



## **Partners in Caring and Community: A Team Approach to Service-Learning in Nursing Education**

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# **PARTNERS IN CARING AND COMMUNITY**

## **A Team Approach to Service-Learning in Nursing Education**

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# **PARTNERS IN CARING AND COMMUNITY**

## **A Team Approach to Service-Learning in Nursing Education**

### **Introduction and Ideas for Using this Guide**

*Sarena D. Seifer and Kara Connors*

*“The nation and its health professionals will be best served when public service is a significant part of the typical path to professional practice. Educational institutions are a key to developing this value. Health professional programs should require a significant amount of work in community service settings as a requirement of graduation. This work should be integrated into the curriculum.”*

Pew Health Professions Commission

#### **Overview**

This publication is based on the first eighteen months of the Partners in Caring and Community: Service-Learning in Nursing Education Program, a national demonstration program administered by Community-Campus Partnerships for Health with a grant from the Helene Fuld Health Trust HSBC, Trustee. Nine service-learning partnerships in nursing education report on their experiences, outcomes and lessons learned. Each partnership involved a team of a nursing faculty member, a nursing student and a community agency partner. The perspectives of the team as a whole, as well as individual team members are provided. An annotated bibliography of books and articles on service-learning in nursing education and contact information for PCC program advisors, mentors, and team members are provided as additional resources.

*“Professional and advanced practice nurses must be adept at working together with community members in the design, delivery and evaluation of health services that build on community strengths and meet needs jointly identified with community members. Service-learning is a critical approach to preparing nurses for the twenty-first century, with its emphasis on partnership, mutuality and building on community assets.”*

Juliann G. Sebastian, Assistant Dean for Advanced Practice Nursing, University of Kentucky College of Nursing

#### **The Rationale for Service-Learning in Nursing Education**

The next generation of nurses must be prepared to practice in more intensively managed and integrated ambulatory and community settings. Educating nursing students in community settings is often recommended as an essential strategy for achieving this goal. Community-based education allows nursing students to provide continuity of care for patients in outpatient settings (especially those with chronic illnesses); practice health promotion and disease prevention strategies;

develop patient communication and negotiation skills; and deal with social, financial and ethical aspects of care.

To effectively prepare nurses for the realities of current and future practice, leaders within nursing have articulated a vision for community-based education based upon partnerships between nursing schools and the communities they serve. To realize this vision, nursing education programs must develop new partnerships and alliances, with community health centers, ambulatory clinics, and social service agencies, among others. An innovative form of community-based education, service-learning, holds particular promise for achieving these outcomes.

*“Many nursing faculty and students still face the dilemma of trying to understand how community-based care which truly reaches out to and becomes part of a community through service-learning is different than what has traditionally been the practice in community health.”*

Charlene Connolly, Vice Provost, Medical Education Campus, Northern Virginia Community College

### **The Definition of Service-Learning**

A considerable body of literature on service-learning (SL) contains literally hundreds of definitions for the term. Drawing from the common elements of these definitions, we define SL as an educational methodology that combines community service with explicit learning objectives, preparation and high level reflective activities. Students involved in service-learning are expected to not only provide direct community service but also to learn about the context in which the service is provided, the connection between the service and their academic coursework, and their roles as future health care providers. SL helps foster civic and social responsibility, is integrated into and enhances the academic curriculum, and includes structured time for students and participants to reflect on the service experience. With its roots in experiential learning theory, SL differs significantly from traditional clinical nursing education in a number of ways.

*Balance between service and learning objectives.* Traditionally, clinical education emphasizes student learning as the primary objective. SL attempts to balance service and learning objectives. Nursing education programs and their community partners must negotiate differences in their needs and expectations when designing a SL course.

*Emphasis on reciprocal learning.* In SL, the traditional definitions of “faculty”, “teacher” and “learner” are intentionally blurred. For instance, community agency staff and indeed community members themselves serve in teaching roles, whether or not they are formally recognized as faculty by the academic institution. Faculty need to be open and willing to learn from the community.

*Emphasis on addressing community-identified concerns, understanding broad factors influencing health and quality of life and fostering citizenship skills.* Traditionally, clinical education emphasizes student acquisition of clinical knowledge and skills, and focuses on the individual nurse-client interaction. SL emphasizes the importance of addressing community-identified concerns, incorporating an understanding of broad factors influencing health and quality of life explicitly into the curriculum while fostering citizenship skills.

*Emphasis on reflective practice.* Clinical education emphasizes observing and doing, but does not typically emphasize or include opportunities for reflection. Reflection is a critical component of SL and facilitates the students’ connection between their service experience and their learning. Opportunities for reflection, through dialogue, journals, stories and other means, encourage students to consider the contexts of the community concerns being addressed by SL.

*Integral role of community partners.* Even when traditional clinical education takes place in community settings, the curriculum is often designed by college- or university-based faculty. In SL, community partners are integrally involved in the design, implementation and evaluation

of a curriculum that is responsive to community concerns, priorities and assets. As a result, SL provides a vehicle for integrating students into ongoing community assessment and development.

*SL has far-reaching impacts.* Traditionally, clinical education is primarily concerned with its impact on student development and learning. SL can impact and benefit at least five important stakeholders: students, faculty, nursing education programs, community organizations and community members. In the college curriculum, SL has been shown to enhance the relevance of course content, change student and faculty attitudes about communities, enhance support for community projects and needs, and increase student and faculty volunteerism. In health professions education, SL has been shown to increase student understanding of community health issues and resources, reinvigorate faculty enthusiasm for teaching, and increase the community's capacity to respond to critical community health concerns.

SL in nursing education is a curricular strategy for preparing students for roles as nurses and citizens, changing the way faculty teach, changing the way nursing education programs relate to communities, enabling community organizations and community members to play significant roles in how nurses are educated, and enhancing community capacity to improve health.

### **The Partners in Caring and Community: Service-Learning in Nursing Education Program**

In 1999, with a generous grant from the Helene Fuld Health Trust HSBC, Trustee, Community-Campus Partnerships for Health (CCPH) launched the Partners in Caring and Community: Service-Learning in Nursing Education (PCC) Program. The PCC program goals are:

1. to facilitate the integration of SL into the curriculum of nursing education programs at the associate, undergraduate and graduate degree level;
2. to increase understanding of and support for SL in nursing education nationally;
3. to disseminate new knowledge and information about best practices and models in SL and nursing education.

The PCC program was designed to demonstrate a team-based approach to SL in nursing education. After a competitive application process, the program's national advisory committee selected a cadre of nine teams comprised of nursing faculty, nursing students, and their community partners to develop partnerships for SL. The teams participated in a training institute designed to introduce them to the concepts of SL and assist them in developing a SL curricular integration action plan. National experts in SL pedagogy, nursing faculty and community partners who have developed successful SL programs serve as mentors to the teams. Teams are supported in their efforts to integrate SL into the curriculum through a continuum of contact that includes competitive mini-grants, mentoring, training workshops and leadership development opportunities.

The nine teams and their programs are briefly described below:

- **Bethel College, St. Paul, Minnesota & Rice Creek Covenant Church, St. Paul, Minnesota** have developed a parish nursing program as part of a graduate course on Christian healthcare leadership.
- **Indian Hills Community College (IHCC), Ottumwa, Iowa & Jefferson County Hospital, Fairfield, Iowa** provide wellness care for the elderly in rural Iowa and SL opportunities in an advanced nursing theory course as a part of IHCC's associate degree nursing program.
- **Kapi'olani Community College, Honolulu, Hawaii & American Red Cross, Honolulu, Hawaii** provide HIV prevention education to the community as part of an associate-level adult health nursing course.
- **Millikin University, Decatur, Illinois & Community Health Improvement Center, Decatur, Illinois** provide care to the medically indigent as a part of an undergraduate community health nursing leadership course.

- **Nebraska Methodist College of Nursing and Allied Health, Omaha, Nebraska & Catholic Charities, Omaha, Nebraska** provide mental health services in conjunction with an undergraduate mental health nursing course.
- **Stephen F. Austin State University, Nacogdoches, Texas & East Texas Community Health Services, Nacogdoches, Texas** provide health services to the elderly and other medically underserved groups in conjunction with an undergraduate nursing leadership course.
- **University of Colorado Health Sciences Center, Denver, Colorado & La Clinica Tepeyac, Denver, Colorado** provide care to Latino and Asian immigrants as a part of the School of Nursing's capstone nursing seminar for undergraduate and graduate students.
- **University of Massachusetts, Worcester, Massachusetts & Community HealthLink's Homeless Outreach Advocacy Program, Worcester, Massachusetts** involve graduate nursing students in the care of the homeless.
- **University of Missouri, Columbia, Missouri & Hope House Inc., Independence, Missouri** provide services to survivors of domestic violence in conjunction with the graduate nurse-midwifery program at the Sinclair School of Nursing.

### **Suggestions for Using This Publication**

*Partners in Caring and Community: A Team Approach to Service-Learning in Nursing Education*, reports on nine teams' experiences, lessons learned and outcomes during the PCC program's first eighteen months. Each partnership involved a team of a nursing faculty member, a nursing student and a community agency partner. The perspectives of the team as a whole, as well as individual team members are provided. An annotated bibliography of books and articles on SL in nursing education and contact information for PCC program advisors, mentors, and team members are provided as additional resources. Below, we offer some suggestions for how readers may use this publication as a resource for developing or enhancing SL partnerships in nursing education:

- **As a teaching tool in faculty development presentations or workshops** – for example, the team statements can be used as “case studies” for interactive discussions, and the annotated bibliography can support further learning.
- **As a tool for orienting faculty, student and community partner participants to SL** – for example, the community partner statements as a set can provide a rich overview of community partner roles, responsibilities, challenges and benefits.
- **As a menu of options for SL** – for example, the team statements can be reviewed for ideas and approaches that can be incorporated into any SL program.
- **As a resource for evaluation design** – for example, the individual statements of students, faculty and community partners identify challenges, outcomes and lessons learned that can be used to identify variables to include in a SL course evaluation.
- **As a resource for identifying SL experts in nursing education** – for example, we encourage readers to contact PCC national advisors, mentors and team members for more information about their programs and call upon them as consultants.

We hope this publication adds to the growing body of knowledge about SL in nursing education and is a helpful resource. Please share your comments on this publication and your suggestions for future publications with us by emailing [ccph@itsa.ucsf.edu](mailto:ccph@itsa.ucsf.edu) or calling 415-476-7081.

# Integration of Professional Practice and Religious Faith to Serve the Needs of the Community

**Bethel College Nursing Department,  
Rice Creek Covenant Church, and  
HealthEast Hospital Corporation**

## Team Statement

*Howard Taylor, Lori Anderson, Nancy Olen, Cheryl Stibbe*

### PROJECT OVERVIEW

Our project's overall goal was to develop a model for SERVICE-LEARNING at the graduate level in nursing. The objective was to develop a site in a local church for graduate student learning and faculty practice. We foresaw neither the numbers of students, faculty, and churches that would want to be involved, nor the interest of the health care corporation in the greater community.

#### Rice Creek Covenant Church's Goals:

- Gain information about congregational health and SL;
- Develop a cross-disciplinary health cabinet; and
- Assess the needs and establish goals for the health of the congregation and community.

#### Bethel College Nursing Department's Goals:

- Develop a site in a local church for graduate student learning and faculty practice, teaching, and scholarship; and
- Develop a SL model for graduate nursing education.

#### Graduate Student's Goals:

- Integrate professional practice with religious faith in appropriate and meaningful ways; and
- Serve in a congregation with the intent of developing leadership skills in nursing that promote the health of the community.

#### Service-Learning Defined

We define SL as the utilization of the competence, experience, and motivation of the community, the campus, and the students to satisfy human needs while learning and growing through a planned program of education, reflection, and evaluation. The greatest difference for us between SL and traditional experiential education is summarized as follows: the number of interested community partners has increased; the voice and influence of the community is greater; and we have a place that is independent in

which faculty members may practice and teach nursing.

### **Team Roles**

HealthEast Hospital Corporation is the hospital corporation closest to Bethel College in both philosophy and proximity. Bethel and HealthEast have a long-term contractual agreement regarding traditional clinical education. But all parties saw this opportunity as unique and experimental. HealthEast requested an active role in each of these projects, supplying materials and printed resources, as well as some personnel. This relationship serves us very well, and assists HealthEast to meet their goals for outreach into new communities of interest.

Nancy Olen, the team leader, functioned as the liaison between the graduate student and church members and undergraduate and graduate faculty members. She was the chairperson of the Bethel Parish Nurse SL Committee and the general resource person. At times she initiated activities by questioning or sharing an article or idea.

Dr. Howard Taylor, the community leader, is the chairperson of Rice Creek Covenant

Church. He functioned as the liaison between the program and the church, representing the interests of the church. He communicated with the pastor and evaluated the work of the faculty member and the student. He attended the meetings of the Health Cabinet until the purpose, goal statements, and plan of action were completed. Due to family health problems, Dr Taylor was not able to give as much assistance as was originally hoped.

Lori Anderson is the parish nurse coordinator of HealthEast Corporation. As both Bethel and the three churches joined the consortium of parish nurses, Ms. Anderson provided personnel and financial and printed resources. She continues to guide, educate, and evaluate the SL activities.

Cheryl Stibbe is a graduate student in her last semester of the MA program. She has earned college credit by working in the parish nurse program of her local church, Rice Creek Covenant. As part of this program, she has helped teach and coordinate eight undergraduate nursing students who participated in a SL project at the church.

## **PROJECT PERFORMANCE**

### **Curricular Integration of Service-Learning**

This was initially a pilot project within the graduate course for project development and management. I offered to try the SL methodology with one student, rather than assign the student to a traditional nursing system project in a well-developed hospital or community setting. This project was integrated into a two credit, one semester practicum, and was subsequently extended to a second and third practicum. In addition, the incorporation of a SL component in other churches is now being included in Nur 498, an undergraduate course.

Practicum I, II, and III are required courses. The total grade in Practicum I (the pilot project), was from the SL portion of the course. In Practicum II and III, one half of the grade is from SL. In the undergraduate

course, Nur 498, ten percent of the grade is from SL.

### **Reflection Requirements**

Students answered the following questions, which encouraged reflection on the meaning of their experience:

- How does your definition of SL impact your goals and interactions?
- How does society define service and how does this compare to your definition?
- How do you think your partner defines service?
- How does Christian faith guide your philosophy and actions of service?
- Compare your goals with the goals of your community partner. Where are the areas of agreement and disagreement?
- How well do student activities fit in with agency functions and perspectives? How

does the organizational culture influence your integration into the agency and your working relationship with the agency?

- What benefits and risks do you encounter in the relationship?
- Reflect on how your Christian faith guides your responses to your community partner.

Finding the time to engage in adequate reflection has been a challenge for us. One regret is that we did not take enough time all

along to do this kind of reflection. It was very valuable when we did it.

### **Service-Learning Activities**

We developed SL outreach through three neighborhood churches. We now have five faculty members and approximately eighteen students participating. With faculty and student assistance, each church developed a health ministry council, a community assessment, and various service projects, from blood pressure clinics to community blood drives.

## **PROJECT ACHIEVEMENTS**

The project has achieved each of its goals, though we continue to work on breadth and depth.

### **Facilitating Factors**

It was significant that at the initiation of this community-campus partnership, the HealthEast Hospital Corporation was seeking ways to reach out to the community. Because the initial program at Rice Creek Covenant was perceived as successful, HealthEast suggested that we repeat the effort in other churches. We then placed a faculty member and students at two additional churches in the community. Both the college and the churches have formalized their relationships with this corporation. We anticipate excellent collaborations in the future.

The following resources assisted this partnership:

- HealthEast Corporation provided funding, personnel, supplies, printed material, and expertise in the development of the program at Rice Creek Covenant;
- The Northwest Conference of the Evangelical Covenant Church provided funding and personnel; and
- The SL department of Bethel College provided advice and recognition and motivation of faculty.

- The policies of Bethel College supported the goals of the project.

### **Challenges/Barriers**

For the faculty member, it was difficult to be engaged in both SL in a newly developing site and traditional clinical education in a highly developed, high-tech environment such as an intensive care unit. The differences in independence and communication were great. She also had a sabbatical during part of this time and was not available full-time, as she normally would be. Although she was available by telephone, her not being available on campus made it difficult at times for the graduate student.

### **Evaluation Methods**

The Service-Learning/Parish Nurse Task Force assessed the project monthly. As other faculty members became involved in the program, asking questions and making suggestions, the program evolved, taking the shape, not just of the initial team, but also of the culture of the department.

### **Materials Produced**

We have produced a community assessment of need, vision statements, purpose and goals statements, and nursing forms for a summary of client assessment.

## **SUSTAINABILITY**

This program is expected to grow. The Nursing Department has made SL a requirement in every level of education, and the college is promoting ongoing faculty

awareness and the development of SL skills. The Community Advisory Council to the Nursing Department is formalizing its role and is expected to continue for three years.

HealthEast Hospital Corporation is committed to assisting our programs in the churches for five years. The Northwest Conference and the denomination of the Evangelical Covenant Church have made parish nursing a priority at the national level, and have committed funds until 2002. Cheryl Stibbe states that she is committed to a long-term relationship with Rice Creek Covenant Church. The pastor and the council of the church enthusiastically support the developing program.

### **PROJECT IDENTITY**

The Partners in Caring and Community Program (PCC) has provided the necessary structure for this program to develop. Taking part in this national program gives recognition to our work and effort. We do not believe that the parish nurse/community health initiative would have begun at Rice

Barriers to sustainability could be faculty stress in other areas of the educational program. It would be helpful to have a coordinator within the department for all the SL programs that are emerging. The strength of community influence is encouraging, but it also means that faculty members need to be free to respond spontaneously to suggestions and feedback. This requires time, which is at high demand currently.

Creek Covenant Church, or the two other churches, without the help of PCC. Certainly, the cooperation with HealthEast Corporation would not have developed without this grant initiative. The project assessment, analysis, and evaluation component was a very helpful step.

### **REFLECTIONS ON THE PARTNERSHIP**

As a result of this enlarged program of Community-Campus Partnerships for Health, the Nursing Department of Bethel College is developing an advisory council of interested community partners to assist us in the further growth of such projects. The council will include two representatives from HealthEast Corporation, pastors, nurse and public health leaders, and potential users of services.

In addition, the team leader participated in the formation of a statewide organization of professionals in Christian health ministries,

in order to share information about developments in the arena of parish nursing and health ministry.

Through the Center for Continued Education, the Nursing Department, with the encouragement of this new organization for Christian health ministries in Minnesota, is offering continuing education for local parish nurses, many of whom are not baccalaureate-prepared at this time. Next year, graduate students in the Christian health ministry master's program will assist in the teaching of these seminars.

### **LESSONS LEARNED**

We are grateful for the privilege of working on this project. We understand the creative, problem-solving strength of the community and its leaders in a way we never previously appreciated. We greatly value the contributions of students to the health of the com-

munity. We recognize the opportunity to engage undergraduate and graduate students in new learning relationships. And we will always form an advisory council on any new project.

# Faculty Statement

Nancy Olen

## **What are you most proud of in your experience with your work in the PCC Program?**

I am proud of the development of an excellent parish nurse/community health program in the Rice Creek Covenant Church, the development of programs in two additional churches, and the leadership growth in the graduate student, Cheryl Stibbe. The most rewarding thing for me was to see that graduate and undergraduate students could cooperate together in mutual learning.

As a secondary result of this program, Bethel College Nursing Department has taken a leadership role in the continuing education for parish nurses and parish nurse coordinators in the state of Minnesota. We are developing a series of continuing education seminars, as well as a master's in nursing with a concentration in Christian health ministry. Three additional nursing faculty members are involved in teaching in local church programs. The chair of the graduate faculty says this program must grow in numbers. With the development of the new Christian health ministry concentration, SL will exist at all levels.

## **What would you like other people to say about the SL program?**

It is wonderful to hear people say that the program is helping churches in the area to reach their goals of outreach into their communities. They say the graduate students are responsible, have excellent communication skills, and are competent in their knowledge of community resources. Individuals within the churches are beginning to say they have been greatly helped by the work of the students and faculty members.

## **What is the mistake from which you learned most? How did you address or overcome that particular mistake?**

My greatest mistake at the initiation of this program was to assume that I had to do all the work. The community has helped greatly in this task. Both the teaching and the organizational processes have been shared mutually. In retrospect, because of the nature of the relationship between the parish nurse and the pastor, it would have been wise to have the pastor in on the planning from the beginning, instead of the chairperson of the congregation. From the perspective of the college, if I had known how much this program would grow, I would have convened an advisory council from the beginning, made up of all interested persons, in addition to the health ministry council in each church.

## **Compared to this time last year, I now know that:**

- Our SL program will succeed and continue over time;
- I am able to see greater opportunities for additional community involvement; and
- I could teach a colleague how to start a community-campus partnership program (and would encourage them to combine undergraduate and graduate students in the SL projects).

*The most important thing I have learned about SL in the past year is that it is valuable to all parties, because it helps everyone to meet their goals.*

*The assumption that I had about SL that has been most confirmed for me in the past year is that it could work successfully on a graduate level.*

*The greatest challenge for me was to give up control to the teaching/learning environment.*

# Student Statement

Cheryl Stibbe

## **What are you most proud of in your experience with your work in the PCC Program?**

I am so proud of the fact that I have actually produced a program that has taken off and really seems to be accepted by the congregation and is meeting the needs of individuals within the church. I was skeptical of what the degree of acceptance would be in such a small congregation.

## **When do you know that your SL program has done good work?**

I know we have done good work through the feedback of the individuals and families that have utilized the parish nurse/community health ministry. I was able to help one member to have better control of his heart disease after calling his physician and reviewing his medications. During a recent blood pressure screening, we discovered two individuals with undiagnosed hypertension. I have now visited all the elderly people in our church who have difficulty getting out to the meetings. I have prayed with several who were very frightened about diagnostic tests.

## **What would you like other people to say about the SL program?**

I hope people will say that they have found the parish nurse helpful to them in dealing with health care issues. I would hope that they felt a warm, safe, caring Christian relationship. Some have said that they found me to be knowledgeable and easy to relate to.

## **What is the mistake from which you learned most? How did you address or overcome that particular mistake?**

I think the biggest mistake we made was not to involve the pastor immediately in the project. He should have attended the startup meetings, instead of the church chairperson, since it is the pastor who is most directly involved with this kind of work.

## **Compared to this time last year, I now know that:**

- I can start a new program;
- Parish nursing is moving forward with ongoing activities planned and the program is becoming an integral part of the mission of the church;
- I am able to articulate a vision for what the program will be like, based upon the congregational needs assessment; and
- I would be able to teach a colleague how to plan and implement a parish nurse/community health program.

*The most important thing I have learned about the program this past year is that perseverance and collaboration are necessary in making SL projects work. Working in an environment with all volunteers is a very new experience for me. I learned it takes a long time to get things accomplished and it is very important how you select volunteers and how you motivate and reward them. I think many people are very interested, but the commitment is hard when the church is so small (130 members) and everyone is very busy.*

*The assumption that I had about SL that has been most confirmed for me is that it is positive and effective.*

*I was most challenged by getting the rest of the community — the pastor and the congregation — interested and invested in the idea.*