

**Service-Learning in the Health Professions:
Advancing Educational Innovations for
Improved Student Learning and
Community Health**

**CCPH 7th Annual Introductory
Service-Learning Institute Proceedings
June 21 - June 24, 2003 ~ Leavenworth, WA**



**Community-Campus Partnerships for Health
Publication Series**

Service-Learning in the Health Professions: Advancing Educational Innovations for Improved Student Learning and Community Health

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Suggested Citation

Krauel, P., Krauel, H. (editors) 2003 CCPH 7th Annual Introductory Service-Learning Institute Proceedings: Advancing Educational Innovations for Improved Student Learning and Community Health. San Francisco, CA: Community-Campus Partnerships for Health, 2003.



Acknowledgments

We would like to thank the Corporation for National & Community Service for their support of CCPH. In addition, CCPH would like to thank Piper Krauel for her leadership of the institute planning process and Heidi Krauel for her editorial assistance.

About Community-Campus Partnerships for Health

Community-Campus Partnerships for Health (CCPH) is a non-profit membership organization committed to fostering health promoting partnerships between communities and health professional schools. In addition to our publications, CCPH provides a variety of programs and products to assist you in your community-campus partnership efforts including: customized training and technical assistance, annual service-learning training institutes, an annual national conference, web site, online newsletter and active electronic discussion group for CCPH members. To learn more about CCPH, please visit our web site at: <http://www.ccpb.info>

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INTRODUCTION

Community-Campus Partnerships for Health held our 7th annual Introductory Service-Learning Institute, *Advancing Educational Innovations for Improved Student Learning and Community Health*, on June 21 – 24, 2003 in Leavenworth, WA. This introductory level training helps participants expand the community-based component of their curriculum, develop or strengthen partnerships with community organizations, and better equip future health professionals with community competencies. The institute is held every summer and is designed for academic administrators, faculty, staff and community partners who are interested in implementing service-learning courses or programs.

Service-learning is a structured learning experience that combines community service with preparation and reflection. Service-learning students not only provide community service but also learn about the context in which the service is provided, the connection between the service and their academic course work, and their roles as professionals and citizens. Service-learning equips future health professionals with community-oriented competencies and civic responsibilities they will need to be effective in our rapidly changing health system.

Service-learning holds great promise for equipping future health professionals with community-oriented competencies and civic responsibilities they will need to be effective in our rapidly changing health system.

The introductory level institute is built upon a proven combination of experiential and didactic approaches and includes a mentoring model in which participants work in small groups and as individuals with mentors to further shape their own action plans for service-learning implementation (see: Seifer SD and Connors K. Improved student learning and community health. *Academic Medicine* (2000) 75: 533-534). Mentors for the introductory institute include national experts in service-learning, curriculum design, asset-based community development, reflective practice, interdisciplinary collaboration, evaluation and other key concepts. The introductory institute draws faculty from an array of fields and disciplines, including dentistry, nursing, pharmacy, public health, public policy, allied health, pre-health professions and social work programs.

These proceedings contain summaries of the institute's plenary sessions, a bibliography and recommended resources. We encourage you to read each section and consider actions you can take to strengthen your partnerships, develop sound learning experiences and provide meaningful community benefits through service-learning. To learn about advanced topics in service-learning, such as sustainability, fundraising, scholarship and faculty roles and rewards, we recommend reviewing the proceedings from CCPH's 2nd annual Advanced Service-Learning Institute, available at <http://www.ccph.info>. CCPH's service-learning resources web page, at <http://futurehealth.ucsf.edu/ccph/servicelearningres.html>, provides additional tools, reports and sample syllabi to assist you in your service-learning journey.

An Overview of Service-Learning: A Context and Framework for Service-Learning in Health Professions Education

Presenters: Rachel Vaughn and Nola Freeman

Objectives:

- Explain the theoretical basis, definition and key components of service-learning
- Describe how service-learning differs from traditional clinical experiences in health professions education
- Describe the impact of service-learning

Why Service-Learning?

Service-learning is a structured learning experience that combines community service with preparation and reflection. Service-learning provides health profession students with a “community context” to their education, allowing them to connect their academic coursework to their roles as citizens. Each health profession has standards, ideals and tenets that are often not integrated into the education process. Service-learning can provide students with the opportunity to build community-based or cultural competencies, as well as interpersonal communication skills. Abilities in these areas can help students further the “prevention goals” held by their future professions. In addition, service-learning can provide a foundation for students to play a role within the realm of patient and community advocacy. Further, service-learning can help universities further their missions to provide benefits and services to their surrounding communities. Lastly, service-learning has inherent didactic and educational value.

Theoretical Basis for Service-Learning

Seifer argues that although service-learning is a form of experiential learning, there are key areas where service-learning departs from traditional models of experiential learning. For example, service-learning has a greater emphasis on reciprocal learning and reflection. Further, service-learning is focused on developing a more engaged civil sector that can affect real and lasting social change. Service-learning has a more collaborative grounding in how its goals and objectives are defined and how its curriculum is structured. The extent to which community dynamics drive course structure and community organizations function as integral partners is a clear departure from other forms of experiential learning such as internships or field studies. In other words, the value proposition of service-learning is not as one-sided as it is with volunteering, nor does service-learning have the technical nor the individual development focus of an internship or field study. As such, it can be difficult to quantify the success of a service-learning initiative. This added complexity, combined with the fact that service-learning still represents a significant break from tradition in health education, can make the marketing of service-learning to key decisionmakers very challenging in some cases.

Nonetheless, service-learning has been proven as an innovative, effective, and estimable education methodology that is grounded in scholarship. The Kolb model describes the key stages that service-learners will cycle through in their educational processes: 1) Concrete experiences, 2) reflective observation, 3) abstract conceptualization, and 4) active experimentation. Each of these four stages is an integral part of service-learning that must be fully embraced by students, institutions, and community partners in order for service-learning’s multi-faceted goals to be achieved.

The Impact of Service-Learning

The Health Professions Schools in Service to the Nation Program (HPSISN), out of which CCPH was born, concluded a comprehensive assessment in 1998 of the impact of service-learning on students, faculty, and community partners. HPSISN found that service-learning can provide students with “transformational learning experiences,” especially when students are placed in non-clinical community environments. HPSISN also found that service-learning increased community understanding among faculty and even brought new direction and confidence to the teaching and scholarly pursuits of faculty involved. Primary motivators for faculty involved in service-learning included a belief in the educational value of service-learning, the need to improve current health profession education processes, and personal value systems. HPSISN found that community partners received economic, operational, and social benefits from their participation in service-learning. Community partners placed a particularly high value on the relationships they built with faculty, but many expressed an eagerness to be seen as teachers and experts themselves. Although most community partners reported that the benefits of service-learning far outweighed the burdens, concerns were highlighted around the issues of communication, logistics, and needs-based vs. asset-based approaches taken by university or institutional partners.

Structuring Service-Learning for Success

HPSISN explored the factors that were most commonly associated with successful community-campus partnerships. These factors included joint planning, a genuine sense of reciprocity, clear definitions of roles and activities, a comprehensive student orientation and preparation process, and consistent communication with a primary point of contact on each side. HPSISN also found that for universities to build institutional capacity around service-learning they would need to clearly define their mission and goals, generate multi-level support, invest in faculty development, nurture long-term community partnerships, and integrate service-learning into the administrative structures and policies of the institution as well as the broader curriculum. Similarly, HPSISN found that for service-learning to really work for community partners, community partners would need to ensure that service-learning was closely aligned with their organizational goals as well as complementary to their overall mission. Further, community partners need to develop internal structures to support their involvement in service-learning as well as the perspective that service-learning students had valuable assets and expertise to contribute.

Key Takeaways

1. Service-learning is a proven educational methodology that builds core competencies critical to many, if not all, health professions.
2. Service-learning is also an effective mechanism to strengthen the civil sector and to affect social change.
3. Service-learning has multiple stakeholders with multi-pronged responsibilities that must be fulfilled for the cycle of learning to flourish.

References

Health Professions Schools in Service to the Nation Program web site:
<http://www.futurehealth.ucsf.edu/ccph/pastprojects.html>

Kolb DA. (1984). *Experiential Learning: Experience as the Source of Learning and Development*. Englewood Cliffs, NJ: Prentice-Hall.

Seifer SD. Service-Learning: Community-Campus Partnerships for Health Professions Education. *Academic Medicine*. 1998; 73: 273-277

Curriculum Development and Service-Learning

Presenters: Suzanne Cashman, Cathy Jarvis, and Amy Hilzman

Objectives:

- Identify key components of a service-learning class
- Identify techniques for involving community partners in curriculum development
- Define methods for writing service-learning course objectives
- Review critical elements of service-learning course syllabi
- Learn strategies for sustaining service-learning in standard curriculum

Key Components of Service-Learning Courses

Service-learning courses contain several key elements that set them apart from traditional classes. The main differentiation of a service-learning course is that part of the curriculum is delivered outside of the classroom and within the context of the community. However, participants also agreed that service-learning courses possess a greater amount of complexity in terms of the number of stakeholders involved and the quality, resonance, and nature of knowledge transfer and competency building. For example, a service-learning class is much less one-sided than a traditional course in that everyone involved has a “vested interest” in its successful completion. In other words, there are multiple parties responsible for the successful execution of the course as well as multiple beneficiaries of course outputs. The *goals* of service-learning are thus multi-faceted and must be defined in a way that reflects the “*blended value*” that effective service-learning programs can create. For example, within a service-learning course, a student’s learning will go beyond topical subject matter to include capacity building around teamwork, leadership, communication, and citizenship—key competencies for any healthcare professional. Lastly, the reflective component of service-learning courses was noted as unique while many also agreed that due to the complexity involved, service-learning courses were necessarily more “structured” than traditional courses.

Service-learning has multi-faceted goals for its multiple stakeholders

Value in Incorporating the Perspective of Community Partners

A series of case studies and role-playing exercises highlighted some of the common problems that can be proactively addressed by involving community partners in curriculum design. For example, community partners occasionally feel that the work involved in overseeing student projects is overly burdensome compared to the value, quality, and short-term nature of the contributions made by the students involved. Further, feelings of being “taken advantage of” and “not respected” were also presented as common concerns of community partners. Specifically, these concerns can arise when students do not meet their commitments, or even when university researchers neglect to provide follow-up on research they have gathered through interaction with a community partner’s staff or constituencies. Marginalization of this sort can significantly detract from a partner’s willingness to participate in future service-learning initiatives. Even when duties are shared equally and commitments are met, tensions can still arise when overall priorities of the parties involved are not aligned. One example of this that was discussed included a situation in which a community partner that was focused on relief work with short term results was reluctant to work with a university partner on a project focused more on social change with a longer term impact.

Participants formed small groups to discuss which of these issues they encounter most frequently and what approaches might be effective in addressing them. A common conclusion that emerged was that an integrated and interactive approach to curriculum design was helpful in ensuring that expectations were matched, execution of the course was time-efficient, and that goals were aligned. Snags frequently

**Partnerships
can't be built
over paper**

occur with evaluation related to a lack of clarity as to accountability. Students are at times confused as to whether they were accountable to the university or the community partner, and partners were similarly unclear as to whether they were more accountable to the university or to themselves. Having the community involved in course design provides each partner with enhanced clarity as to their role and responsibilities, which can alleviate this issue.

Another common problem centered on the perception of the university within the local community and local social sector. When a university unilaterally determines “community needs” or when university representatives employ esoteric language or university vernacular, it can be off-putting or even alienating to potential community partners. Without a clear and palpable break from an “ivory tower” orientation, universities will find it challenging to develop the deep and meaningful community partnerships necessary to build effective service-learning programs. Thus university partners should be sensitive to these things when interacting with community organizations. At the same time, community partners must communicate clearly with regards to their mission, goals, timelines, and resource levels. Without this type of effort and focus on both sides, valuable partnerships may never get off the ground.

**University speak is not
community speak and
can have a profound
impact on relationship
building**

Some helpful points that were discussed include:

- Institutions should avoid an “ivory tower” orientation in words and in appearance
- Conduct site visits to bring the “academic forum” into “community territory,” forcing both sides to venture outside of their comfort zones in the attempt to find a middle ground
- Suggest ways for community partners to supplement discussions with self-education
- Work together to set clear expectations as to roles, activities, and accountability for all sides
- Resist the temptation to determine community needs and program content unilaterally
- Relationships require regular nurturing and that trust may take years to build but only one bad project to ruin

Writing Service-Learning Objectives

One recommended approach to delineating objectives for service-learning courses is to clearly identify “service” and “learning” objectives. For example, with a nutrition-focused service-learning course, a learning objective would be for students to be able to define the benefits of lifetime of healthy eating, while a service objective would be for students to be able to develop a child-friendly menu in the language of the target community. Further, both sets of objectives should progress from actions that are clearly measurable and demonstrable (i.e. list, identify, and define) to those that are more complex and require the analysis, application, and synthesis of new material. At the highest level of complexity, students should be asked to criticize, critique, and recommend based on their interpretations of new material. It’s also important to prioritize the various service and learning objectives based on those that will most benefit the program in terms sustainability. Once objectives are determined, they should be shared as widely as possible, both with students and with community partners.

- 1. Identify learning and service objectives**
- 2. Develop objectives that vary in complexity**
- 3. Prioritize**
- 4. Disseminate**

Developing Course Syllabi

A service-learning syllabus should include all of the standard elements including the purpose of the course, course directors, contact information, class schedule, and so on. However, given the complex nature of most service-learning courses, even some of the standard components need additional explication in the service-learning context. For example, the use of journals in grading should be treated very carefully. For many students in health education, the idea of a qualitative assessment of student work, where there are no right or wrong answers may be quite foreign. Course directors should be very clear as to what the expectations for journal writing are and exactly what the grading criteria will be. Further, given that service-learning classes may be a significant departure from standard course work, course directors were encouraged to reiterate the accreditation standards of the course as well as the fact that normal institutional standards for work quality, honesty, and the like would be upheld.

More innovative recommendations included using the syllabus to tie the course to the objectives of the entire curriculum, as well as linking the course to the goals of the institution or university. Further, participants were encouraged to supplement the syllabus with either a discussion or a written section on the rationale behind service-learning as an educational methodology and an integral piece of the process used to prepare students for the health services profession. The magic won’t just happen on its own—students need to understand the collaborative and symbiotic model that drives service-learning as well the critical role that the students must fill in order for the model to function properly.

Towards Sustainability

For service-learning partnerships to be sustainable, community partners must feel that their resources are being put to good use and that their missions are being furthered. Similarly, institutions and universities must be confident that their students' educations, as well as the institution's overall scholarly pursuits, are being enriched. Keys to achieving sustainability include:

- Consistent enthusiasm
- Regular communication and constructive feedback combined with a willingness to embrace change
- Building a critical mass of partnerships, courses, and participants
- Rigorous evaluation and constant reiteration of the scholarly value
- Building a deep commitment within the faculty, administration, and student body and ingrain it in the culture of the institution including incorporation into the tenure system
- Building trust and commitment with community partners that transcends the funding cycle
- Ensuring that students have a consistently meaningful, well-structured, and well-supported experience

Key Takeaways

1. Service-learning classes, with their involvement of partners from outside of the academy, have complex and multi-faceted goals that set them apart from traditional courses.
2. Sustainable service-learning programs require relationships with local partners that are mutually beneficial and that are typified by trust, communication, transparency, and consistency.
3. Course objectives should be clearly identified as learning and service objectives and then prioritized and selected according to the interests of the *partnership* rather than the individual parties involved.
4. Course syllabi provide an opportunity to set expectations but also to clarify the critical role that service-learning can play in the overall health education process.
5. Sustainable programs will be built upon rigorous evaluation as well as the organization, commitment and enthusiasm of the parties involved.

Building and Sustaining Meaningful Service-Learning Partnerships

Presenters: Sandra Quinn, Nola Freeman, and Amy Hilzman

Objectives:

- Review and discuss how the CCPH principles of partnership may be incorporated into a service-learning partnership
- Learn about the asset-based approach towards working with communities in a service-learning partnership
- Learn about strategies for sustainability

Integrating CCPH Principles of Partnership and Service-Learning

Principle #1: Agreed upon values, goals, and measurable outcomes

The first step towards agreement in these areas is to discover the questions each side has for the other. Institutional representatives may have questions as to the mission and strategies of the community partner, and the community organization may have questions regarding the institution's curriculum building process and self-teaching opportunities. Once perspectives and agendas are better understood, a negotiation and prioritization process should be used to distill the areas of mutual agreement that can be used to piece together the beginnings of a working relationship.

Principle #2: Mutual trust, respect, genuineness, and commitment

These elements will become stronger over the passage of time, but it's critical to highlight their importance at the very beginning stages of relationship building. The main message is that each side needs to offer up genuine respect for the other in terms of the value and importance of the resources, perspectives, knowledge, and time each side devotes to the partnership. Even though partners may look different, dress and speak differently, it's important for both sides to reserve judgment and to maintain an open mind as to the motivations of the other party and the quality of what each side brings to the table.

Principle #3: Build on strengths and assets, but also address needs

Assessment can be productive, even at the beginnings of partnerships. The conversations that were held while discussing the first two principles should provide a base upon which to maximize each side's assets while also determining areas of weakness or need that can be further developed through the partnership. Establishing a history of assessment will also pave the way for rigorous and meaningful evaluation as the partnership evolves. Further, until issues and needs are revealed, no true understanding or honest partnership will develop.

Partnerships are like birds where the university and community partner are each one wing—the wings must be equal for the partnership to fly

Principle #4: Balance power and share resources

Many institutions assume that their community partners hold limited power and that it's necessary for the institutions to "build them up." However, this is not always the case. Power dynamics must be carefully assessed and then, if necessary, methods of power

redistribution should be considered. Once a more equitable balance of power is in place, resources can be more effectively shared. Partners should also be creative as to how resources are defined. Resources are not just financial, but can also include people, supplies, space, or knowledge. Appreciation and energy can also be seen as resources that can be and should be shared and celebrated by partners.

Principle #5: Clear, open, and accessible communication

The key to successfully addressing this principle is establishing real accessibility. Participants were advised that voice mail simply does not suffice in this case. Email and regular in-person meeting times were noted as much more desirable. In addition, two-way site visits where each partner visits the other were strongly recommended.

Principle #6: Agree upon roles, norms, and procedures

Many partnerships begin with the discussion of roles and procedures. However, if values and goals aren't aligned, and if mutual trust and effective means of communication have not been established, the process design phase is unlikely to go smoothly or to have successful, lasting results. Thus, it is strongly recommended that parties address the first five principles before embarking on the course of designing processes and defining roles.

Principle #7: Ensure feedback among all stakeholders

Again, the idea here is to gather feedback from all parties involved in order to inform process and program refinement. Gathering feedback is an effective way to show respect for partners, but incorporating that feedback into evaluation outputs and program design reflects a true appreciation of each partner's perspective.

Principle #8: Share the credit

Credit can also be defined in this context as appreciation, and appreciation can be shown in a variety of ways. It is important for each partner to share credit and show appreciation for the other partners, whether it's through financial methods or a mention in an organization's annual report or newsletter.

Principle #9: Take the time to develop and evolve

Effective partnerships must have the capacity and patience to consider and embrace change as they develop. Partnerships can be viewed as living organisms that must be nurtured over time.

Assets-Based vs. Needs-Based Approach to Service-Learning

When assessing a community, university partners tend to focus on the problems, deficiencies, and *needs* of its constituencies. As such, universities and institutions often enter a community intending to “fix” and to “help.” However, this approach can drive community leaders and groups to feel marginalized and to disengage. If community members don't establish their *own vision* for the future of their community and the strategies for getting there, most university actions are not likely to effect real and lasting change. However, if community members are actively mobilized and invested in community development, the likelihood for real progress is greatly strengthened. Thus, a “develop” versus “fix” orientation encourages institutions to first discover community assets and then devise ways build upon them.

Following the model for *asset-based community development* set out by Kretzman and McKnight in Building Communities From the Inside Out, there are three levels of assets to be considered: (1) individuals, (2) associations, and (3) institutions. Within these asset groups exist, for example, grandmas that provide free daycare to their families, active parent-teacher associations, neighborhood block captains, and tenant associations. Universities members and service-learning can be seen as external resources that can build the capacity of these pre-existing groups to develop and strengthen their community. Service-learning can be most effective when it is

able to connect not just with other major institutions, but also with entities in each asset level, as well as when it can provide linkages between community assets that did not exist before. These new links can create powerful new networks and new avenues for information flow and resource sharing.

An asset-based approach gives students a positive base to start from, where the glass is half full rather than almost empty

Sustainability and Institutionalization

The National Campus Compact's "Benchmarks for Campus-Community Partnerships," describes sustainability as being directly associated with an ongoing sense of reciprocity related to knowledge and resource exchange. The authors, Gelmon and Holland, suggest three key components to sustainable community-campus partnerships: (1) integration into the mission of each partner, (2) a robust process for communication, decision-making, and intentional change, and (3) rigorous and regular evaluation with measurable outcomes. Integration on the university side can mean obtaining buy-in from a top budget administrator, and on the community side, can mean obtaining support from boards of directors. Participants were also encouraged to clearly define expectations and to establish accessible vehicles for and regular patterns of communication. Lastly, evaluation was discussed as a process that should include both formal (such as CCPH's service-learning sustainability tool) and informal (such as anecdotal evidence) elements. The service-learning sustainability tool was designed to help university partners provide concrete evidence of the scholarly value of service-learning. However, it was also stressed that even informal conversations with participating students can provide invaluable information to use in program assessment and refinement.

When asked to review the components of successful partnerships participants had enjoyed, common experiences included those in which a shift from a needs to an asset-based focus had occurred, as well as situations where there was an implicit sharing of norms and processes among partners. However, many participants expressed the difficulty and awkwardness they had experienced in trying to broach the idea of "measurable outcomes" with their partners. But, there was consensus in terms of the importance of pushing through this awkwardness to insure that doors were opened and goals were clearly shared, as many had encountered failed partnerships where suspicions and distrust in these areas were never fully dispelled. Participants also discussed the need to resist the tendency to define a "blanket student role" and to appreciate student service-learners, not as volunteers and not as a broad class, but as distinct individuals with unique experiences and assets.

Key Takeaways

1. Begin partnerships by assessing and building upon the value and importance of what each side brings to the table. Be creative as to how resources and assets are defined.
2. Find areas of common ground in terms of values and goals before defining roles and processes.
3. Don't just "help" communities. Instead, provide resources that communities can use to develop their capacity to help themselves.
4. Establish real and accessible channels of communication, and be rigorous in your dedication to comprehensive evaluation and intentional change.

Reflection: Linking Service and Learning

Presenters: Charlotte Wyche and Peter Felten

Objectives:

- Understand the role of reflection in service-learning
- Discuss the Kolb model
- Become familiar with a variety of reflection activities
- Apply concepts to personal experience

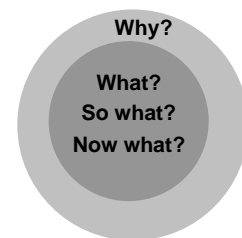
Role of Reflection

Reflection has been called the “hyphen” that links service with learning in service-learning. It provides the time and opportunity for students, partners, and faculty to grow and evolve as a result of their experiences within a service-learning course. Reflection is the most effective forum for students to link what they learn in the classroom with what transpires in the community environment, and vice versa. In other words, reflection is the intentional consideration of the experience in light of a particular learning objective. Reflection also provides the opportunity to practice and enhance one’s capacity for critical thinking. Lastly, reflection can function as a means to celebrate oneself and the accomplishments of a service-learning partnership.

Reflection can also provide a channel for professional development. Experts think differently and notice things differently in the field, than do novices. While reflection may not necessarily make someone more knowledgeable, it can certainly help someone better understand a subject and make connections more clearly. Reflection can be a way for students to associate in different ways with the larger community but also with their current and future professional peers. Reflection also helps students break free from an “ivory tower” orientation and really engage with their communities and view their profession as a means to positively impact society. The health professions as a whole could benefit from having more practitioners that are accustomed to reflection and are thus equipped to address issues more thoughtfully.

Forms of Reflection

The Kolb model suggests that when one learns from experience, one goes through a three-step cycle: (1) start with a concrete experience, (2) consider reflective observations, and (3) process information through abstraction and conceptualization. The key here is to discipline the service-learners to base their reflection on concrete experiences, given that many individuals in academic environments have a tendency to leap prematurely into theoretical or conceptual discussions. Grounding students and connecting them back to real experiences is key for reflection exercises to be worthwhile.



Participants offered up many innovative approaches and methods to structure reflection activities. Journaling was the most common form, but specific suggestions were made on how to develop more effective use of journal writing. When journaling is structured well, participants found that students write things they do not even know is inside themselves. But, “once they have written it

down, they own it.” Many found journal writing to be more useful when it was “contextual” (based on specific experiences) and “continuous” (done over a period of time rather than all at the end of a course). Some participants took this a step further, and instead of grading students on an entry-by-entry basis, students were required to create a “community experience portfolio” that abstracts key learnings from all of their journal entries and other sources. Students often have the uncomfortable impression that journaling requires them to express a “profound learning experience” every time they write. Creating a portfolio of their experiences that draws upon the textual evidence from their journals is one means to address this issue.

Other course directors had students structure their journals into “critical incidents” rather than lengthy narrations. This requires a good deal more discipline and critical thinking and is a tool that can be used much more realistically in the students’ professional lives. (Please see the May 2003 edition of the American Dental Education Association Journal for an article on dental students use of critical incidents to reflect on community experiences). Other participants suggested pre-reflection exercises as a powerful way to get students thinking early on about how they view the community, what they expect to learn and so on.

Other suggested methods of reflection included online discussion groups, discussions with other health professionals, digital storytelling, a photojournal or visual storyboard that encapsulates the experience, as well as many others. Lastly, many participants found it highly effective to have the influence of the community partner integrated into the reflection process. This can be as simple as community partners and even their clients participating in informal discussions with the students. This is yet another way to keep students grounded in reality and to hold them back from theoretical postulations that, while interesting, may ultimately lack in significant value or merit in this context. Further, participants found that as part of the reflection process students created pieces of work that would be used by the community partner or other external parties, the level of dedication and the quality of the work was much higher. For example, one group of students produced a video that their partner could use as a marketing and teaching tool.

However, no matter the format or the structure, the key to valuable reflection in the eyes of John Dewey, a theoretical pioneer on this subject, is whether or not “the reflection assignment generates interest in the learning.”

Key Takeaways

1. Reflection is a valuable way to achieve learning objectives and professional development.
2. There are many forms that reflection can take, ranging from the informal to the formal. However, the key for any reflection assignment is that it is challenging, grounded in concrete experience, requires critical thinking, and inspires interest in the learning.

Evaluation and Continuous Improvement

Presenters: Suzanne Cashman and Peter Felten

Objectives:

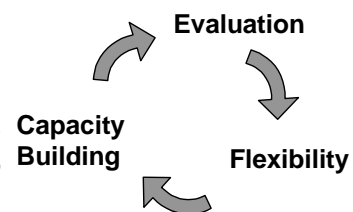
- Examine the purposes of evaluation
- Identify key stakeholders and what they need to know for decision-making
- Identify methods for measuring outcomes
- Identify methods for continuous improvement of the program and the assessment process
- Identify strategies for building sustainability into your evaluation plan

Understanding Evaluation

Michael Patton, an evaluation expert, defines evaluation as “the systematic collection of information about activities, characteristics and outcomes of programs, personnel and products to use to reduce uncertainties, improve effectiveness and make decisions.” In a free association exercise, participants described evaluation as “paperwork,” “grading,” “taking stock,” “statistics,” “accountability,” “reviewing negatives,” “feedback,” and “changing course.” Essentially, evaluation was viewed as something that people are interested in and want, but tend not to want to do. However, session leaders proposed that evaluation is something that all service-learning professionals are already doing all of the time, even if their actions aren’t explicitly defined as evaluation. Thus, participants were encouraged to see evaluation in a new light, as a “consistent focused practice,” that can be connected to the work that they do every day. Further, evaluation should be seen as a means rather than an end—a means to learn, improve, and understand.

Designing Evaluation

Service-learning practitioners should engage in evaluation right at the start of each program or class. Institute participants were advised to initiate evaluation planning by taking the “blue sky” approach—if they could know absolutely everything about the students, the class, the partners, the community, and the clients, what would they want to know? One approach to answering this question is to focus *internally*, and establish at the beginning what the target outcomes of the course are, what decisions will need to be made, and what information will be needed to make those decisions. Another approach is to focus more *externally* and to determine out of all the stakeholders that are involved or impacted by service-learning, who are the most important in terms of supporting and sustaining the service-learning program and what questions are most important to them? During the session, participants experienced this prioritization process by having to select and defend which of the multiple stakeholders included in a complex case study designed by CCPH were the most important to design evaluation around and why. This required participants to decide out of funders, course directors, other faculty, university administration, community partners and their clients, local businesses, students in the course, other students, local institutions, the community at large and others, which groups were the most critical *to the program* in terms of answering their questions and meeting



their interests. For example, was it more important for other faculty to see service-learning as something that was also worth their time and effort, or was it more important for the university to feel that their reputation in the community had improved as a result of service-learning classes? Or, was it more important for students to have developed a better understanding of how to motivate children to follow healthy diets, or for the community partner to feel that they had been provided access to new resources? All of these issues are “important” and all of them speak to the issue of “sustainability” of service-learning programs, however, it is up to service-learning practitioners to distill the *relative* importance of these stakeholders and their needs when designing evaluation plans, especially in regards to a key CCPH partnership principle that challenges service-learning practitioners to find ways to *share credit* with their partners for the accomplishments of the service-learning initiative.

When embarking upon evaluation design, it is vital to reflect the collaborative nature of service-learning and to avoid thinking of evaluation with only one mindset or only one framework. Evaluation should be sensitive to pluralist paradigms in terms socioeconomic status, ethnicity, lifestyle, life span, and so on. For example, in some cases, instead of measuring the number of hours a student has spent or the number of clients a student has interacted with, it’s more important to understand the student’s level of engagement and whether or not the student really understands the differences and cultural or ethnic backgrounds of the people the student is working with. To do this, it is critical to integrate feedback and data from multiple sources, including community partners, their clients, and others.

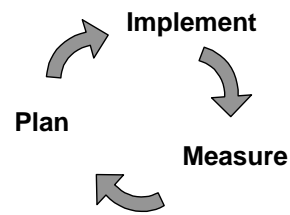
Lastly, an evaluation plan must be realistic and the data that is used must be reliable and of high quality, however that is defined. The process of prioritizing stakeholders and information needs must be supplemented by an assessment as to what can realistically be collected and analyzed, given budgetary and organizational constraints. Further, while informal conversations with partners may provide invaluable insights on how to refine service-learning courses, some stakeholders may only consider hard numbers (vs. anecdotal evidence) when judging the success of service-learning. Therefore, participants also discussed the need to decipher, once information needs are defined, whether that information should be collected in-house or by a third party, and in qualitative or quantitative form. Then, the methods of data collection need to be decided upon, whether they are interviews, focus groups, online surveys, written questionnaires, and so on weighing the potential for each method to yield high-quality data. Participants were again able to experience this process by using the same case study as before to design a simple evaluation plan that included an information objective, as well as a data format and collection mechanism.

Evaluation is just good information management

As a means to maximize available resources, participants were also encouraged to consider whether or not that information had to be primary in nature, or whether secondary sources of research and data already existed that could be leveraged in the evaluation process. In addition, participants were encouraged to reach out to their colleagues to see if resources such as questionnaires or survey forms had been created that could be refined or reused for their purposes. As much as possible, participants were advised to use data that was already being collected within the course of the program and were encouraged to view evaluation as just “good information management.”

Closing the Loop

Participants were warned to think realistically from the very beginning if the data they planned to collect would actually be *used* and incorporated into curriculum and program design. Even if stakeholders were interested in the information, if practitioners were not dedicated to *reflecting* on evaluation results and integrating those lessons and insights into their program, then that data collection was simply not a worthwhile use of resources. Service-learning practitioners need to “close the loop” for assessment—otherwise, evaluation just becomes useless and expensive data gathering.



Further, participants were advised to be on the look out for “*unintended consequences*” of the program that might emerge during evaluation processes. Sometimes, the most significant impact of a service-learning program may not have even been planned or expected. One example that was discussed had to do with the unintended positive results of bringing pharmacy students into a local school whose student population tended not to have potential role models come into their lives very often. In this example, strong bonds formed between the pharmacy students and the children and the positive benefits of these children being exposed to new role models was one that was not highlighted in the evaluation planning process. Thus, the message here is that while rigorous evaluation planning is important, it is also important to be open and flexible as to noticing and analyzing unexpected results of a program, whether positive or negative.

Lastly, evaluation should be seen as inextricably linked to program sustainability. Focused evaluation can keep a program in “continuous program improvement mode,” and participants were advised that continuous quality improvement comes “part and parcel” with sustainability.

Key Takeaways

1. Evaluation is just good information management and should be embraced and planned for from the beginning.
2. If service-learning practitioners do not “close the loop” with assessment and integrate findings into program and course design, then the evaluation data is not worth the time it takes to collect.
3. Focused evaluation is linked to continuous quality improvement and thus sustainability.

Challenges Consultation

Presenters: All Mentors

Objectives:

- Discuss how service-learning implementation plays out in various disciplines and programs
- Present and receive feedback on challenges and successes of institute participants

Challenge #1: Getting Buy-In from Community Partners

Community partners participating in the institute expressed the thought that academic institutions “ask for a lot” of the community partners with whom they work. Thus, not surprisingly, institute participants from the academic world expressed occasional difficulty in convincing community organizations to commit to service-learning programs. Many strategies were offered to help academic institutions better communicate the value proposition that service-learning can provide to community partners. For example, service-learning provides an opportunity for community members to *have a voice* in how the next generation of health practitioners are trained and educated. Going back to the discussion on asset-based community development, service-learning, when designed well, can help community partners *form links* and create *new networks* with other associations, institutions, and individuals active in bringing change and improvement to the community. In addition, association with an academic institution can provide enhanced legitimacy and validation in a community partner’s fundraising efforts.

Even though the students will be interacting with the community organization for a short period of time in the context of the class, these future doctors and future health practitioners should also be viewed by the community partners as *potential future donors* and *potential future volunteers*. Additionally, students can still provide short-term benefits to community partners, in the form of their energy, ethnic or socioeconomic diversity, and fresh perspective. Students can also be sources of third party evaluation, and the work that students do through journals, papers, and portfolios can be very enlightening in terms of how the programs and mission of a community organization is seen through the eyes of outsiders.

Challenge #2: Getting Buy-In from Traditional or “Old School” Faculty

Participants were warned that, despite the value of the work they may be doing, it might be impossible to get the backing of the entire faculty for service-learning. Nonetheless, there are still tactics that can be used to rally the support of reluctant faculty members. For example, the power of a good story should never be underestimated. Finding ways for students to communicate the impact that service-learning experiences have had on their education and the formation of their career path can be very compelling for faculty members that have had limited exposure to service-learning. However, top down approaches can also be effective. Given the “publish or perish” mentality that pervades many academic institutions, the extent to which service-learning practitioners can find ways to publish their findings or obtain programmatic grant money for their work has proven useful in getting the attention of the “old guard.” In addition, recruiting sympathetic or like-minded colleagues or respected faculty

from other schools to spread the good news has been successful in turning the tide of support, as well. An alternate approach is to focus instead on new faculty members who are less entrenched in the institution, and to abandon potentially futile efforts to convert the older faculty members.

Challenge #3: Establishing a Timeline for Launching Service-Learning

The key message conveyed to the participants was not to wait until the program plan was 100% perfect to launch. Instead, participants were encouraged to pick a reasonable starting point and launch the program with the goal of making improvements every year. Participants were also reminded that many of the partnership principles presented by CCPH were “ideals” and they should not expect to achieve them within the first year of the program. Instead, the partnership principles should be seen as guidelines for how to refine and improve efforts over time.

It was important to recognize, however, that any program involving multiple entities will find aligning calendars and schedules to be a major hurdle. If a course is to involve an elementary school, for example, participants were encouraged to begin the scheduling process at least one year in advance. The general recommendations offered during the discussion were for participants to “keep a sense of humor,” “be flexible,” and realize it’s “a marathon and not a sprint.”

Challenge #4: Risk Management

Recommended approaches to managing risk to those on the university side included signing agreements with community partners, clearly communicating to students that they would never be expected to put themselves in a situation where they felt uncomfortable or unsafe, and encouraging graduate and professional students to join professional associations, as those groups usually provide some form of liability protection for internship-like situations.

In addition, comprehensive training and orientation, (provided by both the institution and the community partner), for students entering into new community environments or clinical settings can be highly effective, especially when that orientation sets out a clear code of ethics and expectations as to behavioral norms. An example was given of students that go into clinical settings and have a bad experience but are reluctant to report it either because they blame themselves, are fearful of repercussions, or feel that the special needs of the client population or partner excuse the situation. Clearly this is something that should be avoided. Course directors should ensure that students are fully aware of the risk management policies of their academic institutions, as well as their role and responsibility in upholding those policies. Lastly, some academic institutions have expanded institutional review board oversight to student as well as faculty research projects. Any applicable standards or restrictions set by such a body should be discussed and clearly understood by all parties involved.

Risk management is also pertinent for community partners. Many organizations that work with children require incoming students to be screened for past convictions or to undergo similar reference checks or fingerprinting. Again, a student orientation can be effective to set boundaries, communicate standards, and discuss expectations. A fact sheet on this topic is available from the National Service-Learning Clearinghouse.

Challenge #5: Faculty Conflict Over Whether Service-Learning is Applicable Only for Certain Courses or Whether It Should Be Integrated Across the Curriculum

This is a frequent debate that is ongoing even within the community of service-learning advocates, particularly as it applies to the health professions. Eyler and Giles' *Where's the Learning in Service Learning?* presents excellent research on the kinds of learning that are most likely to happen in service-learning courses. The over-arching advice to participants was to recognize that implementing service-learning across the curriculum does not require inclusion in every course. Thus, once the overall strategic direction of the curriculum is settled, the decision of whether or not to incorporate service-learning into a course is best made given the types of learning that happen with service-learning and the learning objectives of the course.

Challenge #6: Finding Other Service-Learning Practitioners

Resources to accomplish this goal include becoming active members of Community-Campus Partnerships for Health, the National Society of Experiential Education and Educators for Community Engagement. CCPH sponsors an annual advanced service-learning institute in addition to this introductory one, as well as an annual conference where service-learning practitioners in the health professions gather. The national service-learning listserv is a convenient way to seek out answers to questions and connect with colleagues. Local resources can be an institution's career, public service, or volunteer center. Participants have also found success in asking their community partners the identities of others from their institution who have been involved with that partner in a different service-learning project or other capacity.

Challenge #7: Grading

Grading is something that must ultimately be guided by a course director's own principles and philosophies. However, exposure to standard practices and examples of grading techniques across the service-learning community is beneficial. Many participants graded the service piece of the course on a pass/fail basis—either the students completed the requirements or they did not. Similarly, many participants graded journal writing or online discussion participation on pass/fail basis based on whether the students made the required number of entries or comments. Others graded the service portion of the course based on an end-of-term portfolio, research project, or community experience portfolio. Again, the recommendations were to make expectations as to length, frequency, quality, and content as explicit to students as possible.

Challenge #8: Staying Motivated and Energized

Participants offered many “best practices” for maintaining the motivation and drive necessary to make their service-learning programs successful. These suggestions included collaboration with like-minded colleagues, attending forums and institutes, celebrating their victories, reading the journals or writings of their students for inspiration, and leading a healthy lifestyle that includes taking a break from service-learning when necessary.

Closing Circle: Translating Learning into Action

All participants

Objectives:

- Assessing new perspectives or knowledge gained from the institute
- Reported next steps for participants

Capacity Building

During the closing session, participants were asked to reflect on their key takeaways from the institute, and the most predominant lessons learned-as expressed by the participants-was the importance of “doing less, better.” For most, this was specifically tied to an improved capacity to reevaluate and redefine objectives so that they were fewer, more specific, and “higher impact.” Many also expressed an increased ability to evaluate their programs in a more sophisticated and structured way, as well as to define specific actions geared to the improvement of their programs. Others felt that the case studies and interactive exercises increased their ability to think creatively about ways to define and collect data for use in evaluation. For participants that were planning to launch or expand service-learning programs, many expressed the idea that they were much more prepared to define specific strategies for achieving growth.

However, this ability to think and plan in a more targeted way also applied to how participants would approach their partnerships. Many expressed an intention to pare down the number of partners they worked with and to really nurture and develop the partnerships they deemed to be most important to the program. Several participants also expressed an increased understanding of the complexities of supporting successful partnerships and cited an increased sensitivity to and awareness of the components of successful partnerships. Other participants conveyed an intention to work more closely with community partners to help them better understand student learning objectives.

Many participants also expressed a heightened ability to convey the value of service-learning to key decision-makers within their institutions. Several participants specifically cited the fact that the frameworks and methodologies covered in the institute would enable them to more effectively communicate with their institutions and would directly improve their ability to “sell this type of program.” Further, many participants stated that they had collected many new ideas and approaches to affect increased institutionalization of service-learning including educating faculty, cross-departmental collaboration, integrating service-learning into course descriptions, job descriptions, and the admissions process.

Other participants felt that barriers and insecurities had been broken down during the institute, and they felt an increased ability to network and do outreach within the service-learning community. One participant from a community organization stated that she had been “very intimidated by you intellectual type people,” but by the end of the institute she felt strongly that everyone there was “her type of person” with the “same goals in mind.”

Next Steps

When participants were asked to delineate the concrete next steps they would take as a result of the institute, the responses could be categorized along the following lines:

- Revisiting and improving course and program *objectives*
- Developing targeted *evaluation* plans
- Integrating the message of service-learning into the institutional *marketing* and *admissions* process
- Drafting and disseminating more detailed and comprehensive course *syllabi*
- Increasing the role and importance of *reflection*
- Shifting partnership strategies to focus on *quality* rather than *quantity*; and nurturing important relationships
- Launching *education workshops* for other faculty that will focus on developing service-learning courses
- Pursuing *cross-departmental* collaboration

Additional Resources

- Campus Compact: <http://www.compact.org>
- Community-Campus Partnerships for Health: www.ccpb.info
- CCPH service-learning sustainability tool: http://futurehealth.ucsf.edu/pdf_files/sustainabilitytool1.pdf
- Educators for Community Engagement: <http://socialjustice.georgetown.edu/teaching/ece.html>
- National Service-Learning Clearinghouse: <http://www.servicelearning.org>

BIBLIOGRAPHY

Overview of Service-Learning

- 1) Seifer, S.D. (1998, March). Service-learning: Community-campus partnerships for health professions education. *Academic Medicine*, 73 (3), 273-277.
- 2) Eyler, J.S., Giles, D.E., Stenson, C.M., & Gray, C.J. (2001). At a glance: What we know about the effects of service-learning on college students, faculty, institutions and communities, 1993-2000 (3rd ed.). Nashville, TN: Vanderbilt University.
- 3) Eyler, J.S., & Giles, D. E., Jr. (1999). Where's the learning in service-learning? (pp. 151-185). San Francisco: Jossey-Bass.
- 4) Giles, D. E., Jr., & Eyler, J.S. (1994, Fall). The theoretical roots of service-learning in John Dewey: Toward a theory of service-learning. *Michigan Journal of Community Service Learning*, 1(1), 77-85.
- 5) Connors, K., Seifer, S.D., Sebastian, J., Cora-Bramble, D., & Hart, R. (1996, Fall). Interdisciplinary collaboration in service-learning: Lessons from the health professions. *Michigan Journal of Community Service-Learning*, 113-127.
- 6) Seifer, S.D., Mutha, S., & Connors, K. (1996). Service-learning in health professions education: Barriers, facilitators, and strategies for success. In J. Raybuck (Ed.), Expanding boundaries: Service and learning (pp. 36-41). Washington DC: Corporation for National Service.
- 7) McKnight, J. (1995). The careless society: Community and its counterfeits (pp. ix-xiv, 1-35). New York: Basic Books.
- 8) Porter Honnet, E., & Poulsen, S.J. (1989, October). Principles of good practice for combining service and learning (Wingspread Special Report). Racine, WI: The Johnson Foundation.
- 9) Community-Campus Partnerships for Health. Service learning resources. <http://futurehealth.ucsf.edu/ccph/servicelearningres.html>. Retrieved May 29, 2003.

Curriculum Development & Service-Learning

- 1) Bloom, B., Englehart, M., Furst, E., Hill, W., & Krathwohl, D. (1956). Taxonomy of educational objectives: The classification of educational goals. Handbook I: Cognitive domain (1st ed.). New York: David McKay.
- 2) Connors, K.M. (2003). Establish learner outcomes and competencies. In S. Cashman, S.D. Seifer & M. Unverzagt (Eds.), Advancing the Healthy People 2010 objectives through community-based education: A curriculum planning guide (pp. 69-81). San Francisco: Community-Campus Partnerships for Health.
- 3) Zlotkowski, D. Syllabus revision procedures. http://www.futurehealth.ucsf.edu/pdf_files/Syllabi-EZlotkowski.pdf.
- 4) Jarosz, L., & Johnson-Bogart, K. (1996). New concepts of the relationship between college and community. The potential of service learning. *College Teaching*, 44(3), 83-88.
- 5) Cauley, K., Canfield, A., Clasen, C., Dobbins, J., Hemphill, S., Jaballas, E., & Walbroehl, G. (2001). Service learning: Integrating student learning and community service. *Education for Health*, 14(2), 173-181.
- 6) Community-Campus Partnerships for Health. (1999). An inventory of your service-learning partnership. http://futurehealth.ucsf.edu/pdf_files/Kara.pdf.

Building Meaningful Partnerships

- 1) Community-Campus Partnerships for Health. (1998). CCPH principles of partnership. <http://futurehealth.ucsf.edu/ccph/principles.html#principles>.
- 2) Quinn, S.C., Gamble, D., & Denham, A. (2001). Ethics and community-based education: Balancing respect for the community. Family and Community Health, 23(4), 9-23.
- 3) Maurana, C.A., Beck, B., & Newton, G.L. (1998). How principles of partnership are applied to the development of a community-campus partnership. Partnership Perspectives, 1(1), 47-45.
- 4) McKnight, J.L., & Kretzmann, J.P. (1997). Mapping community capacity. In M. Minkler (Ed.), Community organizing & community building for health (pp. 157-172). New Brunswick, NJ: Rutgers University Press.
- 5) Kretzmann, J., & McKnight, J. (1990). Building communities from the inside out (pp. 2, 7). Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.
- 6) Maurana, C., Goldenberg, K., Swart, J.C., Glaus, K.D., Goldman, G., & Langley, A.E. (1997). How a community-academic partnership serves as a force for change in health care and health professions education. Journal of Health Care for the Poor and Underserved, 8(1), 5-17.
- 7) Israel, B., Schulz, A.J., Parker, E.A., & Becker, A.B. (2000, April). Community-based participatory research: Engaging communities as partners in health research. Paper presented at the Community-Campus Partnerships for Health's Fourth Annual Conference, Washington DC.
- 8) Community-Campus Partnerships for Health. Community-campus partnerships. <http://futurehealth.ucsf.edu/ccph/partnerships.html>. Retrieved May 29, 2003.
- 9) Community-Campus Partnerships for Health. (2000). Building partnerships into all aspects of service-learning. http://futurehealth.ucsf.edu/pdf_files/partnershiptool.pdf.

Reflection

- 1) Eyler, J. (2001). Creating your reflection map. In M. Canada (Ed.), Service-learning: Practical advice and models (New directions for higher education series, pp. 35-43). San Francisco: Jossey-Bass .
- 2) Kolb, D. A. (1984). Experiential learning: Experience as the source of learning and development. Englewood Cliffs, NJ: Prentice-Hall, Inc.
- 3) Eyler, J., Giles, D., & Schmiede, E. (1996). A practitioner's guide to reflection in service-learning: Student voices and reflections (pp. 97-100). Nashville, TN: Vanderbilt University.
- 4) Bringle, R. G., & Hatcher, J. A. (1996). Reflection activities for the college classroom. Paper presented at the 2nd Annual National Gathering, Indianapolis, IN.
- 5) Olson, R., & Bush, M. (1997). Reflection and service-learning. In S.D. Seifer & K. Connors (Eds.), A guide for developing community responsive models in health professions education (pp. 29-32). San Francisco: UCSF, Center for the Health Professions.
- 6) Furco, A. (1996). Service-learning: A balanced approach to experiential education. In B. Taylor (Ed.), Expanding Boundaries: Serving and Learning (pp. 2-6). Washington, DC: Corporation for National Service.

Evaluation and Continuous Improvement

- 1) Gelmon, S. B., Holland, B.A., Driscoll, A., Spring, A. & Kerrigan, S. (2001). Assessing service-learning and civic engagement: Principles and techniques (pp. 1-18). Providence, RI: Campus Compact.
- 2) W.K. Kellogg Foundation. (1998). Evaluation Handbook (pp. 2-3). Battle Creek, MI: W.K. Kellogg Foundation.
- 3) Center for Healthy Communities. (1999). Center for Healthy Communities student survey pre-test. <http://www.med.wright.edu/chc/index.html>. Wright State University, Center for Health Communities.
- 4) Cauley, K., & Canfield, A. Community, faculty, and student feedback forms. <http://www.med.wright.edu/chc/index.html>. Wright State University, Center for Health Communities.
- 5) Bringle, R.G., & Hatcher, J.A. (2000, Fall). Meaningful measurement of theory-based service-learning outcomes: Making the case with quantitative research. Michigan Journal of Community Service Learning, 68-75.
- 6) Gelmon, S.B. (2000, Fall). Challenges in assessing service-learning. Michigan Journal of Community Service Learning, 84-90.

Additional Resources

- 1) Community-Campus Partnerships for Health. National resources for service-learning and community campus partnerships. http://futurehealth.ucsf.edu/pdf_files/slresources-aacp.pdf.
- 2) Reams, P. (2001). Service learning and the law. Learn & serve Midwest: The newsletter for health professionals learning and serving across the Midwest. Dayton, OH: Center for Healthy Communities.
- 3) Maurana, C., Wolff, M., Beck, B.J. & Simpson, D.E. (2000). Working with our communities: Moving from service to scholarship in the health professions. Paper presented at the Community-Campus Partnerships for Health's Fourth Annual Conference, Washington DC.
- 4) Community-Campus Partnerships for Health. Tool for service-learning sustainability. http://futurehealth.ucsf.edu/pdf_files/sustainabilitytoolf1.pdf
- 5) Community-Campus Partnerships for Health. CCPH – Resources. <http://futurehealth.ucsf.edu/ccph/guide.html>. Retrieved May 29, 2003.

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Amy enjoys celebrating her life with her friends and family and tries to bring laughter and joy to her everyday opportunities and experiences. Her greatest joy is being the aunt to Elizabeth, Maggie and Andrew Pegg and she is thrilled about her upcoming wedding in August.

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Sandra is an Associate Professor in the Department of Behavioral and Community Health Sciences at the Graduate School of Public Health, University of Pittsburgh. She also serves as the Associate Dean for Student Affairs and Education. Sandra seeks to integrate research, teaching and public health practice in her work. Her research interests include HIV policy issues, public health interventions in the African American community, public health history, and health communication, particularly with regard to bioterrorism and other forms of terrorist activity. Additionally, she is nationally known for her work on ethics and community based education in the health professions schools and community diagnosis in marginalized communities. She is currently the Co-Principal Investigator on Project EXPORT, a 5 year, \$5.9 million grant to the Center for Minority Health. She is the Principal Investigator on a CDC funded study of the reactions of African American postal workers to the anthrax attack in 2001, and Principal Investigator on a community assessment of the lesbian, gay, bisexual and transgender community in Allegheny County.

In April 2002, she was selected as a National Fellow in the 2002-2003 class of the Public Health

Education Leadership Institute. Sandra holds several leadership positions with the Society for Public Health Education, including the Co-Vice President (2002-2004), Chair of the Strategic Planning Committee, Chair of the 2003 Annual Meeting Planning Committee and member of the SOPHE Task Force on Excellence. She is on the Editorial Advisory Board for *Health Promotion Practice*, a journal published by the Society for Public Health Education. She is a member of Delta Omega, the public health honorary society. She serves on the Advisory Committee for the Center for Public Health Practice, GSPH to which she brings experience in the health departments of Prince George's and Montgomery County, Md., extensive collaboration with local health departments in North Carolina, and service on the Board of Health of Orange County, NC. Sandra holds a doctorate in Health Education from the University of Maryland, College Park.

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Rachel joined CCPH as a program coordinator in October 2001. Most recently, Rachel has been working for the Program on the Environment at the University of Washington as an academic services coordinator. Prior to working with the Program on the Environment Rachel worked as a Research Assistant for the Edward E. Carlson Leadership and Public Service Center while pursuing her Masters in Social Work degree at the University of Washington. Rachel has had extensive experience in higher education, experiential education and a variety of health care settings. She has planned numerous training events, both the content and the logistics, on such topics as service-learning, multiculturalism, mentoring and tutoring strategies, and conflict resolution. She has worked extensively to develop community-campus partnerships and has a strong knowledge and experience base in service-learning.

In 1994 Rachel received her Bachelor of Science degree in Environmental Education from Huxley College of Environmental Studies at Western Washington University (WWU). While at WWU Rachel began her career in the field of service learning by developing and implementing three campus based service learning programs, all of which continue to be sustained within the WWU curriculum to this day. Rachel went on to work in a wide variety of service learning oriented employment and volunteer work representing the interests and needs of universities, community based social service organizations, public schools, and students.

Rachel will be coordinating the CCPH Mentor Network, the Partners in Caring and Community: Service-Learning in Nursing Education Program, and other CCPH capacity-building activities involving campuses and communities.

Charlotte J. Wyche

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Charlotte J. Wyche is a dental hygiene graduate of the University of Michigan (1979) and she completed a Master of Science in Dental Hygiene Education there in 1992. She is currently an Associate Professor in the Dental Hygiene Program at the University of Detroit Mercy School of Dentistry where she teaches Community Health for dental hygiene students and Special Patient Care for dental hygiene students and third year dental students. She has been instrumental in introducing service-learning as a teaching strategy in the dental school and has worked extensively to support the education of professional students in interdisciplinary settings. She is currently providing service-learning workshops throughout Michigan with a Regional Faculty Team of the Midwest Health Professions Service Learning Consortium in the Center for Healthy Communities, Wright State University. Charlotte has a special interest in service-learning reflection activities.