to practice in the suburb they can, person who wants to practice or to work in town they can through the curriculum that we have received. So yes, it offers us as a huge amount of knowledge and information and given by experienced people and senior lecturers who have been doing this thing practical for years and they have been doing the teaching in DUT for

years. They have got like quite an experience, and they are good also and understanding people from various places and people in various positions and various application, you know as to how this thing work. So yes, it good scope with good people. [P3]

Thus, Participant P3 has great confidence in the homoeopathic curriculum content as well as faith in the teaching of the homoeopathy lecturers. This is significant as there is a strong correlation of curriculum content and teaching and learning of students in higher education.

In support of the above views, Participant P7 noted:

Sometimes what we learn in class and the patient comes to the room and you feel like, ok, this is what I was learning. And what you have learnt it comes to life. When the patient is here, and you are conducting your examining to the patients. I think that is where you get more information. Because something that is written down sometimes it ends up just written, but if it is practical in front of you, that is when you learn more. And because we are taught that we have to take the case for one and a half hours. Especially here at the main clinic. But when it comes to Ukuba. You have to be fast and to be competent and at the same time. And even if it comes to the repertory and everything. You don't get that much time to repertorise, and to come up with a remedy. You have to think fast on the spot. [P7]

Interestingly, one of the participants perceived that the homoeopathy curriculum is designed to accommodate the culturally diversity that is peculiar to the South African nation. Participant 8 said:

Well first of all, culturally. I know like some of our lecturers they teach us specifically for different cultures and to be aware of different languages and different religions. The way people are. So that has been included in the curriculum, even though it is not a set structure. You know, just to advise in general learning about that. [P8]

Apart from the adopted teaching method in the curriculum, Participant P8 noted that:

We do a lot of diagnostics so that obviously helps with your important diseases, seeing the big symptoms, if there are any concerning symptoms. And learning how much we can actually cover as a homoeopath. And then knowing when it is necessary to refer. For the betterment of the patients. [P8]

Yeah, we also ... because homoeopathy is obviously classically a very long consultation and getting into the depth of it. But in our curriculum, it nice that they have balanced the two, and we have the clinical remedies! So, because it is so busy there, we have time constraint. We can use our clinical knowledge better and expand on that just looking at specific remedies for specific symptoms and diseases and exploring that. [P8]

4.5.2 Subtheme 2: Influence of homoeopathy subject modules

As a general requirement in the homoeopathy training, students are required to consult with patients in their fourth and fifth year of study. During this time, the students in training are expected to interact with patients and put into practice the theoretical concepts learnt in the classroom. During the interviews, the participants highlighted the benefits of subject modules they have been taught in relation to their learning experiences at the UNHCHC. The participants' responses are reflected in the excerpts below:

When it comes to the subjects. We are doing maybe like the Clinical Homoeopathy. You get to see the patients. Like, let's say maybe ... there was this time when we were learning about TB (tuberculosis) in class. And then, I had a patient the next Wednesday who was presenting with those symptoms. So, I get to learn that not all the symptoms that we learn in books will be present to the patient that comes to you. So, you just have to know your diagnostics well. Like how you see that maybe this patient is not slim, or maybe the patient is not sweating. But he does have the TB. You might even eliminate other possible differential diagnoses to get your probable diagnosis. So, I think it becomes better if the patient comes to you. That when you learn more, yes. And even with other subjects as well. You get to see the conditions that you do in class. In a more explained way or manner. [P7]

It did prepare me indeed. I will speak more about the diagnostics and Materia Medica as they are the modules I did from the third-year. And then other modules get involved seldom. But the main modules which helped me a lot is my Materia Medica and the Diagnostics are the ones which equips me to manage patients. Other modules like Anatomy and Systematic Pathology, yes, they have played a very crucial role in seeing the pathologies. [P4]

For an example, let us say the patients arrive. If those modules were not there in the curriculum, I would have not known if the patient present like this, what can I do to

them? From the diagnostics point of view first, I know now for this type of patient I will conduct my examinations like this and that. And then I know the medication I will prescribe to the patient, oh ok! This is the remedy I will give, through the Materia Medica that I have learnt, and the patients will present in this way. So, combine my Diagnostics and Materia Medica together to aid me in my examination and prescription of the remedy. [P4]

The curriculum itself, like Diagnostics, definitely help us with the examination. And the Materia Medica helped us know in general which remedies to use. I do feel that in a satellite clinic we are very limited to remedies. Because you are taking an acute case you are often giving Bryonia alba, Rhus toxicodendron. You know? You don't have that time to sit and like think maybe it could be something deeper. Maybe I could give a spider? Maybe I could give something exciting. So, I do feel like the curriculum does focus a lot on the acute. So that has help me at the Ukuba patients. [P9]

During the duration of the course. I mean like from first year until fifth year. There are modules that prepares us on how to deal patients and how to manage our patients. For an example we have Auxiliary Therapeutics which helps us how to help patients manage their lifestyles and their diet. Because some diseases they are based more on the nutrition. So, it helps more with the management because if we conquer the management part, then our patients are the healthy patients. [P10]

Ok. We have Clinical Homoeopathy, which teaches about remedies, isn't? and clinical modules. And also, Materia Medica. So, I'm able to relate something I have learnt in class and then when I'm applying it there in a practical. Like recently, there was a guy from home neighbourhood, he knows that I am studying towards being a doctor, but he doesn't know exactly what kind of a doctor. He was complaining that ... he might have contracted a sexually transmitted infection (STI), you see? I said he must come to the clinic, but unfortunately, the clinic was cancelled on that day he was supposed to get there. But already I have done my research about what remedy he supposed to get. Because he told me his story. And from the story, he told me I picked up the symptoms and I was able to arrive at the remedy. So, although it was something that I haven't yet covered on urinary tract infections, you see? But I did my research and found it in Clinical Homoeopathy, and then I found the remedy. That is the beautiful thing about it. The fact that you are able to relate with and then apply your knowledge. [P11]

Ok. Since they have taught us from the first year by helping us to know Anatomy and Physiology from the first year. I feel like that is where it all starts. That is where we learn about the body parts and their functions. So, it has benefited me all the way. Because they lay the foundation from the first year, the second year gives orientation about the human body. [?]

So, it prepared me so that now I am in the fourth year, and I know what happens in the human body, including the pathology. Because we also did General Pathology and Systematic Pathology. It easier when you see a patient in fourth, you now have an idea of what to expect. Do you see? These are kinds of pathologies you expect to see from the patients. So, it has benefited me. [?]

Based on the findings of the above subtheme, it can be stated that the subject modules taught in the class-room had adequately prepared the participants for clinical life and experience. This is further reflected in the following statements:

Well. I think first and foremost, it all comes down to diagnostics. And that was Diagnostics from the third though year where, you know, we are basically. We are basically practitioners who are within the scope of practice to diagnose and to treat. Those are our two primary aims at the end of the day. And I think that it all comes down to everything that you have learnt from first year even! Until the fifth year. And our lecturers reinforce that in us. Where there be through to test or exam that they will always refer back to previous years ... previous years' knowledge. So, in that case, yes it definitely prepared me in that sense. [P12]

And also, in terms of OSCEs. The actual practical component of it. Where ... even if you are given a dummy for an example or a real patient. That also has prepared me for a real-life situation. Even the examiner may be there. The fact that I am physically performing an examination on the patient I can then do that in practice. [P12]

In terms of that, it has been Diagnostics, Systematic Pathology, and General Pathology as well. Those would help me with identifying the problem that patient having, or the possible diseases the patient might have. Oh, I might think it could be this disease, but I cannot say it is specifically this specific disease until further investigations are done. [P2]

I will add even also the way Homoeopharmaceutics, Clinical Homoeopathy, Materia Medica and Diagnostics there is an overlap there because some of the things you learn

from Clinical Homoeopathy you get then in Materia Medica. So, it actually reinforces the information in you so that you are able to remember it quickly and to use it into use.
[P1]

4.5.3 Subtheme 3: Challenge of the curriculum

Despite the views in subtheme 2, some of the interviewees revealed the inadequacy in their classroom preparation before starting clinical practice. According to Participant 11:

Because us this year is the first time attending the clinic. It is not everything that we have covered yet in Clinical Homoeopathy. Like you are not aware of what kind of patient you will come across at the Ukuba. But find that in class you haven't covered that thing. Do you see? That's the thing. [P11]

The above challenge could be attributed to the fact that the curriculum was not designed to accommodate clinical practice in the early years. This is reflected in the statement below:

I don't think they prepare us. Because you know when you are doing the fourth year they just throw us to see patients. So, I don't think we are prepared for it. You know. We get thrown in. When thrown in, you learn experience because you never forget the mistakes that you make. So ... I don't think it quite prepares us! There is a difference between the theory and the practical. They prepare us in the theory, yes. But then theory and practice are two things. You know. How you manage the patient in the textbook and how you manage a patient in real life. It's different. [P13]

In probing further, the participant clarified that:

They do prepare us on how to take a case. But then, when you are taking the case actually it's a different thing. You learn how to take the case by the experience, like the more patient you see, the better you get. [P13]

In support of the above statement from P13, participant P5 observed that:

What I have noticed while I was studying before I even started attending the clinic at Ukuba. My first thought was that they are just giving us a bunch of work that we have to study. But I went to the environment where I have to be in the clinic I started to notice that they only gave us a little. I think it wasn't enough, they have to add more. Yes, that is what I can say. [P5]

I think they should have taken us to see patients at Ukuba maybe at the third-year level. Rather than in a later stage of our studies. I think it was a bit late. [P5]

Participant 5 elaborated further on curriculum limitations as follows:

Ok. What I mean about that the medical-wise or even the remedies we do not really cover them ... I do not know it is because of our programme. I think we sort of learnt everything at the end. We have learnt more remedies as from the first year, second and third year etc. we should have learnt more remedies back there. They should have given a bunch of work from the lower levels of our studies. Even the diagnostics part, we started to do Diagnostics last year (third year) and this year (fourth year). So, I feel like modules like Diagnostics should be introduced maybe from the second year. Because they're some of the conditions that you can only see when you are in the clinic, and you realise that you never have seen this condition before! This is new to me. And I have to go and figure it out on my own. So that happens in most cases. Like I have seen a patient where I can say "No", in my life I have never seen this sort of condition. [P5]

Echoing similar sentiments, Participant P1 said:

Ok, I will say it prepares in a way where a curriculum itself the way it has been set. It unfortunate with us this as fourth years and I will appreciate that because now we are able to see patient rather than the previous students were able to see patients only after 5th year in a clinical setting. So, I will say it prepares you in a way that they are able to explain things in a deeper level, like in Materia Medica. You can actually see the patient immediately walks in, you can see that this is a Medorrhinum patient. I am not saying you should just jump to conclusion, but you can now be able to read things as you have been taught. Also, I will say the way diagnostic has been put, the practicality of it and the theory it makes things easier. You are being taught in a way that you able to even put your own input. The way Dr. x teaches Diagnostics it's not just reading the slides and follow the slides, but it also about understanding the concept. As well as when you come to the clinic you are able to integrate the two because now you are seeing it practical, in your face. So, I will say the curriculum does help in that sense. [P1]

Regardless of the above noted dichotomy in the curriculum, some of the participants still expressed confidence in their ability to manage patients in the clinic.

I think I can manage to manage patients at Ukuba, and it is my responsibility to make it point that thoroughly studying to prepare for the Health Centre, as patients may come presenting with any illness, including the things that we haven't covered yet in the curriculum, so that I am better prepared should I face it in the future. [P11]

From the above subtheme, it is apparent that the theoretical content of the homoeopathy curriculum had positively impacted the participants' practical experiences at the UNHCHC. Despite the fact that some of the participants had not yet been taught in the classroom advanced diagnoses and treatment, it was noted by the participants that they relied on the subject modules taught in order to diagnose and treat patients.

4.6 Theme 3: Influence of homoeopathic clinic supervision on participants' learning experience

Participants perceived that their transition from students in the classroom to students in clinical practice in the UNHCHC was achieved through the collaborative relationship with their supervisors. According to the majority of the participants, the clinic supervisors' depth of understanding and their willingness to provide support and assistance when consulted was the defining moment in their learning experience at UNHCHC. It was found that the students had great confidence in their supervisors' abilities which was attributed to the supervisors' years of experience in homoeopathic practice.

4.6.1 Subtheme 1: Influence of supportive supervisors

Skaalvik, Normann and Henriksen (2011) reported that a caring attitude and supportive learning environment has a strong influence on students' learning and performance because then students do not want to disappoint their mentors and the time and effort invested by them in unlocking their hidden potential. The author notes that this environment is built on trust and working relationships. In support of Skaalvik, Normann and Henriksen (2011), participants reiterated the influence the supervisors' support and trust had on their learning experience in the UNHCHC.

In response to the question posed to participants regarding their perceptions of the clinical supervision at UNHCHC, Participant P1 had this to say:

I can say the clinicians are very helpful and understand that we are still students. They are teaching us a lot, including dispensing of different potencies and scenarios calling for certain potencies. This important, as a student, in some cases you might know the remedy to give but have no idea of in which potency you are going to dispense the remedy. Apart from remedies and potency selection, the clinicians also assist you in term of different ways that you can use in opening and further follow the case. In that way, their advice is very important in our learning. [P1]

In support of the above statement, Participant P1 provided a typical example of the supportive tendencies of the supervisors with a patient case.

Making a typical example, there was a patient who came, but I was still in my first-year level there. But it opened my mind the way the clinician worked with the student, in terms of the patient who was having the problem with the sexual part where she always has the discharge after having sex with her husband. And the patient explained that she is not comfortable with having sexual intercourse. The student then realised that this patient was having a problem with sexually transmitted disease. But the clinician opened another angle which I did not notice that maybe this patient is not exactly having just a problem of sexually related diseases. But instead, the patient is not ready when engaging in sexual intercourse, she is physically not prepared which cause irritation in her private. So, it actually tears her vaginal wall, making the patient more prone to sexual diseases. Maybe it not the husband himself who have a sexual problem. So, they do help in that regard, and also providing the clinical experience. They are more experienced in such a way that they are able to help you share those experience that they had with you. There is one thing that I have noticed that an experience of ten years I can gain it in thirty minutes, just being with the clinician, which is quite beneficial in my learning experience. [P1]

Echoing similar views as P1, Participant P2 noted the caring side of the supervisors.

They are all positive at the moment. The clinicians do their job. They do listen very well when giving feedback. They do point out where I can improve. And if ask a question, do try and answer to their best, of course, it like a very simple question that I have learnt, they will say go back and read your notes. But if it is a question like if the patient doesn't feel like speaking about whatever emotional thing they have or whatever trauma they have been through. What do I do? They do tell me what to do afterwards. So, I feel the clinician are very helpful and they are very caring. [P2]

Participant P3 referred to the experience and knowledge of the supervisors:

The clinicians at Ukuba are well experienced, they have a sound experience of more than three years in private practice. The experience and knowledge the clinicians possess make them quite good in what they do. [P3]

Other positive comments from participants included:

The clinicians which are there this year since I have started attending the clinic are quite good. They teach us as well besides the fact that we are treating patients. I come back with a lot that I have learnt there. [P4]

There are things which you cannot learn from the class. Like being professional, there is no module that teaches you that. But when you get at Ukuba you carry or behave yourself as if you are at the clinic, straight! The clinician is there for you to teach not only that but a lot. [P4]

There has been only one clinician for our level at Ukuba. And I can I say she sort of like allows us to explain by ourselves. Because when we go to her we tell her that we think it is this disease. She then tries to understand why are we saying so? You understand? For an example, let us say this patient have a headache, cluster headache, and I am giving her Natrium muriaticum. She will ask me more questions for me to give a clear understanding of how I arrived at that conclusion. Even when we are lost, the clinician channels us to the correct direction. In order come up with a good remedy. Therefore, I can say the clinicians are very good, and I also find them helpful, in that sense. If it was not for them, we would not have been doing so good. [P5]

From the foregoing assertion, it is reasonable to assume that the participants held the clinic supervisors in high esteem. The supervisors were noted to have a positive influence on the participants' learning experience at the UNHCHC. This was reinforced by Participant 8:

I think the supervision is very good. They also teach us a lot in that environment and they help us along the way. [P8]

Some participants, however, lamented the shortage of supervisors in the clinic, stating:

I would say the one negative is that there are maybe not enough clinicians. Because there is just one on duty at a time. I think even two might be helpful, just so that one could even come into the room with us and observe how are we doing the cases, checking that we doing our physicals examinations correctly, that sort of thing. Just like monitoring how we are. And obviously helping them because it can be a bit rushed

and, in a bit, disruptive way. Everyone is trying to deal with a patient, make the remedies, and get the information. The clinician is put under pressure, I think. [P8]

The only problem is that there only one clinician. I would not say that they do not do their job. Because they do. They try. You see. The problem is that they have to try to accommodate us all with our patients. But the clinical supervision, in general, it is good. I feel it would be much better only if they can also get an assistant as well. It could assist us to quickly finish the cases. Due to limited time constraint. [P6]

Many of the participants expressed the beneficial roles that supervisors had on their learning experience, as contained in the following excerpts.

Otherwise, regarding the clinical supervision as a whole, the clinicians at UNHCHC are very helpful and useful. We get to learn different remedies that we wouldn't think of in a given clinical situation. [?]

I can say they do come in the consultation room to check how you are doing. We have one clinician at our level. The clinician comes to say, "that is not how you be doing this, but here is the correct way of doing it." In a way, if you were not able to learn the technique properly here in class, you can still get lessons from Ukuba. And also, when it comes in terms of the remedies, she will first ask you "which remedy you think to prescribe?". If you said the incorrect remedy. She will also ask for to get an understanding for your thought process which led to that particular remedy. And then give you remedies to go read up from the books and come back. In that way, you start to where you are lacking or did not study properly about the remedies. So, it does have an impact on our learning experience, as we grasp information. We do not come back empty. [P6]

Ok. Our supervisor when we go to Ukuba is doctor X. Ok. She is so ... ok, let me just talk about her good side. The positive side. She wants you to do more. She pushes you to the limit that you have to like to do the case carefully. And choose the remedy in the best possible way. The remedy that will match the patient physical as well as the mind. But sometimes she can shout. And you would be scared. She will shout at you; you will even forget what you were going to say to her. And then she will ask you like face-to-face the diagnosis of the patient. And you don't remember a thing. So, yes, the clinician wants us to learn. That what any parent would do, the clinician wants you to the best doctor and reach your best possible potential. [P7]

I learn a lot from the clinician, including both Materia Medica and the diagnostics. Because she will tell you. If you come with the symptoms she will ask you “what is the diagnosis you are thinking?” And you may be not aware at that time, but she will give you, like ... she will literally take you to that diagnosis. But you will end up saying it yourself with your mouth. But you did not know it at the beginning. So, she is that kind of a person. She inspires us a lot to be the best of whom we aspire to be. [P7]

Participant P9 stated that the supervisors should allow the students to think independently and come up with their own solution while encouraging and providing support where needed.

It is important that the clinicians listen to us as students, they are interested in to understand the logical reasoning which you employed to arrive at a particular remedy choice, giving you other options and alternatives where necessary. For an example, the clinician will refer you to read up on certain remedies and come back with a final selected remedy, and ask you for confirmation of certain physical examinations, depending on the case you had. [P9]

Participant P10 perceived the support that supervisors can provide in helping to manage unruly patients.

The fact that they are helping and guiding us to be able to deal with patient, different people because the patients are different. We don't get the same people, others are rude. But they help us on how to deal with those different individuals. And work-wise, they are good at their work. They are able to transfer whatever they know, their knowledge to us. [P10]

While acknowledging not having much experience with the supervisors at UNHCHC, Participant P11 nevertheless stressed the positive attitude of the supervisors.

Though my experience is still little, as I haven't seen much. But otherwise, I'm still happy with how the clinician who is accompanying us on Monday. The way she does handles things. I'm so happy so far because I learn a lot. She never gives us problems. The problem we have is that we don't reach there in time, at times. I myself once walked by foot. There was this other time I walked by foot to get there, the bus came late anyway on that day. Otherwise, clinical supervision as a whole is something which is going well at the moment. I haven't seen any negatives. [P11]

The positive perception of supervisors at the UNHCHC was further highlighted by Participant P12.

Positive wise, ok first and foremost, I think that depends on who the clinician is because there is a different clinician in each health Centre. But with regard to my current clinician that I chiefly see at Ukuba when I am there. It's very good that they enforce the medical aspect in a way that we portray ourselves as a student intern. They also reinforce that we shouldn't, for example, write in layman's terms in the paperwork. We are always encouraged to write in diagnostic and medical terminology, we have been taught through the years. In that sense, the clinical supervision is very good as the clinician ensures that a high level of standard is maintained. Additionally, the clinicians emphasise infection control, files are kept up-to-date before signing them off, and the use of repertory, in conjunction with our basic knowledge of clinical remedies. This especially good, as the homoeopathic approach to patients, is to treat each and every patient as a unique total being. [P12]

Drawing from the above, it is possible to say that the supervisors in the UNHCHC were perceived by participants to provide a supportive structure so that they could excel. They did this by being willing to help and guide the students, provide both moral and inspiration support while allow them to make independent decisions in their choice of treatment. As noted by participant P13, the supervisors have been a pillar of support to the students.

As a student, there is a lot of knowledge that I still have to acquire. The clinicians provide guidance in remedy selection, for an example. More so, the more patients I see at Ukuba allows me to be better in what I do, and this takes me to perfect. [P13]

4.6.2 Subtheme 2: Negative influence of supervisors

While the previous theme captured the perception of the participants regarding the positive influence the clinic supervisors have on their learning experience, this theme explored the negative consequence of supervision on the students. Three participants perceived that validation by the supervisor eroded their own self confidence.

But I will say that sometimes it is a disadvantage, I would say. Is that sometimes you will be convinced strongly in yourself that you should be doing this, in this way, but since there's a clinician that needs to put a signature to what you do. Maybe sometimes the clinician doesn't agree with your perspective, then that's when it becomes a

problem. I think we also need to be in a space they trust us enough with our decision that we take for the patient. [P1]

The above perception was echoed by other participants as well:

When it comes to the negatives about the clinician is that they do not give you the freedom to take the case. It is like some clinicians they have their own fixed perspective or style of practising. In that way, you become limited to know that in what diseases you give this remedy. Even though that is good and helps you as a student, but it also presents limitations in terms of remedy selection, as other diseases are associated with specific remedies. Sometimes you are thinking another remedy while the clinician thinks otherwise. [P13]

And the negative aspect. I do feel that clinicians sit in one-on-one at random times during case taking, just so that it can be ensured that, ok yes, the student intern is taking the case as he or she should be. Maybe the clinician should perhaps try to be during the physical examination as well. Other than that, I think the clinicians reinforce more positive than negatives at Ukuba. [P12]

One of the participants perceived that some of the clinicians lack empathy in their dealings with the patients visiting the UNHCHC.

My negative will be that, like, it differs. Yes, they are people that are practising, they have the experience, but the experience can be somewhat irrelevant. In a sense that, the environment that we are working in, and the kind of people that we are working with at Ukuba, are not your typical suburban people or your typical town people. Sometimes we see like, people from the rural, you know. So, the clinicians are very well equipped, with the people that come to see at UNHCHC, and even the conditions that we are dealing with, are not your typical book conditions. That requires your typical book application. So, it something... it requires extra! It requires a heart. It requires an understanding, it requires an extra knowledge of the area and the type of people you are serving and the conditions that we are dealing with. Which is some that the book cannot teach us, well the book is good as I said earlier on. The book is teaching us a lot, but the book is not teaching us everything. There are some things that the book cannot teach us, for example, a book cannot tell, the scope, the curriculum cannot teach us to love people. So that one my negative view about our clinician is that they love their job, but they don't love the people that they are working with, especially the patients. And the patients can feel that too. [P3]

The above lack of love or empathy was reinforced by Participant P9 who perceived that the supervisors changed their demeanour during the course of the year by becoming stricter with the students without any real cause for it.

And the negative is only halfway through the year do they start being strict. So, instead of like being strict from the beginning and say this and this. Like suddenly, they just change over. From being ok, this is how you do it. To this here the penalty if you didn't do it right. Instead of starting like with a penalty. Because then you get into bad habits throughout the year. And suddenly they just turn on your leave. [P9]

Based on the findings of this subtheme, it is evident that mixed feelings were expressed by the participants, particularly with respect to the validation of their clinical practice by the supervisors. For instance, some participants perceived the validation in a negative sense while others perceived that it increased the credibility of the treatment. The latter argued that it would be unreasonable to leave the students alone with the patients without the presence of the supervisors to offer expert guidance.

4.7 Conclusion

In summary, this chapter has thematically analysed the perceptions of participants regarding the influence of the environment, homoeopathic curriculum programme and supervision on their learning experience. It was found that the strategic location of the UNHCHC offered the participants a great opportunity to practice homoeopathy first-hand. It was also established that the diverse group of people visiting the UNHCHC was advantageous to their learning experience. The homoeopathy curriculum content and subject modules were highlighted as positive influences on their successful integration at the UNHCHC.

With regards to the influence of the supervisors, it emerged that the supportive nature of the supervisors in the health Centre, their friendship, politeness and empathy, and years of homoeopathy experience was greatly influential to the participants' learning experience. Although a few of the participants voiced some concerns about the dearth of supervisors in the UNHCHC, overall, the participants had trust and confidence in the supervisors.

CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter lays out the discussion of the findings regarding the learning experience of the students'. The discussion was guided by the research question outlined in Chapter 1: What are the students' reflections of learning experiences at a homoeopathic satellite health centre, Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC) concerning the care they render to the community and the teaching they receive? This was discussed according to the identified themes presented in Chapter 4. Sections are discussed as follows:

- Demographics
- Influence of learning environment on students learning experience
- Influence of homoeopathic curriculum on students learning experience
- Influence of homoeopathic clinic supervision on students learning experience

5.2 Demographics

5.2.1 Gender

As shown in Table 4.1, there were seven (53.8%) female respondents and six (46.2%) male respondents. The study did not stratify in order to balance the gender distribution.

5.2.2 Age

As shown in Table 4.1, most of the participants were 20 to 25 years old (69.2%), followed by those within the age bracket 26 to 30 (23.1%) with the lowest representation being from the age distribution of above 30 (7.7%). No significant differences were observed regarding the age distribution.

5.2.3 Race

The race distribution of the participants is shown in Figure 4.1. The results showed that the majority participants in this study (69.2%) were African, followed by White (15.4%), Asian (7.7%) and Indian (7.7%). It is clear that the racial distribution was highly orientated towards that of the African population. The Head of Department Dr

Maharaj (2018) said there has been a shift in racial distribution of students recruited in the Department of Homoeopathy at the DUT, from being white dominated to a majority of African students.

The results of this study are very different from those stated by Solomon (2014) where the racial distribution of student participants was 78% White, 13% Indian/Asian and 9% African (Solomon 2014).

5.3 Participants' level of study

The study showed that 61.5% of participants were in the 5th year of study and 38.5% in the 4th year of study. Purposive sampling was employed to recruit participants who met the inclusion criteria, consented and were available for the interview.

5.4 Theme one: Influence of learning environment on students learning experience

According to Papp, Markkanen and von Bonsdorff (2003), the learning environment can be divided into both academic and clinical environments. Furthermore, Papp, Markkanen and von Bonsdorff (2003) state that institutions of learning are responsible in providing a suitable clinical learning environment with the intention of complementing both theory and practice. The findings of this study suggest that the UNHCHC provided homoeopathic students a clinical environment that enhanced their learning experience. The provision of the UNHCHC setting and experience, allows for the Social Learning Theory and Observational Learning Theory objectives to be met. An overwhelming number of participants were highly positive about the learning experience UNHCHC offered. The triad of factors which were instrumental to this were patient diversity, practical experience and communication skills.

Findings were that the diversity of the patients seen by the participants was attributed by them to the strategic location of UNHCHC. This diversity is important, given the fact that South Africa is a 'rainbow nation' country. From the conventional primary health care point of view, and in agreement with the findings of this study, Stanley (2014) reported that student nurses will encounter diverse populations in clinical practice. His report suggested the necessity for nursing education institutions to equip students to successfully care for diverse populations with different values and beliefs than themselves. This is important in the sense that students will then be conscious of the

population they serve and improve the health care they render to patients, by treating each patient as an individual without assuming stereotypes.

Furthermore, it was noted that UNHCHC afforded participants an opportunity to practice clinical homoeopathy firsthand and gain deeper understanding which supplemented the classroom teaching. The findings of this study concur with Strasser (2010) who state that 'hands on' experience exposes students to a wide range of common health problems and promotes a higher level of clinical competence.

Equally important and arising from the influence of the environment of UNHCHC, it was observed that the interaction between students and patients afforded an opportunity for students to improve communication skills with the patients. These findings concur with those of Rostovsky (2008) who noted that a practitioner with good communication skills can put patients at ease and empower them to make informed choices. According to Quail *et al.* (2016), communication skills are vital to allied health professionals. In acknowledgement of the importance of communication skills, Moore *et al.* (2018) found that communication skills training courses are effective in improving health care professional communication skills which then help them to not just give facts only but to individualise their responses to the patients' emotions and offer suitable support.

Nonetheless, it became apparent from the findings of this study that there were environment challenges faced by students at UNHCHC. The participants expressed concern regarding the overcrowding of students when students from the lower levels of study also come to the centre, environmental safety, and late arrival of transport, all of these being uncondusive to the learning experience.

It is essential to noted that UNHCHC is a free running satellite health centre, as previously mentioned in chapter one. It therefore does not make any profit, but depends on students levies and sponsorship. In response regarding the concern raised by the participants, the department of Homoeopathy do not have it's own transport and drivers. The department therefore rely on the faculty of Health Sciences for logistics matters.

Furthermore, Ngobese (2018) noticed that Homoeopathic consultation occurs at the third floor. In order to cater and accommodate for elderly and infirm patient, Ngobese Further suggested that one consultation be on the ground floor. It was interesting to

not this but, however, the safety concern raised by the participant were ruled out. Hence the suggestion raised by Ngobese (2018) were implemented.

This finding supports Mongwe, Wall and Ehlers (2007) who observed that a high student nurse allocation during hospital placement negatively affects learning experience, consequently, the clinic environment becomes crowded. In acknowledgement of the impact of higher number of student placement as a common challenge faced by students in South African Hospitals, from the nursing point of view, Mathebula (2016) also moots overcrowding in clinic settings as a challenge to the students learning experience.

5.5 Theme two: Influence of the homoeopathy curriculum on students' learning experience

According to Mumbo and Kinaro (2015), programmes across the health faculties must ensure that the curriculum is structured in a way that promotes competence in students during clinical practice in clinical placement. The aforementioned authors advocated that the curriculum should strive to achieve a balance between theory and clinical teaching and should sequence the curriculum in such a way that it prepares students adequately for clinical training. Majola (2015) reported on the inadequacy of the Homoeopathy curriculum at DUT, but this study found that participants perceived the Homoeopathy curriculum to be sufficient and adequate in preparing them to manage and take patient cases at UNHCHC. The differences between the Majola (2015) report and the current study could be attributed to the population group that was studied. For example, while this study's participants were homoeopathic students in the 4th and 5th year (Figure 4.2), the Majola sample population were qualified registered homoeopathic doctors. According to Rostovsky (2008), the poor education received by most students is a weakness in the homoeopathic profession. According to Rostovsky (2008), few students who study homoeopathy are equipped enough to successfully practice homoeopathy.

In this study, participants highlighted the benefits of subject modules of the DUT Homoeopathy curriculum as these improved their clinical reasoning and positively impacted their learning experience at the UNHCHC. According to Erwin, Marks and Couchman (2014), the Homoeopathy programme at DUT offers training in homoeopathic medication as well as medico-science subjects such as Anatomy, Physiology, Diagnostics, General and Systemic pathology and Pharmacology. In recognising the importance of basic medical science subject and in support of this finding, Grande (2009) states that these subjects do not just lay the foundation for clinical reasoning and case management abilities, but also assist in developing and supporting critical analysis of medical interventions.

Furthermore, the finding of this study also revealed inadequacy in students' classroom preparation before starting at UNCHC. The researcher postulates that this challenge could be attributed to the fact that the curriculum does not accommodate clinical practice in earlier years. According to Dornan and Bundy (2004), students feel a transition shock in entering the clinical setting and describe it as being a daunting

experience. One of the reasons for this is the sudden responsibility carried by students in the clinical setting (De Schepper 2001).

5.6 Theme three: Influence of homoeopathic clinic supervision on participants' learning experience

Part of the inquiry of this study was to understand the impact of clinical supervision on students' learning experience at UNHCHC. This sub-question had two aspects as it explored both positive and negative influences of clinic supervisors in the participants learning experience.

The majority of participant appreciated the influence of clinic supervisors' and their role as fundamental in their learning experience at UNHCHC. This study also found that participants perceived that the clinic supervisors provided a supportive structure for them to excel and rendered appropriate assistance when consulted. This qualitative study agrees with existing research with conventional medical students. According to McConnell and McKay (2018) positive clinical supervision is associated with a balance between autonomy and support, which presents an opportunity for students to make treatment and management decision independently, but knowing that they have support when needed. The findings of this study also concur with those of McConnell and McKay (2018) regarding the value of the knowledge and experience that clinical supervisors possess.

Dehghani, Nasiriani and Salimi (2016) report that clinical supervision is a process of supporting and learning which allows students to develop knowledge and competence for future practice. Most of the participants in this study viewed the clinic supervisors in a positive light and commented that the depth of understanding of the clinic supervisors and their willingness to provide support and guidance when consulted was fundamental to their learning experience and motivated them to excel at the UNHCHC. This concurs with the views of McConnell and McKay (2018) who state that a supportive relationship between the students and the clinic supervisor encourages learning by creating a secure space where students can ask any question which empowers them to seek new opportunities to develop knowledge and skills.

According to Pill and Pilli (2013), students in clinical learning appreciate it when their supervisors allow them independence and freedom in clinical decision-making, and provide them with feedback to improve their clinical performance. In this study

participants expressed their appreciation for the fact that the clinical supervisors enabled them to make independent decisions regarding treatment protocols.

Although all participants were positive about the influence of the clinic supervisors, some negative influences of the clinic supervisors were mentioned. Mixed feelings regarding the need for validation by the clinician during case taking and discussion was noted. It appeared that while some participants felt limited by the validation of the clinic supervisor, in terms of treatment options, others perceived that this validation added credibility to the treatments. This mixed feeling could be due to the participants' level of study (see Figure 4.2) with some participants being 4th year and others being 5th year students, i.e. in their first and second year, respectively, in the clinic. Nonetheless, this perception should be viewed with caution, as Ganesh (2017) describes the role of the clinic supervisor as also being responsible for the quality of service rendered and in this way protecting the public. Hence, over confidence on the part of students might put patients at risk, which is why clinic supervisors need to be involved in decision-making.

Regarding the negative influence of the clinic supervisor, some participants perceived that the lack of empathy from the clinic supervisor towards the patients visiting the Health Centre, and another point that was made by participants as a negative perception was the inconsistency of clinical supervision by some clinicians. Participants also perceived that one clinician at UNHCHC was not enough, causing a delay during case discussions which then negatively influenced their learning experience.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

The summary of findings shows how the three research questions were answered. The research questions were as follows: 1) Does UNHCHC provide you with a good learning environment for students? 2) Explore how does the Homoeopathy curriculum programme prepare you to manage patient at UNHCHC? and 3) What is your perception (positive and negative) about the clinical supervision? This chapter includes a conclusion of the study and recommendations which were drawn from the findings. As previously stated, this study employed a qualitative approach. Semi-structured interviews were conducted, and participants' detailed experiences were collected and analysed. It is anticipated that the findings of this study will be a valuable source of literature for reviewers of the curriculum, which may also inadvertently lead to the improvement of homoeopathic education and the competence of homoeopathic graduates.

6.2 Conclusions derived from the analysis

The findings of the thematic analysis revealed that the UNHCHC provided participants with a good learning experience. The participants were very positive and appreciated the learning experience UNHCHC has to offer. This has answered the ground grand tour question: "What are the student reflections on learning experiences at a homoeopathic satellite health centre UNHCHC concerning the care they render to the community and the teaching they receive?"

In terms of the influence of the environment in the learning experience, the findings revealed that the strategic location of the UNHCHC offered the participants a great opportunity for firsthand homoeopathic practice. Notwithstanding, there were some pockets of concern by some of the participants regarding the safety of the location of the health Centre, although no incident in this regard was reported.

The diversity of patients presenting at UNHCHC was advantageous to the participants' learning experience. Furthermore, it was noted that the UNHCHC provided a platform for participants to improve their communication skills with patients, which was positively received by the participants.

With regard to the influence of the homoeopathic curriculum programme, the salient finding that emerged was that the curriculum programme content and subject modules were perceived to be a positive influence in enabling successful integration of theory and practice and in equipping participants for patient management. The participants perceived that the subject modules improved their clinical reasoning.

This research found that participants valued the influence of the clinical supervision in their learning experience at UNHCHC. The participants associated the following qualities with positive clinical supervision, viz.: support from the clinic supervisor which encouraged the students to excel, assistance when consulted, allowing students to make independent decision in patient management, knowledge and experience of the clinician. This study also found that there were negative influences related to clinical supervision. The participants felt that one clinician was not enough at UNHCHC because this caused the clinician to work under pressure and resulted in delays during case discussion, so students have to wait for their turn to discuss with the clinician. Furthermore, the lack of empathy of the clinic supervisors and the inconsistency of the clinical supervisor were highlighted and perceived as negative by the students. However, in general, all the participants perceived the clinical supervision at UNHCHC to be more positive than negative.

6.3 RECOMMENDATIONS

- The number of clinicians assigned to UNHCHC should be increased from one clinician to two clinicians, to facilitate students' learning experiences and the smooth running of the Centre.
- Clinicians must go into consultation rooms at random intervals during case taking to observe any flaws made by the students as this will improve both learning and quality assurance regarding the service rendered to the community.
- Students from lower levels of study should sit-in and observe senior colleagues at

UNHCHC, as this will help prepare students for when they start consulting with patients at UNHCHC.

- Future studies investigating students' reflections on their learning experience at UNHCHC may employ quantitative methods in an attempt to attaining generalisability.
- In addition, clinician and lecturers should be involved in the study population for the purpose of data triangulation.
- An investigation of the new cohort would be interesting in understanding students' perspectives and opinions about their learning at UNHCHC.

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APPENDICES

Appendix 1: Institutional Research Ethics Committee approval letter



29 May 2018

IREC Reference Number: **REC 12/18**

Mr L Gwala
P.O. Box 59935
Hibberdene
4220

Dear Mr Gwala

Student reflections of learning experiences at a Homoeopathic satellite health centre

The Institutional Research Ethics Committee acknowledges receipt of your final data collection tool for review.

We are pleased to inform you that the data collection tool has been approved. Kindly ensure that participants used for the pilot study are not part of the main study.

In addition, the IREC acknowledges receipt of your gatekeeper permission letters.

Please note that **FULL APPROVAL** is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the IREC according to the IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the IREC as outlined in the IREC SOP's.

Yours Sincerely,

Professor J K Adam
Chairperson: IREC



Appendix 2A: Gatekeeper application letter



Permission Application Letter to use Homoeopathic Day Clinic (HDC) HOD:
Homoeopathy Department

P. O. BOX 59935,
HIBBERDENE,
4220

Faculty of Health Sciences
Department of Homoeopathy
Head of Department
P.O. BOX 1334
Durban
4000

Dear Dr Couchman

Permission Application Letter to use the Homoeopathic Day Clinic (HDC)

Thank you for reading this letter. My name is Mr Lungelo Gwala (21110117). I am currently registered for M. Tech. Homoeopathy and I am requesting to conduct my research study at the Homoeopathic Day Clinic (HDC). Student reflections of learning experiences at a Homoeopathic satellite health centre

Outline of the Procedures: The consultations where data relating to the above topic will take place at the Durban University of Technology (DUT), Homoeopathic Day Clinic (HDC). The total duration for each consultation is 30 minutes. Participants will

be requested to complete the consent form before they may participate in this study. On consenting to participate participants will be requested to engage in a semi-structured interview will follow. The sample size is 13 participants.

Yours sincerely.

Mr Lungelo Gwala (21110117) – Researcher: 060 4018 418

Dr J. Ngobese-Ngubane (Supervisor) - 031 373 2484 (jabulilen@dut.ac.za)

Dr M. Maharaj (Co-Supervisor) – 031 373 2481 (madhum@dut.ac.za)

Appendix 2B: Gatekeeper application to use letter



Permission Application Letter to use Homoeopathic Day Clinic (HDC) Director:
Research and Postgraduate Support

P. O. BOX 59935,
HIBBERDENE,
4220

Director: Research and Postgraduate Support

Tromso Annex, 1st Floor

Gate 1, Steve Biko Campus

P.O. BOX 1334

Durban

4000

Dear Professor Napier

Permission Application Letter to use the DUT facility, students and staff

Thank you for reading this letter. My name is Mr Lungelo Gwala (21110117). I am currently registered for M. Tech. Homoeopathy and I am requesting to conduct my research study at the Homoeopathic Day Clinic (HDC). Student reflections of learning experiences at a Homoeopathic satellite health centre.

Outline of the Procedures: The consultations where data relating to the above topic will take place at the Durban University of Technology (DUT), Homoeopathic Day Clinic (HDC). The total duration for each consultation is 30 minutes. Participants will be requested to complete the consent form before they may participate in this study. On consenting to participate participants will be requested to engage in a semi-structured interview will follow. The sample size is 12 participants.

Yours sincerely.

Mr Lungelo Gwala (21110117) – Researcher: 060 4018 418

Dr. J. Ngobese-Ngubane (Supervisor) – 031 373 2484 (jabulilen@dut.ac.za).

Dr M. Maharaj (Co-Supervisor) – 031 373 2481 (madhum@dut.ac.za)

Appendix 2C: Permission to use Clinic



13 April 2018

Professor A Ross

Request for Permission to Conduct Research

Dear Professor Ross

My name is Mr Lungelo Cyprian Gwala, a Homoeopathy student at the Durban University of Technology. The research I wish to conduct for my Masters dissertation involves “Student reflections of learning experiences at a Homoeopathic satellite health centre.”

I am hereby seeking your consent to utilize the facilities at the community health centres of the Homoeopathic department as well as access to the students therein.

I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and/ or assent forms to be used in the research process, as well as a copy of the approval letter which I received from the Institutional Research Ethics Committee (IREC).

If you require any further information, please do not hesitate to contact me on 0604018418 or email: lungelogwala91@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Lungelo Gwala
Durban University of Technology

Head Clinician

Clinic Director

Deput Déan
Portfolio: Faculty Community Engagement

Appendix 3A: letter of information



LETTER OF INFORMATION

Dear Participant

Thank you for agreeing to participate in this study.

Title of the Research Study: Student reflections of learning experiences at a Homoeopathic satellite health centre.

Principal Investigator/s/researcher: Mr Lungelo Gwala, B.Tech. Homoeopathy

Co-Investigator/s/supervisor/s: Dr. J. Ngobese-Ngubane, M. Tech. Hom. (Supervisor) & Dr. M. Maharaj, M. Tech. Hom. (Co-supervisor)

Brief Introduction and Purpose of the Study: The Durban University of Technology's (DUT), Department of Homoeopathy has initiated and manages five homoeopathic community health centres in different areas around the eThekweni region. In collaboration with Lifeline, Durban University of Technology (DUT), Department of Homoeopathy established its first satellite homoeopathic community centre Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC) (Smillie, 2010) serves as a teaching clinic, which is part of a Bachelors and Masters of Technology: Homoeopathy programme (Watson, 2015). It provides a free homoeopathic primary healthcare service at the LifeLine building in Warwick junction, Durban, at 23 Stratford Road in the third floor of the Lifeline building. This is an area, which is disadvantaged with high crime rate, prostitution, violence, small informal business and low-cost housing (Smillie 2010; Watson, 2015 and Dube 2015).

Ukuba Nesibindi Homoeopathic Community Health Centre conducted 1481 consultation between February and December 2016 with 826 being new patients and 655 being follow up patients. Hall (2014) stated that Ukuba Nesibindi provided homoeopathy students with work integrated learning so that they could acquire practical experience.

The aim of the study is to investigate currently registered homoeopathic postgraduate students (Bachelor of Technology & Master's Degree in Technology students) reflections of learning experiences at a Homoeopathic satellite centre Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC). The purpose of this study will be to explore and describe the reflections and experiences of the students. The study will provide information that will assist with improving the quality of curriculum development and services provided to patients at UNHCHC.

Outline of the Procedures: This study will be conducted in a qualitative, explorative, descriptive and contextual design will be employed (Polit and Beck 2012). A minimum of 12 currently registered homoeopathic postgraduate students will be purposively selected to participate in the study. Data collection will take place until a point of saturation is reached. The emerging data will be analysed using thematic analysis and Tesch's eight steps of data analysis in order to understand and present the data into sub-themes and themes.

Non-participation: You are not forced to participate in this study. Participation in this study is voluntary. If you don't participate in this study, it will not affect you in any way or form.

Risks or Discomforts to the Participant: There are no known risks associated with this study.

Benefits: The information given by you will help to draw conclusions about the student reflections of learning experiences at a Homoeopathic satellite health centre. This might in turn assist the researcher with the data that would result in an article publication and the department of homoeopathy to improve the curriculum depending on the recommendations of the outcome.

What is expected of the participant?

You will be required to engage in a semi-structured interview with the researcher. The whole process will be conducted in the homoeopathic day clinic. You are required to be as honest as possible.

Reason/s why the Participant May Be Withdrawn from the Study: You are free to withdraw from the study at any time without any form of penalty. If you do not complete

the interview and questionnaire you will be withdrawn from the study. You are not forced to give any reasons as to why you are withdrawing.

Remuneration: There is no remuneration for participating in this study.

Costs of the Study: You will not be expected to cover any costs towards the study.

Confidentiality: Please do not write your personal information like name, contact details on the questionnaires. All data collected will be coded using numbers accordingly to ensure anonymity. All data will be communicated scientifically. Data will be stored in a locked cupboard for five years and then shredded afterwards. Electronic data will be password protected and accessed by the researcher only.

Research-related Injury: There are no injuries that you may be exposed to during the course of the study.

Persons to Contact in the Event of Any Problems or Queries:

(Dr. J. Ngobese-Ngubane Supervisor)) Please contact the researcher (Mr Lungelo Gwala Cell phone no: 060 4018 418), my supervisor (tell no. 031 373 2484) or the Institutional Research Ethics Administrator on 031 373 2900. Complaints can be reported to the: Acting Director: Research and Postgraduate Support, Prof C E Napier, 031 373 2577 or carinn@dut.ac.za

Appendix 3B: information letter (isiZulu)



INCWADI YOLWAZI YALABO ABAZOBANDAKANYA NOKUHLOLWA
KOCWANINGO

Ngiyakubingelela

Siyabonga ngokuvuma ukuzibandakanya kwakho kulolu cwaningo

Isihloko socwaningo: Ukuboniswa kwabafundi bokufunda okuhlangenwe nakho esikhungweni sezempilo se-Homoeopathic satellite

Umcwaningi: Mnz Lungelo Gwala, B.Tech. Homoeopathy

Abaphathi hlelo: Dkt. J Ngobese-Ngubane, M. Tech. Hom. (Umpathi wocwaningo) & Dkt. M. Maharaj, M. Tech. Hom. (Isekela likamphathi wocwaningo)

Incazelo nenhloso yalolucwaningo: I-Durban University of Technology (DUT), uMnyango Wezokwelapha usungulwe futhi ulawula izikhungo zempilo zomphakathi ezinhlanu ze-homoeopathic ezindaweni ezihlukahlukene esifundeni saseThekwini. Ngokubambisana ne-LifeLine, i-Durban University of Technology (DUT), uMnyango Wezokwelapha usungula isikhungo somphakathi sokuqala we-homoeopathic Ukuba i-Nesibindi Homoeopathic Health Centre Centre (UNHCHC) (Smillie, 2010). I-UNHCHC isebenza njengomtholampilo wokufundisa, oyingxenywe yamaBachelors noMasters of Technology: Uhlelo lwe-Homoeopathy (Watson 2015, 2015). Ihlinzeka ngemisebenzi yokunakekelwa kwempilo eyinhloko ye-homoeopathic e-LifeLine esakhiweni saseWarwick, eThekwini, e-Stratford Road esiteshini sesithathu esakhiweni se-Lifeline. Lapha yindawo, ebhekene nezinga eliphezulu lobugebengu, ubufebe, ubudlova, ibhizinisi elincane elingahlelekile kanye nezindlu eziphansi (Smillie 2010, Watson 2015 noDube 2015).

Ukuba Nesibindi Community Health Centre isibone iziguli ezilinganiselwa kwi-1481 kusukela ku-February kuya ku-December ka-2016. Iziguli ezingu 826 beziqala ukubonwa kanti ezingu 655 esezibonwe amahlandla amabili nangaphezulu. Umpathi wMnyango wezohomoeopathy wangalesisikhathi uHall wathi Ukuba Nesibindi inikeza abafundi beHomoeopathy imfundo exhumene nokusebenza ukuze bazuze isipiliyoni.

Inhloso yocwaningo ukuphenya okwamanje abafundi ababhalisiwe be-homoeopathic postgraduate (Abafundi be-Bachelor of Technology & Master's Degree in Technology

Technology) ukuzindla kokufunda okuhlangenwe nakho esikhungweni se-satellite ye-Homoeopathic i-Ukuba Nesibindi Homoeopathic Health Centre Centre (UNHCHC). Inhloso yalolu cwaningo kuyoba ukuhlola nokuchaza ukuzindla kanye okuhlangenwe nakho kwabafundi. Ucwangingo luzohlinzeka ngolwazi oluzosiza ngokuthuthukisa ikhwalithi yokuthuthukiswa kwekharikhulamu kanye nezinsizakalo ezinikezwe iziguli e-UNHCHC.

Indlela uhlelo oluzohamba ngayo: Lolu cwaningo luzoqhutshwa ngomklamo ohlonishwayo, ohlolisayo, ochazayo kanye nomongo uzosetshenziswa (Polit and Beck 2012). Inani eliphansi labangu-12 labafundi ababhalisiwe labafundi be-homoeopathic postgraduate bazokhethwa ngokuzithandela ukuba bahlanganyele ocwaningweni. Ukuqoqwa kwedatha kuyokwenzeka kuze kube yilapho iphuzu lokugcwalisa lifinyelelwa. Idatha evelayo izohlaziywa ngokusebenzisa ukuhlaziywa kwezingqikithi kanye nezinyathelo ezingu-8 ze-Tesch zokuhlaziywa kwedatha ukuze zizwisise futhi zinikeze idatha ezinhlokweni ezincane.

Ukungabambe iqhaza: Ukungazibandakanyi: awuphoqiwe ukuthi ube yingxenywe yalolucwaningo. Ukuzibandakanya kwakho kuwukuzinikela kwakho. Ukungazibandakanyi kwakho ngeke kuphazamise lutho lwakho.

Ubungozi kulowo ozibandakanyayo: Abuko ubungozi obaziwayo ozohlangabezana nabo mawuzibandakanye kulolucwaningo.

Inzuzo: Ulwazi olunikeza wena luzosiza ukudweba iziphetho mayelana nokubukeka komfundi kokufunda okuhlangenwe nakho esikhungweni sezempilo se-Homoeopathic satellite. Lokhu kuzosiza umcwaningi ngemininingwane ezobangela ukushicilelwa kwe-athikili kanye nomnyango wezokwelapha ukuthuthukisa izinto kuye ngezincwadi zomphumela

Kulindlekeni kozibandakanyayo? Uzodingeka ukuthi uhlanganyele ekuxoxweni okuhleliwe nomcwaningi. Inqubo yonke izokwenziwa emtholampilo wosuku lwe-homoeopathic. Kudingeka ube othembekile ngangokunokwenzeka.

Izizathu zokushiya Ucwangingo kothe wazibandakanya: Ukhululekile ukuhoxisa esifundweni nganoma yisiphi isikhathi ngaphandle kwanoma yiluphi uhlobo lwesigwebo. Uma ungasidile i-interview kanye nemibuzo uzokhishwa ekutadisheni. Awuphoqelekile ukunikeza noma yiziphi izizathu zokuthi kungani ukuhoxisa.

Inani nokubiza kwalolucwaningo: Ngeke ulindeleke ukumboza noma yiziphi izindleko ezibhekiswe ekutadisheni.

Ukuphepha nefihlo: Uyacelwa ungabhali imininingwana yakho kumafomu ohla lwemizubo. Yonke imininingwane ezotholaka izoba yimfihlo ukuthi ekabani izoba seyibekwa endaweni ephephile iminyaka emi 5. Yonke imininingwane iyoshicilelwa ngokwezesayensi bese ivalelwa kwi khompuyutha ngezincwadi eziyimfihlo eziyokwaziwa ngumcwaningi kuphela.

Ezokuphepha: Abukho ubungozi umuntu azoba kubo ngalesikhathi socwaningo ngoba lolucwaningo alunabongozi obaziwayo.

Abantu ongaxhumana nabo noma ingaziphi izinkinga ngalesikhathi socwaningo.

(Dr. J. Ngobese-Ngubane umphathi hlelo) Uyacelwa ukuba uxhumane nomcwaningi (Mr Lungelo Gwala Inombolo yocingo: 060 4018 418), umphathi hlelo (inombolo yocingo. 031 373 2481) noma ikomiti elengamele ezomthetho nemigomo yenqubo yocwaningo i-Institutional Research Ethics umabhalane kulenombolo 031 373 2900.

Acting Director: Research and Postgraduate Support, Prof C E Napier, 031 373 2577 or carinn@dut.ac.za

Appendix 4A: Consent



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ (Lungelo Gwala), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____ Date _____ Time _____ Signature _____
Full Name of Participant

I, _____ (Lungelo Gwala) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____ Date _____ Signature _____
Full Name of Researcher

_____ Date _____ Signature _____
Full Name of Witness (If applicable)

_____ Date _____ Signature _____
Full Name of Legal Guardian (If applicable)

Appendix 4B: Consent (isiZulu version)



INCWADI YESIVUMELWANO

Isivumelwano sokuba yinxenye yocwaningo

- Nginesiqiniseko sokuthi umcwaningi _____ uLungelo Gwala ungazisile ngendlela ucwaningo oluzohamba ngayo, isimo kanye nobungozi balolucwaningo – Research Ethic Clearance Number: _____,
- Ngitholile, ngafunda futhi ngaqonda ulwazi olubhalwe ngaphezulu oluchaza kabanzi ngalolucwaningo.
- Ngiyazi ukuthi imiphumela yalolucwaningo, ebandakanya imininingwane yami, ubulili, iminyaka, usukulwami lokuzalwa, iziqalo zamagama kanye nokugula kwami angeke kuvezwe kwimiphumela yalolucwaningo.
- Ngokubheka izinto ezidingwa yilolucwaningo, ngiyavuma ukuthi ulwazi oluzotholakala umakwenziwa lolucwaningo lucubungulwe ngengqondomshini ngumcwaningi.
- Ngingayeka ukubayinxenye yalolucwaningo noma inini, ngingasavumi ukubayinxenye.
- Ngilitholile ithuba elanele lokubuza imibuzo futhi ngilungele ukuba yinxenye yalolucwaningo.
- Ngiyaqonda ukuthi ulwazi olusha oluzotholakala ngizonikezwa ngokuba ngibeyinxenye yalolucwaningo.

Igama usuku isikhathi uphawu lwesivumelwano

Mina _____ u (Lungelo Gwala) ngiyaqinisekisa ukuthi ngiludlulsile ulwazi olugcwele ngendlela ucwaningo oluzohamba ngayo, isimo kanye nobungozi balolucwaningo.

Igama lomcwaningi usuku uphawu lwesivumelwano

Igama lofakazi usuku uphawu lwesivumelwano

Igama lomqaphi usuku uphawu lwesivumelwano

Appendix 5A: Inclusion criteria

Inclusion criteria	Yes	No
Homoeopathy students currently registered for Bachelor of Technology and Master's degree in Technology at DUT when the study commences.		
The students who gave consent for the interview.		

Appendix 5B: Exclusion criteria

Exclusion criteria	Yes	No
The students in the Bachelor of Health Sciences: Homoeopathy who were not part of the study.		

Appendix 6A: semi structure interview questions



Semi structured interview questions

Question guide:

To explore the student reflections of learning experiences at a Homoeopathic satellite health centre Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC).

Grand tour:

What are the student reflections of learning experiences at a Homoeopathic satellite health centre Ukuba Nesibindi Homoeopathic Community Health Centre (UNHCHC) concerning the care they render to the community and the teaching they receive?

Sub questions:

1. Does UNHCHC provide a good learning environment for students?
2. Explain how does the Homoeopathic curriculum programme prepared you to manage patient at UNHCHC?
3. What is your perception (positive and negative) about the clinical supervision at UNHCHC?

Appendix 6B: semi structured interview questions (isiZulu version)



Uhlaka lwemibuzo ehleliwe

Umhlahlandlela wombuzo:

Ukuhlola abafundi ngokufunda abakuthola esikhungweni sempilo ye-satellite ye-Homoeopathic Ukuba i-Nesibindi Homoeopathic Health Centre Centre (UNHCHC).

Umbuzo olukhulu:

Yiziphi izinkomba zomfundi zokufunda okuhlangenwe nakho esikhungweni sezempilo se-Homoeopathic satellite Uma i-Nesibindi Homoeopathic Health Centre Centre (i-UNHCHC) ngokuphathelene nokunakekelwa abakunikezela emphakathini kanye nemfundiso abayitholayo?

Imibuzo engaphansi:

1. Ingabe i-UNHCHC ikunikeza indawo enhle yokufunda njemfundi? Iprobe: Uma kunjalo, ngicela unabe noma ucaze kabanzi?
2. Caza ukuthi i-Homoeopathic curriculum programme ikungiselela kanjani ukuphatha isiguli e-UNHCHC
3. Uyini umbono wakho (emihle nemibi) mayelana nama-clinician aqaphile e-UNHCHC?

Appendix 7: Transcription

Participant 8

Does UNHCHC provide you with a good learning environment as a student? If yes, please explain or expand further.

“Yes, I think it does. So, it is in the main part of Durban, it is very busy. We see lots of patients which is very beneficial to us as students. There is also a lot of serious illness, for an example, HIV, diabetes, hypertension. This is beneficial for us, students, as we become familiar with common diseases affecting the common South African society. I have also noted that the majority of our patients are African, from the CBD of Durban. Yeah, I think it is nice that we see the amount of people that we do see. And also, they range from young, but I wouldn't say very young that it is maybe one of the down fall that we don't see a lot of children there. It is generally the older generation, but it is mixed, male and female. And sort of middle age if I could say.”

Please explain how the Homoeopathic curriculum programme prepared you to manage patients at UNHCHC?

“Well first of all, culturally. I know like some of our lecturers they teach us specifically for different cultures and to be aware of different languages and different religions. The way people are. So that has been included in the curriculum, even though it is not a set structure. You know, just to advise in general learning about that.

We do a lot of diagnostics so that obviously helps with your important diseases, seeing the big symptoms, if there are any concerning symptoms. And learning how much we can cover as a Homoeopath. And then knowing when it is necessary to refer. For the betterment of the patients.

Yeah, we also... because Homoeopathy is obviously classically a very long! Consultations and getting into the depth of it. But in our curriculum, it nice that they have balanced the two, and we have the clinical remedies! So, because it is so busy there, we have time constraint. We can use our clinical knowledge better and expand on that just looking at specific remedies for specific symptoms and diseases and exploring that.”

What is your perception (positive and negative) about the clinical supervision at

UNHCHC?

"I think the supervision is very good. They also teach us a lot in that environment and they help us along the way.

I would say the one negative is that there are maybe not enough clinicians. Because there is just one on duty at a time. I think even two might be helpful, just so that one could even come into the room with us and observe how we doing the cases, checking that we doing our physicals correctly? That sort of thing. Just like monitoring how we are. And obviously helping them because it can be a bit rushed and, in a bit, disruptive way. Everyone is trying to deal with a patient, make the remedies, and get the information. The clinician is put under pressure, I think.

Otherwise, as whole, as the clinician are there. They are very helpful. They are very useful. We get to learn different remedies that we wouldn't think of in clinical situation. Your common things. Yah."

Appendix 8: Editing certificate

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EDITING CERTIFICATE

Re: Lungelo Cyprian Gwala

**Master's dissertation: Students' reflections of learning experiences at a
homoeopathic satellite health Centre**

I confirm that I have edited this dissertation and the references for clarity, language and layout. I returned the document to the author with track changes so correct implementation of the changes and clarifications requested in the text and references is the responsibility of the author. I am a freelance editor specialising in proofreading and editing academic documents. My original tertiary degree which I obtained at the University of Cape Town was a B.A. with English as a major and I went on to complete an H.D.E. (P.G.) Sec. with English as my teaching subject. I obtained a distinction for my M.Tech. dissertation in the Department of Homeopathy at Technikon Natal in 1999 (now the Durban University of Technology). During my 13 years as a part-time lecturer in the Department of Homoeopathy at the Durban University of Technology I supervised numerous Master's degree dissertations.

Dr Richard Steele
06 June 2019
per email