



## **Community-based teaching and learning management as the foster family in Thailand: PLESS + OSCE Model**

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### **Abstract**

The application of pragmatist epistemologies helps to develop community-based teaching and learning management. The multitude of benefits was foreseen from the intensive implementation of the concept of community participation which had positive outcomes for nursing students. A community-based learning management process for nursing students was developed. Students were immersed in the community by staying with host or foster families for a certain time period based on the designed curriculum.

The integration of community participation with the Community Nursing Practicum II drew an expectation at a very high level of learning outcomes and satisfaction, as the nursing students were able to identify factors needed before becoming graduate nurses.

Therefore, community involvement enabled nursing students to get along with the community as residents as well became participative in almost all of the community activities. The nursing students developed the skills to think critically and creatively as the main goal of comprehensive learning.

**Keywords:** community-based teaching, community nursing, foster family, Nakhon Pathom Rajabhat University, pragmatism

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### **1. Introduction**

The community-based teaching and learning management as the foster family by planning, living, and learning, learning evaluation, showing and sharing + Objective Structured Clinical Examination activity, called PLESS + OSCE Model, was developed from the accumulation of experiences in the implementation of various projects and activities in both the Community Nursing Practicum I and II courses for the first and third-year students, as well as the intention from the faculty in which they foresaw the multitude of benefits resulted from the intensive implementation of the concept of community participation that had positive outcomes for students [1–2].

The PLESS + OSCE model of teaching, which looks into pragmatist epistemologies, is understood as the theory of inquiry for its structure [3]. Pragmatist epistemologies help to explore how we can carry out inquiries in a self-controlled and fruitful way of students. So, pragmatists adopted facilitate to improve the nursing inquiry well.

In other words, the application of pragmatist epistemologies into the PLESS + OSCE model of teaching improved the skills of nursing students which re-

sulted in empowering people in the community, identifying the health problems, systematically analyzing the causes of problems, prioritizing, and finding solutions based on community capital development, mobilizing resources and coordinating all the network, collaborating and evaluating the actions taken, as well as being able to continue building the existing works and initiating new tasks until it is considered a strength community. All of this was due to the integration of the Community Nursing Practicum process with the concept of community participation as a foster family in Khlong Yong Sub-district and Nong Ngu Leum Sub-district for many years [4–7]. The lessons can be analyzed and interpreted into good regulations which can be extended to other fields of practiced courses.

### **Community Nursing Practicum II**

The scope of this course includes the practice of caring family health, groups of people health, environmental health, and occupational health using digital technology and community health innovations to solve problems with community participation, integration of local wisdom and culture, as well as issues and trends of human rights, laws, ethics and codes of practice. Based on the meeting of instructors for the Community Nursing Practicum II Course, an off-site training at sub-district health promotion hospitals, it was found that students had problems applying nurs-

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ing theory into practice and could not create health promotion and solutions to the community problems in order to fully achieve the course goals.

According to the learning problem analysis, it was found that students did not understand their tasks as community nurses and could not manage the pre- and post- work system. They were also not good at teamwork, fail to manage time according to the schedule, and were unable to create an innovation to properly solve community problems.

Nakhon Pathom Rajabhat University has a teaching and learning policy by focusing on the development of practitioner graduates, to develop local communities. "Practitioner graduate" refers to a person who has extensive knowledge, competence, and professional skills leading to the application and creation of work that meets the demands of the community and society. The nursing faculty adopted the Pragmatist epistemologies into practicum teaching. Therefore, the learning management process for the Community Nursing Practicum II must be reviewed in order for students to gain field experiences according to professional standards. The teaching of Community Nursing Practicum II was organized by building community participation as a foster family, to develop nursing students to have desirable graduate characteristics and meet the university expected criteria. Therefore, the learning management process for the Community Nursing Practicum II had been focused on building community and student participation in the preparation phase—before, during, and after practice—to develop skills that are linked to real practice with the emphasis on thinking out of the box in terms of time, place, and learning [4–7].

The teaching and learning process of Community Nursing Practicum II for the 3<sup>rd</sup> year nursing students conducted in Nong Ngu Leum Sub-district of Nakhon Pathom Province. Community representatives and students were able to express opinions, take action, and evaluate results, including working together to find suitable ways to develop projects and activities. In every step, nursing students had developed all six (6) learning skills, as well as built the desirable characteristics of graduates according to the 21<sup>st</sup>-century learning skills, which consist of 1) being good and virtuous person, 2) being diligent, patient and responsible person, 3) knowing how to think critically, 4) knowing self-learning and self-improvement, 5) having interpersonal skills adaptable and be able to work as a team, and 6) having an identity in volunteering and local development. The participation concept was empowered by involving people in community health problem assessment, problem analysis, problem identification, problem prioritization, and self-determination. Through thinking creatively in planning projects to solve community health problems, the participatory actions between stakeholders of the community and students were focused, in which the in-

structor was a facilitator, coach, or supporter of the project under the objectives and learning outcomes according to the standards of the nursing profession.

Community involvement in teaching processes enable students to think critically and creatively, which is the ultimate goal of learning [6–7]. The created projects and innovations that can be used to solve community health problems are suitable for the community contexts according to the Principles of Sufficiency Economy [6–7]. In addition, the satisfaction score of teaching and learning was very high ( $= 4.79$ ,  $SD = 0.46$ ) as the community has developed health in a better way and there have been more groups of people doing health activities.

## 2. Objectives of Applying the PLESS + OSCE Model

According to pragmatism values to the lives of learners, the objectives of applying the PLESS + OSCE Model in the Community Nursing Practicum II Course are as follows:

1. Instructors, students, and relevant communities have truly involved in the management of the Community Nursing Practicum II Course in all processes of plan, do, check, and act cycle for carrying out change.
2. The effectiveness and efficiency of learning through community participation and inclusion in the community have been enhanced, leading to the development of skills that are linked to actual community practice.
3. The learning management for the Community Nursing Practicum II is developed and improved in all processes of plan, do, check, and act cycle. The results of the course evaluation can be adapted and planned for the implementation of the learning management next year.
4. Both inventions and innovations in the context of the training community can be used to fix or reduce health problems.

## 3. The Process of Teaching and Learning by the Community as a Foster Family

The ultimate goal of this course is to prepare nursing students to be good practicing nurses by using the participation of the community as a foster family. The model has a development process as follows:

### 3.1 Planning

In planning, the first step includes two (2) aspects in preparation which comprised of community and student preparation.

### 3.2 Community Preparation

The course administrator and the instructor had assessed the readiness of the community which is considered as the practical setting, in which the meetings were held with the health team staff in the district, community leaders, and local representatives [6–7]. The course administrator and the instructor had clarified the course objectives, operational procedures, and assessments. The community team had discussed the community's readiness to accept students in the foster homes in the targeted community accommodation. The advantages and limitations were identified and included in the consideration to select the practical area based on the availability and willingness of the community.

### 3.3 Student Preparation

The course administrator or the instructor who were responsible for the courses performed as follows:

1. The course orientation by describing course concepts, objectives, and grading criteria according to Thai Quality Framework 4 (TQF 4) [8] were conducted.
2. Basic knowledge and skills in community health nursing were tested before the actual practice through a written examination regarding to scenarios questions such as community diagnosis, project planning and evaluation, as well as home visits.
3. Rules for living with the host and the host guardian were clarified.

### 3.4 Living and Learning

Learners have to study the beliefs and principles of the people in the community paralleled to the specific goals of Community Nursing Practicum II Course.

Regarding to the concept of Pragmatism to identify actual problems and solutions in a community, coexistence could be promoted by living or existing together in the same place at the same time. This relates to how the practicing students living with their host families in the community throughout the actual workshops to learn the community lifestyle. In this step, the instructor allows students to stay in the community with their host families and engage in activities together. There is an orientation for nursing students which includes the introduction of health team staff, job characteristics of the healthcare staff, health volunteers, as well as community leaders. Community leaders consist of village headmen, assistant village headmen, chief executives of the Sub-district Administrative Organization (SAO), members of the SAO, chief administrators of the Sub-district health promoting hospital, nursing mentors, and host family members. Students had learned the community way of life 24 hours a day for one (1) month based on the required practicum hours

of the course. These methods helped to enhance students' ability to become independent learners, collaborative persons, and problem-solvers effectively working with communities in the real world as proposed in the study of Villanueva [2].

### 3.5 Facilitating, Coaching, and Supporting Role

In this step, the instructor played the role of student advisor throughout the practicum which includes performance facilitation, coaching, and support in order to ensure professional standards requirement using small group teaching [6–7]. In case students were unable to apply theoretical knowledge in real-life situations, the instructor would reinforce, motivate, and support the learner's according to individual needs. Students took action in community nursing practice that focused on health promotion, disease prevention, primary medical care, continuing care and rehabilitation, as well as managing environmental and health risk factors.

### 3.6 Learning Evaluation

In this process, there were three (3) assessments that included students' reflections, formative assessment, and progressive assessment. The participatory reflection of students was used to assess learners' performance. It comprised of three different parts: reflection on course learning outcomes, reflection on community nurse skills, and reflection on comprehensive learning experiences while residing with a host family. In addition, students were asked to assess at what points they and the course should improve. There were opportunities for students to give formative assessments twice which were the periods during the practicum and at the end of the practice session. The progressive assessment was performed daily in the evening. Instructors, health teams, community representatives, and host guardians jointly assessed the performance of practicing students and review the ratings from the course responsible team. This process can attain community nursing competencies of students by comparing to the National standard [8]. Also students reported high degrees of satisfaction and valuable living and learning experiences, increased students' ability in addressing real community problems, and commitment to work in the community. These results complied with the previous study stating about learning by doing, which increased ability in addressing real world problems and commitment to collaborate in the community [2], [9].

### 3.7 Showing and Sharing

In this step, knowledge was exchanged and exhibited by emphasizing participation between students and the community at the end of learning process to present the practicing results and discussions of case studies. Case studies were then reviewed by the hospital staffs. The exchange of knowledge among the

groups after the practicum was organized with the participation of the health staffs involved in the community facility. The results of the community nursing practice presentation comprised: 1) results of participatory community health development at every stage, 2) home visiting, 3) health innovations, and 4) suggestions of ongoing care. The participants in knowledge sharing and suggestions consisted of students, instructors, community leaders, public health volunteers, health personnel in sub-district health promotion hospitals. According to theory of pragmatism in education, this involved learners to value living and learning at the same time. By showing and sharing, students become proud of themselves through appreciating successful performance they have accomplished.

### 3.8 Objective Structured Clinical Examination (OSCE)

OSCE was designed to assess the Community Nursing Practicum II Course including data assessment, problem identification, project planning, implementation, and evaluation after the practice for a specific period of time. The instructor organized the knowledge and skills examination after the practice as one way to guarantee the quality of education.

## 4. Summary of PLESS + OSCE Model

The diagram below summarizes the PLESS + OSCE model as follows: P= planning; L= living and learning; E= learning evaluation; S= showing and sharing + O= objective; S= structured; C= clinical; E= examination (figure 1)

## 5. Successful Factors

The factors enhancing the succession of practice in this course comprise readiness of community, vision and mission of community leaders, and good preparation for community and students.

### 5.1 Readiness of community

The community chosen as the base of model implementation was a community that was close to the university. The village headmen and community leaders or the descendants of the community leaders had graduated from Nakhon Pathom Rajabhat University, as well as the university had continuously strengthened the community learning and development. In addition, the instructor was ready and got along well with the community.

### 5.2 Vision and mission of community leaders

The community that was a practice facility wanted to change for the better. Community leaders had the visions of participative development, commitment, determination, cooperation, and assistance. Students had perceived the affection and tendency from their host families in the communities where they lived. They were, therefore, more willing to practice and had a desire to make people having good health and be able to take care of themselves despite problems and obstacles, such as extreme heat, distance to hospitals. Students could perform their work well and receive admiration from all parties, including asking the instructor to send students to practice in the community every year.

### 5.3 Good preparation for community and students

The community and students had been prepared before the actual practice. Besides, students were assigned to think of innovations to solve health problems and community problems, allowing people and staff from the training facility to develop themselves simultaneously. The partnership developed between the university and the facility that supported both students and facilitator/preceptors led the PLESS + OSCE Model to become sustainable. This is the same as shown in the previous study which found that providing rural and remote student practicum experiences enhances the students' learning outcomes and health outcomes of the community [9].

### 5.4 The Innovation Created for Problem Solving

In semi-rural community, the directions to patients' houses were complicated and difficult to reach by nursing students. The students who are proficient in computers and technology made QR (code), an application to extend people's houses and geographic information systems (GIS), which are considered a useful innovation in the community.

There is a high prevalence of hypertensive patients who cannot control blood pressure in this setting. The students with language proficient developed a method to make the community gain health literacy about hypertension by composing the song "Quit salty food, Quit greasy food, Control the blood pressure of the whole district". This was considered an innovation for community music. The elderly, health volunteers, students, and the community members were taught to sing the song until they can master the lyrics. The song lyric was truly useful and accessible to the people in terms of common language and rhythm in daily life.

## 6. Problems and Solutions

There were some problems raised during the implementation including:

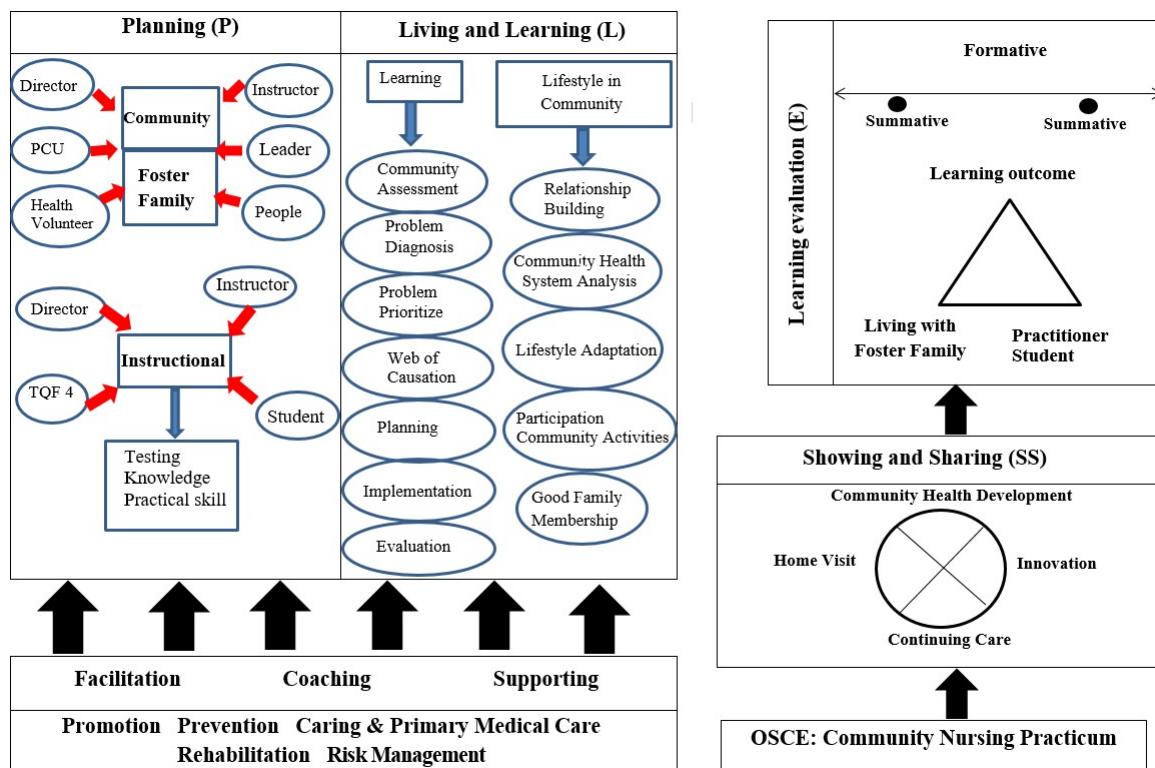


Figure 1: The diagram below summarizes the PLESS + OSCE model

1. There is hot weather during the summer period. So that changing practice activities from daytime to early morning and evening period were applied. Home visiting time was set in the evening, while thinking, analyzing, planning, and organizing services that can be performed within the office, host family houses, and health promoting hospitals were changed to daytime.

2. Physical environment and transportation going to the community are inconvenient because there are no buses or any public transportation so bicycles were very useful.

3. The workload are not associated with the practical time. That is to say, the workload is high, but the training time is less. Students felt exhausted from community practice as they work both day and night; therefore, the instructor should consider for revision the tasks assignment and practicum period.

## 7. Model Benefits

In viewpoint of the host family, there are some benefits of this model as follows:

1. Student coexistence in the community is a real learning process and is regarded as performing in real situations through joint actions among students, teachers, health teams, volunteer community leaders, and local people. It is the practice of creating academic learning and the ability to build comprehensive professional competencies and skills.

2. Teaching in the ways of facilitating, coaching, and supporting are considered family care with mentors and helpers as friends, teachers, and parents, which contribute to the development of objective learning and sustainable development of the community.

3. In integrated community development, community-based nursing practices are used with the development of academic work. Academic services for the community are conducted in accordance with the mission of the university for the real locals.

## 8. Summary

Therefore, the application of pragmatism theory on PLESS + OSCE Model involves planning in community and student preparations; living and learning through community coexistence together with instructors' facilitation, coaching, and support; learning evaluation by students' reflections, formative and progressive assessments; and showing and sharing the outcome of learning through innovation and successful implementation of the project in both community setting, as well as in the university. In so doing, this is well designed to evaluate the community nursing skills by OSCE examination. The PLESS + OSCE Model can improve the learning outcomes and satisfaction of nursing students and serves as a guideline for teaching and learning management that guarantees quality nursing education.

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