



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.

HIV/AIDS PEER EDUCATION

Kapi'olani Community College and American Red Cross Hawaii State Chapter

Team Statement

Anne Safran Holloway, Goldie Brangman, Brit Garguilo

PROJECT OVERVIEW

The primary focus of our Partners in Caring and Community (PCC) SL project at Kapi'olani Community College's (KCC) nursing program in Honolulu, Hawaii, was to facilitate nursing students' becoming teachers of the American Red Cross (ARC) HIV/AIDS education courses.

Goals

- Incorporate SL into the final semester medical-surgical nursing course in our associate degree nursing program;
- Develop and sustain a partnership in which students would become ARC-certified HIV/AIDS peer educators and provide service in that capacity; and
- Offer the ARC HIV/AIDS education courses on campus.

Team Roles

The Bridges to Healthy Communities Project identified the community issue. The ARC Hawaii State Chapter staff assisted in identifying the needs of their agency and the community at large. The role of the community partner evolved to directing the students in meeting community needs, including training the students and facilitating the students' presentations. When community groups requested HIV/AIDS education presentations, the community leader connected a student with that agency and assisted the student in organizing, implementing, and evaluating the presentation. The community leader continues to train peer educators and is now training several students and two faculty members to be instructor trainers.

The role of the student was to identify a service that fit her or his personal needs or goals, provide the service, and reflect on the connection of the service to the course objectives while identifying what s/he had learned. Our student leader facilitated the development of a SL requirement that met more students' interests. The student encouraged peers to be open to the SL options, promoted the benefits, facilitated communication between faculty and students, and provided feedback that allowed for adjustments to meet students' time constraints and personal interests.

The role of the faculty was to set up SL options, requirements, course objectives, and grading criteria and to facilitate and monitor individual and group reflection. The faculty assisted students in getting a partnership started and in making the connection to course objectives. Faculty assisted in organizing training sessions before the semester so the peer educators were ready to provide service. Faculty also monitored the hours of service, the consent to work with the agencies, and agency feedback.

PROJECT PERFORMANCE

Curricular Integration of Service-Learning

KCC has been developing SL in nursing for several years. SL previously had been offered in psychiatric, maternal-child, and LPN to RN transition classes on a sporadic and optional basis. In the fall of 1999, SL was added to N256 Adult Health Nursing III course requirements, the final semester medical-surgical nursing course for our associate degree nursing students. It is a five-credit class with two credits of lecture and three credits of clinical.

The course description of N256 Adult Health Nursing III did not change regarding credit, objectives, hours, or content. Our teaching-methods now include SL and our grading criteria was modified. The SL requirement for the course during fall 1999 and spring 2000 consisted of 20 hours of service and provided for 10% of the course grade.

Objectives

- Integrate therapeutic communication techniques in the care of clients from diverse cultural background across the life span in a variety of health care settings;
- Develop, implement, communicate, and evaluate teaching plans for clients or group of clients to promote maintenance of health, prevention of illness, and recovery from illness;
- Integrate legal principles, nursing standards, and ethical concepts into the management of nursing care; and
- Evaluate own needs for independent learning that foster a commitment to professional growth, self-development, and lifelong learning, as demonstrated by assuming personal responsibility and ac-

countability, and contributing to community service and the profession.

Reflection Requirements

Each student kept a journal in which she or he reflected upon SL activities in a “*What? So what? Now what?*” format. The entire class participated in group reflection twice a semester.

SL Activities

Some of the ARC-certified peer educators have presented sessions on HIV/AIDS prevention to area elementary, high school, and community college classes. Others disseminated HIV/AIDS prevention education to a group of KCC microbiology students interested in being peer educators. Peer educators presented “starter facts” to the Kuhuku community, Waikiki Health Center, and Salvation Army Detoxification Center. A group of nine peer educators gathered their resources and presented to more than 60 new practical nursing students on World AIDS Day. In addition, these peer educators, along with other new KCC nursing peer educators, set up HIV facts and prevention education booths on campus. Two students developed and produced a video illustrating the connection between drug and alcohol use and the spread of HIV and sexually transmitted diseases among young people. Another two students developed an educational brochure about the relationship between drugs, alcohol, sex, and HIV/AIDS. Each peer educator played an integral role during World AIDS Day activities and National Sexual Responsibility Week activities. These peer educators have provided more than 25 community HIV/AIDS peer education sessions to more than 250 participants.

PROJECT ACHIEVEMENTS

Over the course of the project we implemented SL in N256 Adult Health Nursing III for two semesters. During the development of our partnership, we learned from our student partner that not all students were interested in HIV/AIDS prevention educa-

tion and that our success would be dependent upon the students’ enthusiasm. Therefore, to meet students’ learning needs and interests, the faculty member organized a diverse selection of various SL projects to allow the students to choose one of personal

interest. In addition to the ARC HIV/AIDS peer educator option, the SL projects included health fairs; gerontology programs; outpatient education programs; uninsured and homeless clinic work; shelter work for homeless, pregnant, or abused individuals; senior centers; and nursing homes.

With our ARC HIV/AIDS prevention partnership, we have had more than 20 pre-nursing and nursing students become ARC-certified HIV/AIDS educators; four are in the process of becoming instructor trainers. As noted earlier, they have provided a considerable amount of service to the community. In addition to the students' activities, the faculty member presented sessions to nursing faculty on how to implement SL in nursing courses.

Facilitating Factors

Factors that facilitated our achievements included the availability of funding for training and presentation materials. The \$1,000 mini-grant from Community-Campus Partnerships for Health (CCPH) assisted in covering the cost of the HIV/AIDS educational materials. Commitment, enthusiasm, and flexibility of all partners and rapport between partners were essential. Our student leadership was essential in enticing and keeping student interest. Without the foresight and mentoring of the original author, Kathleen Sullivan, an assistant nursing professor, our project would not have been born. The communication that began with the original PCC Program proposal and that developed during the leadership retreat and teleconferencing kept us focused and encouraged continuation of the project. The individual team members' work ethic, interest, and flexibility allowed us to expand and accomplish more than we anticipated.

Challenges/Barriers

Barriers and challenges to reaching our goals included time constraints, lack of funding, students' heavy workload, students'

other commitments to work and family, voluminous required paperwork, and faculty and community leader workload. Flexibility and commitment from all partners eased the effect of these challenges. Two faculty members are in the process of becoming instructor trainers but have not accomplished this goal due to time constraints and current faculty workload. A proposal for the ARC HIV/AIDS education courses to be offered on campus as a credit SL course was denied. The faculty and community partner continue to work together and remain flexible and committed to working around these barriers. We continue to seek additional funding for students, faculty, and our community agency for materials and training.

Evaluation Methods

Assessment of our project was done internally and externally. The community groups evaluated the ARC-certified HIV/AIDS instructors after each educational session. Our community partner documented these results and reported that the evaluations were excellent. The students evaluated the SL goals and project via a formal evaluation at the end of the semester in N256. During campus activities and health fairs related to the project, students reported the number attending and assessed feedback given. Based on the responses of the community, our partner, the students, and others, the faculty evaluated the need for continuation of this project. The students who participated in this project indicated they would continue their service and continue to identify the needs in the community of HIV/AIDS prevention education. The students reported that they developed numerous leadership, teaching, and communication skills that will carry over into their careers. The reports from the community agency and the students that they are continuing to provide service post graduation proves success and validates continuation of the project.

SUSTAINABILITY

Several factors have facilitated our sustainability. SL has become an emphasis on campus and has been supported by some

nursing faculty. Student enthusiasm and commitment to the community has grown and fostered our development. Students

who have participated in SL have become role models to their peers. The incredible flexibility and commitment of our community partner have been essential in helping us sustain the project. Funding for books and audio-visual aids, the availability of teaching facilities, and the ongoing need for HIV/AIDS prevention education in the community have all contributed to our sustainability.

In addition to the continued student, faculty, and community partner commitment, funding is essential to our sustainability. Without funding, students may not choose the HIV/AIDS SL option due to the cost of training materials. In addition to funding, we need to develop a long-term plan for sustainability. The community partner and the faculty member need to be able to reduce the project's added workload without allowing the project to collapse. Working with campus SL support and other nursing faculty would assist in sustaining this project. The nursing program is in the process of an outcomes assessment that may or may not validate the continuation or emphasis of SL and community health nursing. The

LESSONS LEARNED

Lessons we have learned over the past year include the need to minimize and simplify paperwork and to know your students' needs and preferences. In addition, we have found it is helpful to devise a long-term plan that allows for sustainability without increasing community leader, faculty, and student

team members believe it is a combination of commitment, support, and flexibility that will allow for sustainability.

PROJECT IDENTITY

By participating in this national initiative, we have benefited both collectively, as a team, and individually. The bond that was developed between the partners at the retreat strengthened our commitment. The knowledge shared at the retreat enhanced our ability to develop, implement, and evaluate our project. The student leader developed leadership skills and learned about national nursing student and nursing profession trends and issues. The nursing program benefited from the sharing of knowledge and experience. The ARC Hawaii Chapter, the primary community resource for HIV/AIDS education in the islands, benefited from the service outcomes of this project. The ARC-certified HIV/AIDS peer educators have been able to continue to meet the community's needs. Our project was presented at the CCPH National Conference and each of our members has networked with other leaders in the community and nursing arenas.

workloads. Getting to know your partner and working together to develop a SL project that meets an identified community need and course objectives without adding work is challenging but feasible. We recommend rewards for students, community leaders, and faculty.

Community Partner Statement

Goldie Brangman

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

I am most proud of seeing these young people graduate and still continue service in the community. It is exciting and rewarding that our service has continued beyond the academic requirements.

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

I know our SL program has been successful when I receive evaluations from the schools and community agencies where the students have presented. These students have had rave reviews.

What would you like other people to say about the SL program? I would like others to say our SL project is worthwhile, enhances learning, and has good direction.

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

The mistake from which I have learned the most is giving the students too much in one bite. I have learned to pace the project and not to use all of the students' free time. Community agencies need willing and able volunteers, yet we must be cautious to avoid losing their willingness to participate.

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

- Our SL program has improved. I have seen greater continuity in participation and increased involvement post-graduation. The commitment from each partner has continued to positively impact our development. I feel confident in our partnership.
- I am able to help coordinate student activities more efficiently, while meeting their time constraints.
- I could teach a colleague to introduce and implement an effective SL program to meet their community agency's needs.

The most important thing I have learned about SL in the past year is that it requires enthusiasm from all team members. It does not allow for complacency.

The assumption that I had about SL that has been most confirmed for me in the past year is that service is part of nursing and service needs to be part of nursing education.

The assumption that I have had about SL that has been most challenged for me in the past year is that everybody would be more eager and there would be more participants. I was also challenged as I assumed we could easily fit in our service with everything else the students and we do.

Faculty Statement

Anne Safran Holloway

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

I am proud of the many successes our partnership shares. The diversity and dedication of the service the students are providing has been beyond any of our expectations. The continuous positive feedback from the community agencies has encouraged faculty and students. Hearing from the students that their confidence had grown, their reason for entering nursing had been re-visited, and they plan to continue to provide community service beyond graduation confirms our success. That all this stemmed from adding SL to a medical-surgical nursing course makes me proud of our partnership.

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

I know our SL program has been successful when I read the students' reflection journals and when positive feedback is received from the community agencies.

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

I would like others to say our SL project is worthwhile in that the community benefits and students learn.

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

The mistake from which I have learned the most is not having a sustainable long-term plan. Developing a SL project that will continue to grow as it meets the ongoing community needs will allow for a partnership to sustain over time, summer breaks, and student graduations.

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

- Our SL program will continue. This is due in part to the fact that I am now able to be more flexible with SL projects to meet course, student, and community needs.
- I could teach a colleague how to implement a SL project in their course.

The most important thing I have learned about SL in the past year is the immeasurable benefits that it offers to the students, the individuals receiving the agencies' services, the profession of nursing, and the community.

The assumption that I had about SL that has been most confirmed for me in the past year is the value to nursing students and the community.

The assumption that I had about SL that has been most challenging for me is that the necessary dedication from the campus, community, and students is not always forthcoming.

Student Statement

Brit Garguilo

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

I am most proud of how many of my peers have exhibited personal and professional growth from participation in SL. They exhibit a new connection to the community and to the role a nurse has when providing services to individuals in the community.

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

I have found that our SL program has done well when we have sparked the interest and support of the students. The accomplishments of the individual students have been immense.

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

When involved in our SL program, I would like other people to be able to say that they learned something during their SL project that they were not able to learn from a lecture or clinical experience. Learning while providing service has been rewarding and unattainable by other teaching methods.

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

In the course of my involvement with SL, I made the assumption that everyone would see the benefits of SL as I had. I have learned that this is not so and that it is not necessary to change their minds. In the beginning, I spent a great deal of energy and time explaining the purpose and benefits of SL. I tried to find the means to convince each peer how beneficial this is to nursing, the community, and us. I later realized talking and explaining did not have an effect. I learned that after being involved in SL projects, students did recognize the benefits.

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

- Our SL program is relevant to a medical-surgical nursing course.
- I am able to implement a presentation for a student or community group. I am able to organize group activities. I have gained confidence in my leadership role.
- I could teach a colleague to evaluate their own performance as well as the effectiveness of an activity as a learning tool.

The most important thing that I have learned about SL is that when set up correctly, it is an appropriate and useful learning tool within any course.

The assumption that I had about SL that has been most confirmed for me in the past year is that SL benefits student nurse education.

The assumption that I had about SL that has been most confirmed for me in the past year is that everyone would eventually embrace SL.