



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 or calling 415-476-7081.

Health Promotion Strategies and Community Health Indian Hills Community College and Jefferson County Hospital

Team Statement

Penny Warren, Deb Cardin, Rhonda Hackman

PROJECT OVERVIEW

The focus of our Partners in Caring and Community (PCC) service-learning project at Indian Hills Community College was to enhance the flexibility and diversity of clinical experiences by expanding the students' knowledge of health promotion strategies and increasing their participation in community health projects.

Background

Development of the project began following the June 1999 PCC conference in Washington. It was implemented in November 1999 and continued through May 2000. The need for health promotion services for the elderly was identified through analysis of the current population trends in Iowa and the existing health promotion services available to the elderly in a small rural community. According to the 1990 census, Iowa has a high population of elderly; Iowa is third in the nation with the percent of elderly over the age of sixty-five and first with the percent of elderly over eighty-five. Health promotion services available to the elderly were determined by contacting the local hospital, community health service, and public health agency. It was found that the public health agency provided monthly foot clinics and sporadic blood pressure clinics, and the hospital sponsored an annual health fair that did not specifically target the elderly population. No other health promotion activities were identified. A literature search was also completed to determine the type and scope of services that might be offered to the elderly population.

One article specifically identified senior centers as a site for clinical experiences for nursing students.

It was proposed that students engage in health screening programs, well-elderly health assessments, and health promotion programs as part of their community health clinical rotation. A senior center in a small rural town was selected as the site for this clinical experience.

Student and Faculty Development

A workshop, presented by Donna Scheideberg, a participant in the PCC SL project at the University of Missouri-Columbia, introduced the faculty and students to the concepts of SL. Keeping a journal as a reflective learning tool was described and examples of journal entries were shown to students and faculty. Group activities encouraged faculty members to apply the information by developing mock SL projects. Students were given the opportunity to suggest examples of SL projects. Brainstorming sessions assisted them in applying nursing theory to potential health promotion activities.

Service-Learning Defined

SL activities provide the opportunity for the integration of nursing theory into practice while offering a service to the community that is not currently available. Students' learning is enhanced by the use of reflective journal writing. In the past, nursing students provided a variety of community services such as health fairs, school screenings, vision testing, and blood pressure screening; however, no specific learning objectives were written for these experiences and reflection was not used to support or evaluate the learning experience. The PCC project made the nursing faculty aware of the potential to enhance learning by incorporating the concepts of SL into the existing experiential clinical component of the students' education.

Community Focus Group

A community focus group comprised of faculty, community health and hospital employees, students, seniors, and the director

of the senior center was formed to help advise and direct the SL project.

Team Roles

Deb Cardin, the community team member and director of nursing at Jefferson County Hospital, served as a liaison between community health agencies and the senior center. Her support was invaluable in assisting the faculty and students to make the appropriate contacts and establish rapport with employees at the senior center and home health agency. Rhonda Hackman, the student team member, served as a liaison between faculty and students. Her excellent rapport with members of her class, knowledge of SL, and involvement in course development were instrumental in the success of the project. Penny Warren, the faculty team member, helped plan and implement the course expectations, made student and faculty assignments, ordered supplies, coordinated the development of the focus group, and evaluated the effectiveness of the SL experience.

PROJECT PERFORMANCE

The SL project was a component of a four-week community-health clinical rotation and was incorporated into Clinical VI or Clinical VII. Prior to inception of this program, participation in the community health clinical rotation was optional and strictly observational. The course now includes a community health experience (five days) and a senior center SL project (three days). The student must successfully meet the requirements of the community health clinical rotation to pass Clinical VI or Clinical VII.

Student Service-Learning Goals

- Establish rapport with participants at the senior center;
- Identify health promotion needs of senior center participants;
- Develop and implement a health promotion project; and
- Evaluate the effectiveness of the health promotion project.

Reflection Requirements

Students are required to complete a journal entry each day of their experience at the senior center. Topics for possible journal entries were discussed and examples of journal entries were provided.

Service-Learning Activities

Sixty-five second-year nursing students were required to spend three days during a four-week community health clinical rotation (six total rotations) at the senior center to develop, implement, and evaluate a health promotion activity. The six programs that were developed and presented between November and May included blood pressure screening/hypertension prevention education; healthy heart presentations (lifestyle and food choices); an arthritis and exercise program; a fall and home safety assessment; an informational skit on the Balanced Budget Act; and the development of a health history notebook (the senior center lacked any type of health history on participants — one senior citizen had a seizure at the center

and no one knew his physician, the medications he was taking, or if he had a history of seizures). The students were responsible for determining the project, developing a corresponding bulletin board presentation, writ-

ing and producing materials (e.g., brochures, crossword puzzles, word search activities, health quizzes, and exercise regimes), advertising the program, and implementing the project.

PROJECT ACHIEVEMENTS

Facilitating Factors

The college and the dean of health occupations supported the project by funding meals for the focus group meetings, altering faculty assignments, providing supplies, and covering printing costs for student-led programs. The health occupations faculty supported and attended the SL workshop.

Challenges/Barriers

Student-related barriers included less than positive attitudes, lack of knowledge of SL, and the distance to the senior center. The student team member addressed the students' attitudes and beliefs concerning the value and relevance of this experience. In addition, mini-presentations on service learning and a SL workshop improved the students' understanding of the project. Because many students had to drive at least sixty miles to the clinical experience, a later clinical start time and longer lunch hour helped overcome the inconvenience of the long drive. Plans are being made to imple-

ment this program next year in other senior centers within the Indian Hills area.

The major barrier at the senior center involved the disruption of regular routines and activities. Students spent time each morning at the center visiting and establishing rapport with the senior citizens. They made every effort to minimize disruptions to the seniors' regular routines, by consulting frequently with the center director.

Evaluation Methods

Questionnaires were developed to evaluate the students' perception of the value of this SL experience and determine the participants' feelings concerning the helpfulness of the health promotion projects. Information gained from the evaluations will be used to guide necessary course revisions.

Materials Produced

Program guidelines and expectations were written. Contracts with the community agencies and the senior center were prepared and mailed.

SUSTAINABILITY

The project will be sustained primarily by the prevailing belief held by the nursing faculty that clinical experiences must move beyond the hospital setting if students are to be prepared to meet the challenges of an ever-changing health care system. SL will be in-

corporated into other community clinical experiences. Due to the changing trends in the care of pediatric and mental health patients, Indian Hills Community College will be exploring SL possibilities in these areas.

PROJECT IDENTITY

Participation in the PCC Program has enhanced the quality of nursing education in our institution. Our awareness and understanding of the scope of SL will better prepare us to address the students' learning needs and explore diverse clinical experi-

ences. The opportunity to network with nurse educators from across the nation was an invaluable experience. Contacts were made that will serve to support our further educational endeavors.

REFLECTIONS ON THE PARTNERSHIP

Although Indian Hills Community College has had a partnership with Jefferson County Hospital for many years, the expansion of

clinical experiences to include the senior center and community health will open the door to future joint efforts. Discussion is

ongoing with the director of nursing at Jefferson County Hospital concerning other community projects to strengthen our relationship. An article was written by the *Fairfield Ledger*, a local newspaper, describing the partnership and health promotion activities implemented by the nursing students. Increased community awareness will further support additional partnerships.

Community Partner Statement

Deb Cardin

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

I am most proud of being part of a team that worked from the ground up to plan, develop, and implement a worthwhile project. Our team's work in conjunction with the Partners in Caring Community project not only enhanced nursing education at Indian Hills Community College, but also provided a needed service to our community.

When do you know that your service-learning program has done good work?

I realized the benefits of our SL program when I was informed of the six creative programs the nursing students developed and presented during the SL component of their experiential community health clinical rotations. Additionally, I witnessed the students' pride and enthusiasm when a group of them asked me to observe their skit on the Balance Budget Act of 1997; others came to my office to boast about their projects.

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

I would like other people in the community to recognize and expound on the benefits of our SL program and request assistance from students in further service learning projects.

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

This entire process, including the SL concept, has been a tremendous learning experience for me. Nevertheless, I cannot remember any specific mistakes I made; however, I do admit to erroneous assumptions. I assumed all the elderly would embrace the programs presented by the students. I failed to realize that the seniors have their own routines and the students' activities would disrupt their schedule. To encourage attendance, it was important that the students become acquainted with their audience and their health interests.

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

- Our SL program can be successful and it represents an opportunity to reach other needed populations.
- I could teach a colleague how to become a participant and proponent of SL.

The most important thing I have learned about SL in the past year is *to start slow and build from there. It takes a great deal of time and energy to see results.*

The assumption that I had about SL that has been most confirmed for me in the past year is *the reality that it does improve the quality of nursing education, when planned sufficiently with input from all parties.*

The assumption that I had about this SL that has been most challenged in the past year is *the belief that all students will see it as a valuable experience.*

Faculty Statement

Penny Warren

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

The Partners and Caring and Community team, with the assistance of our mentors, developed a set of goals on the final day of the PCC conference last June. I hung the goals in my office to service as a guide for keeping our team on track. As of April 1, all the goals except one had been met. I'm proud that we were able to take a project, identify the goals, and implement the program. We currently are in the process of evaluating the response of the students and senior citizens to the project.

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

I believe that we have had several indicators that our SL project has been of value. The attendance at some of the health promotion and screening activities was not as high as expected; but success can be measured by the positive comments made by the senior citizens who did participate and senior center employees who were present during the programs. Evaluation of the nursing students found that they were positive about the rapport established with participants at the center, enjoyed the independence of identifying and initiating a health promotion project, and appreciated the alternative site as a clinical experience.

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

I would like other people to recognize that the SL program is a valuable and creative alternative to a traditional clinical rotation in a hospital setting. Positive comments by the community and nursing students concerning the value of the service and the value of the learning experience would further support the importance of the SL project.

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

The largest mistake that was made probably occurred in the planning stages. I think that our plan was too large and included too many components. After much encouragement from our mentoring team, we scaled down the project to a more feasible size. We also initially failed to consider the existing routines and activities of the seniors. After talking with the staff at the senior center, we recognized the need to proceed slowly and take time to interact and establish rapport with the participants at the center.

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

- Our SL program is a worthwhile learning opportunity for students. However, I realize that there are modifications that will need to be made prior to implementation of the project next year.
- I am able to identify other opportunities within the curriculum for development of SL projects.
- I could now teach a colleague how to incorporate a SL component within the framework of their course.

The most important thing I have learned about SL in the past year is to allow time for the project to evolve and not try to impose my personal vision on the project.

The assumptions that I had about SL that have been most confirmed for me in the past year are the relevance of SL in nursing education and the need to obtain buy-in from the faculty to insure the best possible experience for the student.

The assumption that I had about SL that has been most challenged in the past year is the belief that all students would be receptive to this type of learning experience.

Student Statement

Rhonda Hackman

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

I am very proud of our project because it is meeting needs in the senior center. The seniors are gaining health information that is sometimes taken for granted by health care providers.

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

When I hear students commenting on the value of this experience, I know that this SL program has done good work. I would know for sure that it is a success if I heard community members commenting on our presentations. So far, though, I haven't heard that.

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

I would like to hear community members say it is benefiting the community. I would also like to hear that the students are benefiting from the experience.

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

The mistake I have learned from the most is the expectation we as a group had. Our team believed that we would accomplish a nice big project the first year. We went into it expecting too much. We had to face reality and realize that it's going to take time to work up to the size of program we wanted. We also expected the seniors to love the student nurses and be open to whatever we wanted to do with them. This was not and is not the case. They think we are nice and don't mind having us around, but they still have their routines and don't like changes in them. We had to gradually introduce ourselves and build up a rapport with the seniors, as well as alter our project so that it was not threatening or intrusive to them.

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

- Our SL program will take some time to be what we want it to be.
- I could teach a colleague how to put students in SL situations.

The most important thing I have learned about SL in the past year is that students want to do hands-on learning and, for the most part, SL is well received by them.

The assumptions that I had about SL that have been most confirmed for me in the past year are that students benefit from this type of experience and prefer it over classroom learning.

The assumption that I had about SL that has been most challenged in the past year is that SL is the same as volunteering.