
GUEST EDITORIAL

From Placement Site to Partnership: The Promise of Service-Learning

Taken together, the articles in this issue make a compelling case for service-learning to join clinical experiential learning as a core component of nursing education. Service-learning differs significantly from clinical experiential learning in a number of ways. Both are essential for preparing the next generation of nurses for their roles as clinicians, health advocates, and civic leaders.

Clinical education emphasizes student learning as the primary objective, and service, if it is an objective at all, is secondary. Service-learning attempts to balance service and learning objectives. For example, through a process of dialogue and relationship building, Nebraska Methodist College and Catholic Charities of Omaha developed a set of goals for their service-learning partnership that embraced both student learning-focused objectives (e.g., “enhance students’ critical thinking and leadership capabilities”) and community-focused objectives (e.g., “create change in health care delivery/education systems whereby knowledge, technology, and compassion are integrated, brought to and shared with consumers in the community”). This service-learning partnership is one of many described in this issue that demonstrates the power and value of balancing service and learning objectives in one student experience.

Clinical education often has a hierarchy evident to all involved. The faculty, student, and patient or client each have their expected role to play in the clinical encounter. In service-learning, the traditional definitions of “faculty,” “teacher,” and “learner” are blurred intentionally. For example, nursing students in Kapi’olani Community College’s service-learning program are trained as HIV/AIDS peer educators and serve in teaching roles with fellow students and community members. Community partners in service-learning serve in teaching roles in the classroom and the community.

Clinical education emphasizes students’ acquisition of clinical knowledge and skills and focuses on the individual interactions between clinicians and patients. For example, the primary goals of having nursing students see patients in an outpatient clinic as part of a clinical course may be to learn how to assess and treat common outpatient problems and promote health at various stages of the life cycle. However, in a service-learning course, stu-

dents are expected to consider a broader perspective. Having designed a new curriculum that includes a focus on social justice and diversity, the University of Colorado Health Sciences Center School of Nursing’s required service-learning course offers students a menu of options for demonstrating their civic engagement and role in advocacy through projects such as spending time with adults with developmental disabilities and advocating for them in policy settings, and preparing linguistically appropriate patient education materials at free clinics for patients who are not proficient in English. This creates a learning experience that focuses on student roles as both nurses and citizens.

Clinical education emphasizes observing and doing but does not always emphasize or include opportunities for reflection. Reflection is a critical component of service-learning and facilitates students’ connection between the service experience and the learning. Opportunities for reflection, through dialogue, journals, stories, and other means, encourage students to consider the larger social, political, economic, and cultural contexts of the community concerns being addressed through service-learning. In this issue, Eyler’s article offers practical suggestions for incorporating reflection into service-learning.

Perhaps what most distinguishes service-learning from typical clinical nursing education is the integral role of community partners. Even when clinical education occurs in community-based settings, the curriculum often is designed by university-based faculty. In service-learning, community partners are integrally involved in the design, implementation, evaluation, and celebration of the curriculum. Community agencies are not simply “placement sites” for student learning but are genuine partners.

Community-Campus Partnerships for Health has articulated nine principles that inform the development of service-learning partnerships in nursing education:

- Partners have agreed on the mission, values, goals, and measurable outcomes for the partnership.
- The relationship between partners is characterized by mutual trust, respect, genuineness, and commitment.
- The partnership builds on identified strengths and assets but also addresses areas that need improvement.
- The partnership balances the power among part-



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Garrison Endowed Professorship in Gerontological Nursing

The Professor of Gerontological Nursing will promote interdisciplinary research, teaching, clinical practice and publication in gerontological nursing. Texas Tech University Health Sciences Center (TTUHSC) has made a broad institutional commitment of the study of aging in the Southwest, launching a series of initiatives in research, education, and outreach to expand knowledge, improve training and increase clinical services for senior adults. The Garrison Center is a newly constructed 120-bed, 5-wing state-of-the-art teaching nursing home on the TTUHSC campus.

Minimum qualifications include a baccalaureate or master's degree in nursing and an earned doctorate from an established institution of higher learning in nursing or a related field. Candidates should have a sustained record of research and teaching experience. All applicants should have demonstrated leadership, established reputation and commitment to an ongoing program of research related to gerontological nursing.

The distinguished endowed Professorship will serve as a senior faculty member in the School of Nursing with the rank of Associate Professor or Professor, tenure eligible. Salary for a 12-month appointment is commensurate with qualifications and experience. Position will remain open until filled.

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This position will provide academic and clinical instruction within the School of Nursing and assumes responsibility for the planning and organization of courses to which assigned, including the coordination of classroom and clinical experiences for students. The position will provide academic advising/counseling to assigned students and will participate in scholarly and academic activities appropriate to rank, including professional development activities.

Minimum qualifications include a baccalaureate or master's degree in nursing and an earned doctorate from an established institution of higher learning in nursing or a related field. Candidates should have educational experience in a nationally accredited nursing program and experience in advanced nursing practice. Tenure and non-tenure tracks available.

Salary for a 12-month appointment is commensurate with qualifications and experience. Position will remain open until filled.

Please send current curriculum vitae and 3 professional references to:

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ners and enables resources to be shared among partners.

- There is clear, open, and accessible communication among partners, making it an ongoing priority to listen to each need, develop a common language, and validate or clarify the meaning of terms.

- Roles, norms, and processes for the partnership are established with the input and agreement from all partners.

- There is feedback to, among, and from all stakeholders in the partnership, with the goal of continuously improving the partnership and its outcomes.

- Partners share credit for the partnership's accomplishments.

- Partnerships take time to develop and evolve over time.

Making a commitment to genuine service-learning partnerships creates the opportunity, and expectation, to weave partnership into all aspects of nursing education, including:

- Student recruitment and admissions (i.e., community partners identify prospective applicants, serve on the admissions committee).

- Curriculum development (i.e., community partners have ongoing roles in the curriculum development process, serve on the curriculum committee).

- Student orientation (i.e., community partners orient students to their new community).

- Faculty development (i.e., community partners participate in faculty development, share their knowledge and expertise with campus faculty).

- Assessment and improvement (i.e., community partners assess student learning and performance, contribute to decisions about program changes).

- Recognition and celebration (i.e., community partners are recognized as faculty, participate in celebrations).

At the same time, genuine service-learning partnerships create the opportunity and expectation to weave partnership into all aspects of community life. For example, nursing faculty and students participate on community boards and councils, serve as community advocates, are present at significant community events, and facilitate access to institutional resources.

Service-learning challenges faculty members to transform the learning process, redefine relationships with communities, and renew the public purpose of their professions. If the experiences of the Partners in Caring and Community Program are any indication, nurse educators are not only capable of meeting these challenges but of leading the way for the health professions as a whole.

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