

**A Tapestry of Visions:
Weaving Service-Learning into a School for Health Care
Professions Curriculum
Regis University**

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PROJECT OVERVIEW

Many visions are woven into the Health Professions Schools in Service to the Nation (HPSISN) service-learning project at Regis University. These visions have produced a unique and imaginative curriculum in the School for Health Care Professions (SHCP). The nursing and physical therapy departments have incorporated SL into their curricula, producing a synergetic effect among nursing and physical therapy students, faculty, and community members.

Project Goals

The long-term goals of the SL project, as identified in the original proposal, were to:

- Make a positive impact on the health of residents in northwest Denver by developing partnerships between the SHCP and surrounding community groups;
- Cultivate an ethic of life-long service in SHCP students; and
- Provide SHCP students with the opportunity to develop the community-oriented skills necessary to practice in a changing health care environment.

The objectives, as identified in the original proposal, were to:

- Establish an advisory committee in year one;
- Conduct a workshop for curriculum developers each year;
- Conduct a faculty-wide in-service in year one;
- Infuse five courses each year with SL components; and
- Conduct operative and summative evaluations each year.

SL Defined

Goals

As stated by the National Community Service Trust Act of 1993, SL:

- Assists the students to learn through active participation in thoughtfully organized service;
- Helps to meet the needs of the community; and
- Fosters civic responsibility.

SL versus Clinical Service

Before the HPSISN project, community service was a regular component of the students' education, but the focus was on the students' meeting the clinical objectives of a course. This is in contrast to the focus of SL, in which the community's objectives or needs are the motivating reasons for the experience. The focus of service was changed during the revision of the nursing curriculum. In addition, students perform their SL activities on their own time, which requires a different type of commitment.

Faculty Development

During year one of the grant, the project director conducted a faculty-wide in-service related to SL. In year two and

year three, faculty discussions and work sessions related to seminar development and SL were held. SL also is included as an agenda item at all monthly nursing faculty meetings with the SL coordinator reporting on any SL updates or issues. SL resource materials have been purchased for faculty use. In addition, some of the faculty attended conferences and workshops related to SL. Two faculty delivered a presentation at the May 1997 Heartlands Conference for Midwestern Jesuit Universities titled "Integrating SL into a Nursing Curriculum." Two faculty members and the SL coordinator presented a poster at the first Community-Campus Partnerships for Health conference in April 1997 titled "A Tapestry of Visions: Weaving SL into a School for Health Care Professions Curriculum." In August 1998, the SL coordinators for the SHCP and the college presented a faculty workshop that addressed the overall foci of the seminar courses and the associated competencies. In fall 1998, Regis University hosted a regional conference sponsored by CCPH titled "SL Reflection, Assessment, and Improvement: Best Practices in Health Professions Education." Faculty,

students, and staff were involved in planning and teaching many of the workshops. Other faculty also have expressed interest in writing articles and developing presentations concerning SL. SL is becoming a well-used and understood term among the faculty and administration of the SHCP.

Key Personnel

We have accomplished a great deal with few personnel. Because Regis University is a smaller institution with fewer resources than larger publicly supported universities, there has been no technical or evaluation assistance for this grant. The key personnel involved in the HPSISN project include Candace Berardinelli, project director; Rhonda Sims, SHCP SL coordinator; and Joanne Whipple, physical therapy SL coordinator. Jamie Birge was a co-project director at the beginning of the grant. Clark Newman, from the university's development and grants office, provided assistance with the finances and budget. He has been an invaluable resource for us and has helped the SL coordinator prepare all of our HPSISN budget reports; he has graciously done this on his own time.

PROJECT PERFORMANCE

Curricular Integration of SL

SL Course Requirements

Each semester, SL courses are required of the approximately 170 undergraduate nursing students and 100 graduate physical therapy students. The nursing students are divided among one of two undergraduate nursing program options: a four-year bachelor's program, in which the students begin taking nursing courses during their junior year; and the

accelerated program, in which students with prior bachelor's degrees may complete a bachelor's degree in nursing in one year. There are approximately 120 junior and senior nursing students in the traditional program and 50 students in the accelerated program.

SL Activities Requirements

Nursing students are required to complete fifteen SL hours per semester; physical therapy students are required to complete ten. The faculty responsible

for the SL course the student is taking confirms the hours. The SL coordinator maintains a list of established sites that provide diverse experiences that are applicable to the objectives of the various seminars; these are only suggestions, however, as students are free to choose their own SL activity.

Some students choose to work in a more traditional health care environment, while others choose to work with the Humane Society and cat adoption agencies. We are still struggling with the open versus closed choice. Although the students usually choose to provide services to an agency that is of interest to them or that they truly have a passion for, we question whether the students should be focusing on their profession and, therefore, should provide health care services to an underserved population. At the same time, we recognize that the majority of their clinical experiences have this focus. We continue to allow the students to explore SL in an agency of their choice.

The Learning Contract

Each semester, nursing students are required to submit a learning contract, which includes learning objectives, the type of service provided, and agency information. These contracts provide a means of monitoring the large number of students and SL sites. The contracts also provide a contact name at the numerous agencies involved. However, this way of tracking the students has had some limitations. Just the sheer number of contracts has led to an avalanche of papers. Currently, a computer database is being developed with the hope of streamlining the placement and monitoring process.

Program Curriculum

Nursing Curriculum

The first year of the grant found the nursing program in the midst of a major curriculum revision. The faculty had decided to move away from the existing acute care-based curriculum toward a more community-focused curriculum, in response to changes in the health care arena. In the revised curriculum, the five nursing courses identified in the original proposal would no longer exist. After much thought, we decided we wanted to get started with the project and not wait for the new curriculum to be implemented; thus, we decided to integrate SL into three nursing courses that we understood would not be part of the revised curriculum: Nursing Leadership, Nursing Care of Children, and Nursing Care of Childbearing Families.

The new curriculum, developed by the full-time nursing faculty, took form and developed substance over the summer of 1996. Beginning with the 1996-1997 academic year, four required nursing seminars integrated SL. The seminars focus on the following themes: Jesuit mission, values, and ethics; SL; culture; and personal and professional development. Strategies used to address these themes include development of communication skills, development of individual portfolios that chronicle the students' development and accomplishments in the nursing program, critical thinking, reflection/journal writing, and group process. Each semester, the faculty refines the seminars.

- Nursing Seminar I, The Student as Individual, introduced in the 1996-1997 academic year, is taken the first semester of the junior year, which is the first

semester of nursing courses for the students in the traditional program. This seminar specifically focuses on the student as an individual, examining personal values and beliefs. SL is used as one method or approach to personal and professional development. Dialogue foci include the Regis nursing philosophy, the Jesuit mission in education, the impact of culture on values and values awareness, SL theory, reflection methodology, the concept of Koinonia and its use in group process, critical thinking, and oral and written communication. Concepts related to personal development also are discussed, including self-confidence; the management of time, stress, and conflict; and group process theories and development. All of these concepts emphasize the role of the individual.

- Nursing Seminar II, Interactions of the Student with Clients and Families, introduced in the 1996-1997 academic year, is taken the second semester of the junior year. This seminar explores the interactions of the nursing student with clients and families. Building on theories and concepts introduced in Seminar I, the following areas are explored: interactions with the client and family in relation to differing value and belief systems, family differences or similarities, nonjudgmental attitude and response, conflict management, and communication. These types of issues are emphasized in SL reflections, rather than the personal development issues addressed in Seminar I.

- Nursing Seminar III, Interactions of Students with the Community, introduced in the 1997-1998 academic year, is taken the first semester of the senior year. Focusing on the community as the context for care, this seminar

develops the concepts and theories of previous seminars. Dialogue foci include defining the concept of community; examining the values, cultures, and ethics associated with communities, along with community demographics; and exploring health values in the community, community resources, and ethical dilemmas in resource allocation. Again, SL is used as a tool to explore these issues. However, students also are required to do group projects to increase their awareness of community.

- Nursing Seminar IV, The Development of the Student as a Member of the Nursing Profession, introduced in the 1997-1998 academic year, is taken the last semester of the senior year. This seminar focuses on professional development. Dialogue foci include preparation for professional practice roles, responsibilities as a professional in nursing, and involvement in nursing organizations and political and social activism. Also addressed are the effects of SL on civic responsibility and social justice within the nursing profession.

Physical Therapy Curriculum

Within the Department of Physical Therapy, SL was integrated into a series of five required classes that focus on professional issues and SL within different contexts. Themes such as accessibility and issues in aging are used to guide the SL experiences. Reflection on the students' SL activities is a structured component of each class.

- Professional Issues I focuses on professionalism, professional ethics, basic teaching/learning strategies, interpersonal communication, and community access to health promotion

and health care services. The SL theme is accessibility.

- Professional Issues II focuses on interpreting oral and non-verbal communication, group dynamics, and a series of patient problems related to motor control and movement dysfunction. The SL theme is assessment.
- Professional Issues III focuses on Jesuit values related to the physical therapy profession, more advanced teaching/learning strategies, and interpersonal communication refinement. Course content also focuses on fitness and developmental issues in children. The SL theme is health and wellness promotion in children.
- Professional Issues IV continues to expand on previous topics, including case management in relation to musculoskeletal and neuromuscular problems in adults. The SL theme is health and wellness promotion in adults.
- Psychosocial Issues focuses on the psychosocial issues that affect injury/illness within the aging population, such as culture, socioeconomics, gender, personality, language, and education. SL activities include working with an agency whose services encompass long-term nursing care, assisted living, and independent living for the elderly.

SL Activities

As one might imagine, with approximately 270 students, there is a tremendous diversity of SL projects. Our students:

- Provide services to the homeless in a homeless shelter;
- Assist the elderly in nursing homes and assisted-living facilities;

- Tutor elementary and high school students in inner city schools;
- Develop and build access ramps for the disabled;
- Provide support and health services in numerous clinics serving underserved populations;
- Assist disabled children in residential and outpatient treatment facilities and through agencies such as the Colorado Therapeutic Riding Center and Children's Hospital;
- Do patient intake, health screenings, and various duties at La Clinica Tepeyac, which serves a large Hispanic population near the university;
- Teach Sunday school at Queen of Vietnamese Martyrs Parish and other parishes throughout the metro area;
- Work with drug- and alcohol-dependent clients in a variety of treatment facilities, such as Arapaho House;
- Assist in school-based clinics with high risk adolescent populations, such as Lincoln and West High Schools;
- Provide respite care for care providers of Alzheimer's and other chronically ill patients;
- Plan and staff health fairs throughout the Denver area and for the 9 Health Fair at the university; and
- Develop health classes and other programs for nursing homes, schools, and other agencies.

Alternative SL Projects

The students also had the opportunity to participate in a SL project during spring break, organized and led by the SL coordinator. In the spring of 1997, a group of students participated for three days in a number of SL activities in Fort Morgan, Colorado, a small rural community that has large migrant worker and senior populations. In 1998

and 1999, spring break SL activities were implemented at the Wind River Reservation in Wyoming. This site was chosen based on the well-documented poor health and living conditions of Native Americans living on reservations. The SL coordinator and a nursing faculty member supervised ten undergraduate nursing and graduate nurse practitioner and physical therapy students as they conducted physical health screenings, taught health education classes for elementary and high school children, assisted in health care clinics and a nursing home, and assisted the community in other requests. The residents of the Wind River Reservation have embraced our students and are already planning activities for the students to assist with for next spring. During the spring of 1999, a family nurse practitioner student developed and implemented a health education program aimed at the younger school-age groups, based on the community's needs as identified by the Community Health Fair Planning Committee at the local grade school. All Regis University students

participated in teaching the educational modules to the grade school students. Not only was this a unique SL experience, the trip also served as a wonderful interdisciplinary opportunity.

Evaluations and reflections from the participants were overwhelmingly positive. The SHCP administration has enthusiastically endorsed this alternative spring break and has committed to maintaining the experience in the years to follow. Although the SL activities during spring break require more than the fifteen SL hours students are required to complete each semester, the students have not complained; they do not seem to be counting hours when the experience is so meaningful.

Clinical Activities

SL activities do not typically include clinically based skills, due to liability concerns related to the lack of faculty supervision. However, in situations like the health fairs, faculty members are present, allowing students to provide clinical services.

PROJECT ACHIEVEMENTS

We feel we have accomplished a tremendous amount in the three years of this project. The SL fabric has unfolded into four distinct nursing seminars and five SL experiences for physical therapy. As the threads of the different disciplines have been developed, a single tapestry of SL has emerged. We are proud of our contribution to the disciplines of education and health care. We are certain that what we have begun will continue to be sustained and will continue to influence the learning of the SHCP students. Not only have our students learned, but also our faculty and

administration have been introduced to another way of knowing.

SL Integration

We successfully changed the focus from clinical service to SL. This may have been easier to achieve at Regis University than at other institutions of higher learning, as our guiding mission is to educate leaders in service to others. In addition, the university has a Center for SL, in existence for over six years, and a strong Center for Experiential Learning. Thus, the university's administration is already familiar with and vigorously supportive of concepts of

SL and experiential learning. The university's administration and the SHCP have enthusiastically endorsed and supported the integration of SL into the SHCP curriculum.

Two main factors, which occurred in conjunction with the SL project, contributed to the project's success: the nursing program was thoroughly revising their curriculum to become more community focused; and the physical therapy program, also with a community focus, was in development. The community focus greatly enhanced the acceptance of SL as an additional learning methodology by both faculty and administration. In addition, having major curriculum revision/development occur at the same time that we were beginning our project meant we did not have to introduce the new concept of SL into courses that were already well established with both faculty and students. Our path was made a little smoother; at the same time, though, it has not been an easy path. It has required change among administration, students, faculty, and community partners, and change is not always an easy matter.

Scope of SL Projects

It is wonderful to be able to state that we have exceeded the first goal of the project, to make a positive impact on the

health of residents in northwest Denver. Our students have positively affected a much wider community, undertaking SL projects in urban and rural areas throughout Colorado, even venturing into other states. Having our community partnerships and projects grow in number and diversity has strengthened the community's recognition of Regis University's commitment to service.

Student Growth

The accomplishment that we are most proud of is the learning that has occurred in our students. Reflection sessions, evaluations, journals, and reflection papers have all produced evidence of the learning and growth that have occurred in our students. One only has to read a few of these student reflections to appreciate the value of SL as an educational approach. This accomplishment will remain with our students throughout their careers and their lives. A reflective paper from one of our students is presented as an appendix to this case study.

Impact on the Community

It is obvious that the university's SHCP students are having a major impact in many communities, by providing services for a wide range of clients who represent different cultures, age groups, socioeconomic statuses, religions, and educational levels.

COMMUNITY PARTNERSHIPS

Partnership Development

When we began our SL project, we reached out to those community partners with whom we had already established relationships, including La Clinica Tepeyac and other Denver metro area

clinics that serve the underserved populations of Denver. As the SL component of the nursing seminars became more developed, the faculty discussed the possibilities for additional community partnerships. A major

philosophical dialogue occurred regarding the decision to leave the SL choice open to the students, which, as can be expected, resulted in widely diverse SL experiences.

Partnership Maintenance

All of our community partners have provided active feedback and have participated in the planning and implementation of the SL projects within their agencies. They have been invited to the campus and have attended planning meetings with either the SL coordinator or the project director. There has been ongoing communication between these partners and the SHCP.

Partnership Sustainability

Most, if not all, of our community partnerships are sustainable. We have excellent relationships with all of our SL sites. It is exciting to envision the measure of our success as we evolve in both our knowledge of and expertise in SL. Many of our partners are just as eager as we are to explore the possibilities that SL has provided to our evolving relationships. Our community partners are looking toward the future and its potentials, rather than focusing on past successes or failures.

Community Agency Participation

The community partners have been invited to the seminar classes to participate in the student reflection sessions. Those partners that have been able to attend have been extremely excited about the outcomes of these sessions. We plan to increase the participation of the community partners in the classroom settings.

Community Agency Response to SL Activities

The community agencies complete an evaluation of the SL project at the end of

each semester. According to the evaluations, the projects have had a great deal of positive impact on meeting the community's needs, the SHCP students have been able to work effectively within these agencies, and the students have helped the agencies to provide services to their clientele. All evaluations have been extremely positive. None of the community partners has expressed dissatisfaction with the students or the SL program. As the evaluations are tabulated, they are kept on file in the SL coordinator's office. However, the faculty, project director, and coordinator review the evaluations each semester.

Community Agencies

Our community partners are numerous and diverse. The following list of partners is by no means exhaustive.

- La Clinica Tepeyac—Health care and primary screenings are provided to the underserved Hispanic population in northwest Denver. The clinic is associated with Our Lady of Guadalupe Parish.
- 9 Health Fair—Provides annual primary health care screenings throughout the state of Colorado. Attendance at the fair is free.
- Arapahoe House—Provides both outpatient and inpatient drug and alcohol rehabilitation.
- Samaritan House—Provides food, shelter, clothing, and counseling to the homeless.
- The Empowerment Program—Provides health, education, employment, housing, and advocacy services to women and teens.
- Skinner's Great Kids—Provides tutoring to middle school children in a high-risk inner city school.
- Wilderness on Wheels—Builds and

maintain trails, camping facilities, et cetera, in the Colorado wilderness for the disabled.

- Children's Hospital—Students advocate for the families of hospitalized children, assist in the playrooms, help transport ill children, and help with the activities cart.
- Project CURE—Provides donated

medical supplies and equipment to developing nations around the world.

- Sacred Heart House of Denver—Students provide meals, assist in the playroom, work at the front desk, and provide a job skills workshop for clients at the homeless shelter.

PROJECT EVALUATION

Our philosophy of evaluation has been to do the best that we are capable of considering we have no access to outside evaluation assistance, except through the HPSISN evaluation team. Our university does not have an evaluation office, and neither the SL project director nor the SL coordinator had any background or expertise in evaluation. We adapted evaluation tools that were shared with us at the HPSISN project directors' meeting.

Evaluation of the grant occurred at both the local and national level. Formative and summative evaluations have been ongoing since the inception of the grant. In addition, six-month progress reports were submitted to HPSISN. These progress reports included extensive financial and summational evaluations.

Evaluation Methods

Along with the formal evaluations we obtain from students and community partners, there is a great deal of informal sharing among faculty, the SL project director and coordinator, community partners, and students regarding what does and does not work. Each year, we all learn more about SL and its place in our curriculum and in the community.

Students. From the beginning of our project, we wanted to measure the

students' perspectives of SL. At the end of each semester, students are asked to complete an evaluation, adapted from HPSISN materials, of the SL experience. In addition, students are asked to complete departmental faculty and course evaluations. The student evaluation of the SL experience includes such items as satisfaction with SL in the classroom; how SL helped them personally; satisfaction with the site; satisfaction with school support of SL; and their perception of their impact on the community. These evaluations use a Likert scale as a measurement tool. In addition, students are asked to comment on each of the above areas.

Students also provide feedback during the reflection sessions that are part of each seminar. These sessions have formats ranging from short papers to discussion groups, and allow students to reflect on questions, such as, *What?*, *So what?*, and *Now what?* in relationship to their SL experiences. Students engage in numerous reflection exercises exploring the foci of the seminars.

Faculty. Faculty evaluations of SL are not obtained with an evaluation tool. Rather, faculty evaluations are collected in an informal review of the seminar courses at the end of each semester.

Faculty discuss candidly what did and did not work. Faculty also meet at least monthly, and often weekly, to monitor SL and seminar activities and to address ideas, feedback, and concerns. Through these meetings, faculty and the SL coordinator maintain a proactive approach to problem solving.

Community Partners. To measure the community partners' satisfaction with the students' performance and the SL activities, we ask them to complete an evaluation, adapted from HPSISN materials. The evaluation includes information regarding the students' work habits, task skills, and social skills, along with the agencies' qualitative assessment of the SL experience in general.

Client Population. Due to our limited

resources and the enormous number of clients involved at any one community agency, individual client evaluations are impossible to obtain.

Utilization of Evaluation Data

All forms of evaluation, both formal and informal, are used to revise and develop program planning and management. For instance, evaluation data have been used to develop seminars, improve course content, revise our evaluation forms, and provide feedback to HPSISN, students, community partners, faculty, and administration. We continue to adapt and refine our evaluation tools, in response to comments from students and community partners that indicated our previous evaluation tools were somewhat cumbersome.

PROJECT SUSTAINABILITY

SL has a bright future in the SHCP. It has now been embedded in the curriculum of both the Department of Nursing and the physical therapy graduate program and is an integral part of the courses. It would require another major curriculum revision to eliminate SL from these courses, which is not anticipated. Thus, SL will be sustained within both the university and the SHCP. At this time, there are no plans to expand the SL portion in the curriculum, as it now saturates all semesters and all levels of students.

The university and SHCP administration have provided unfailing support of the SL project. Both administrations have enthusiastically endorsed SL as a valuable educational experience for our students. They continuously recognize our project as a model for other schools within the university. As a Jesuit school, SL has long been recognized as an

integral part of any Regis University student's experience. The mission of our university is to develop leaders in service to others. What better way to accomplish this mission than to integrate SL into the curriculum?

The university has supported SL in several ways:

- One of the major challenges encountered during the grant was the lack of release time for the project director. The project director volunteered his time for the project. The amount of workload assigned by the Department of Nursing for direction of this grant was eighteen hours per semester, though the amount of administrative requests by HPSISN for progress reports, reflection sessions, et cetera, consumed much more time. Thus, progress reports and other evaluative processes requested by HPSISN were often returned late.

Recently, the university allowed some release time for the project director.

- The university granted continuation of the SHCP's SL coordinator position after the end of the grant, expanding it to full-time and making it permanent. This was essential. The sheer magnitude of our undertaking has been a challenge for the coordinator. We have a large number of students involved in many diverse SL sites throughout the Denver metropolitan area, all of which must be coordinated. The development of SHCP's SL projects such as the 9 Health Fair also require tremendous attention. The SL coordinator also acts as the liaison for the community partners and

the SHCP.

- The university provided matching funds for the grant.
- The university has supported the SL project indirectly by publicly praising the efforts of the project.
- The Center for SL, a continuously funded area within our university, has been very helpful to us as a resource.

We believe that the university will continue to support the development of SL within the university and the SHCP. SL appears to have a permanent home in the SHCP and Regis University.

PROJECT IDENTITY

Being a participant in the national HPSISN demonstration project has benefited us in a variety of ways. It has given us the opportunity to learn more about SL and its place within the health care curriculum, providing us with numerous workshops, conferences, and literature. The project has provided us with a network of fellow health professions schools with which we can confer, brainstorm, and co-develop further projects. The project also has provided us with opportunities to share our expertise with other interested groups. For example, many of the faculty have developed and conducted presentations at both the local and national level regarding various aspects of our project and the concept of SL; they were well received. Many faculty also are planning to write articles on SL for various professional journals.

Because of the HPSISN project, the university and community are beginning to recognize SHCP for our SL work. Fellow faculty groups and community

partners have sought our advice regarding SL issues. The project has given us much more prestige within the university community. The university newsletter has featured our projects almost weekly. The Regis magazine and the SHCP newsletter, which are produced once a semester and are distributed nationally, also featured our projects.

We have been asked to participate in the Community Campus Initiative (CCI), a complementary education reform initiative at Regis University sponsored by the Colorado Campus Compact. We believe that CCI requested our involvement as a direct result of our HPSISN project. In many ways, CCI follows the model of the HPSISN demonstration project. It is an integrated model for building a means for colleges and universities to engage students in community service that is incorporated into their education. In addition, CCI provides unique opportunities for the three schools within the university to

interact and discuss SL. CCI also conducts leadership workshops and facilitates with other schools across the state. During the 1998-1999 academic

year, SL Corps education stipends were awarded to seven SHCP students for providing 450 hours of community service during the year.

LESSONS LEARNED

One important bit of advice that we would share with other institutions is to consider making SL a requirement rather than an elective. Although students may be reluctant at first, we have found that the students soon recognize the benefits of a SL experience. We have received dozens and dozens of deeply moving reflection papers that relate the students' perspectives of the SL experience. We believe that this experience is too valuable to limit to an elective course.

Another piece of advice is to recognize that not all faculty and administration will equally embrace the SL concept. Both groups need education through workshops and literature regarding SL as an educational philosophy and approach. After the educational process, not all faculty should be required to incorporate SL into their course. Only those faculty who are interested in exploring the use of SL as an educational approach should

be involved. Faculty attitudes leave a lasting impression on students.

Lastly, perhaps we overextended ourselves. We have an unusually large number of courses and students involved in SL. It might have been more realistic to start out with fewer SL courses or students during the first academic year. Certainly, the task of evaluation and planning would have been less overwhelming. We have often found ourselves somewhat overwhelmed by the magnitude of our undertaking. However, we do not regret our decision. By starting out large, the project was able to establish itself as a very visible entity both within the university and within the community. This visibility helped to ensure the sustainability of the project. Our project has been a resounding success.

APPENDIX

Teflon is for Pots and Pans: Reflections from a Reluctant Service Learner

When the semester began, I could understand why the faculty assigned every project in the syllabi. The papers would teach us about research, critical thinking, and formal writing for the nursing professions. The readings, of course, would give us the necessary knowledge to do our jobs. Clinicals would be our exposure to the different specialty areas, the hands-on practice we need to become proficient with the technical side of nursing. But SL as part of our seminar? I could not see how this would help us as nurses. My previous experience with SL only frustrated me. It was tedious, uninspiring, and it seemed a waste of time. With all the work we had to do in the nursing program, how could fifteen hours of volunteer work be anything but stressful? It was not that I did not understand the purpose of service learning, or that I could not see how it might be beneficial to other subjects. Now the semester is essentially over. My fifteen hours are completed. Do I wish I had not done those them? Was it tedious, uninspiring, a waste of my time? Did I learn anything?

I cannot speak for my classmates, but I doubt any of them were more disinterested that I was when the various speakers came to explain their projects. I kicked my feet, rearranged my books, doodled circles on my notebook. Then one woman stepped forward, told us who she was, and began to talk about the Northwest Denver Respiteers. Thirty seconds later I was listening to every

word. Her group needed people to be a friendly visitor to people who were alone or give caregivers a break from their duties so they could take time for themselves. To understand why this woman got my attention, I have to tell a short story. My grandfather had a severe stroke thirteen years ago. He was paralyzed on the left side. My grandmother took him home and for the next five years provided care 24 hours a day. At first she had to feed him, and help him to the bathroom and to do his therapy. But the strokes never stopped. Within two years my grandfather was bedridden, incontinent, and unable to speak clearly. He needed constant catheterization, diaper care, soft foods, and baths. My grandmother slept on the couch in a sleeping bag and grandpa called out every hour. Every hour. My grandmother's life stopped for those five years—she did nothing but care for grandpa. There was no one to take away her burden. Sitting in the amphitheater, it was all I could do not to cry. Where were these Respiteers when my grandmother needed them? And how significant was it that the group came to talk to us when I was so opposed to SL? I had been too young to help my grandmother, but I was not a child anymore. I got the brochure and introduced myself to the executive director. These are my thoughts about my experience with the Respiteers.

The executive director had a client who was homebound and asking for a friendly visitor. Her name is Mary; she

is wheelchair bound, an 88 year old widow. She has a large family but no children and no relatives within 600 miles. Her husband passed away three years ago, and she has been living alone since then. I worked in an assisted living center last summer, and I thought this would be easy. Teflon coated, cynical service learner — that was me. I thought that this particular pairing would not make a difference for me; that I would go be social, stay detached, be in and out of there in fifteen hours flat. For all the signs in that amphitheater that this SL was a good thing, I was still unconvinced.

At first it was difficult; we had a lot to talk about, a lot in common, but we were strangers. I liked Mary, liked visiting, but I still resented the required component of this SL experience. It did not take long to get over that, since I could not change it, and Mary is such a wonderful person to know. Yet my difficulties were not over. It was no longer a question of how Mary and I could help each other — it was the feeling that I could not do enough, and I resented this. Despite my time limitations, in my heart I felt like I should visit more than once a week. I wanted to take her out of her beautiful house, to the zoo, to the movies, to the park, just to get her out of that house she has been stuck in for three years. But I got over this ambivalence, too. Mary is not a project, she is a person. I cannot take away the wheelchair, I cannot be her family, and I cannot make up for all the loneliness. Mary does not need anyone to do these things for her. Accepting that was not easy for me. I want to fix what I see as broken, but this is absolute arrogance. Mary has helped to humble me. I see that now, and maybe this is the greatest lesson I could

learn from this experience. Mary has lived with her arthritis all her life. She has lived with the wheelchair and the limits for twenty years. She wishes she socialized more, but she is not an unhappy woman. She has had a wonderful, full, and happy life, and there is more to come. She has taught me something about living with a disability, living through 80 years. She has taught me something about keeping your chin up when life is hard and how having fun is sometimes more important than anything else. These lessons have meaning now and will all my life. I know I have not yet fully realized what they will mean for me. One of my strongest beliefs is that we touch other people in ways we may never see. My greatest hope is that when she returns from Arizona next spring, Mary and I might continue our relationship.

What does this mean for my nursing career? More than I probably realize. I could say I know a little about arthritis and wheelchairs and older people. Those who need help are not just in hospitals or care facilities. Again I saw that I could not fix the world. Nor can I judge a situation through my own eyes. I must see it through the eyes of my patients and their families. Most importantly, I better understand that helping is something that goes both ways. I am happy to say that my pots and pans can keep that Teflon coating to themselves.