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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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."

<div align="right">Pew Health Professions Commission</div>

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.

Enhanced Management of Diabetic Clients in a Community Clinic

Millikin University School of Nursing and the Community Health Improvement Center

Team Statement
Jo Carter, Barbara Dunn, Alison White

PROJECT OVERVIEW

The Community Health Improvement Center and the Millikin School of Nursing in Decatur, Illinois, collaborated to enhance services to clinic clients with diabetes mellitus during the academic year 1999-2000. The clinic was a participant in a national initiative designed to provide more equitable care to clients with diabetes. Clients of the publicly funded clinic are members of at-risk populations who cannot afford care, may be developmentally disabled, may have few literacy skills, and may experience many other significant barriers to effective self-management of diabetes.

Service-Learning Theory

This SL activity was unlike the usual student clinical experiences because it was a project that deliberately involved planning from the three team members: a student, the executive director of the agency, and the instructor of the Community Health Nursing course. The student SL experience was added to a collaborative project that the clinic was already engaged in. The students improved the clinic's performance in the collaborative project by intensifying services to clients who needed them. The student facilitator/leader also helped to distinguish this SL activity from the usual clinical experiences.

Team Roles

This project originated through the efforts of our community partner, the executive director of the Community Health Improvement Center. The director learned of the PCC Program through her association with the Illinois Primary Health Care Association. The junior-level faculty in the Millikin School of Nursing identified a junior student who would help to plan and promote the project during her enrollment in Community Health Nursing, the senior year course in which the SL project was integrated. Travel for the student and faculty to the team-building workshop in Leavenworth, Washington, was supported through a Summer Faculty Grant Program at Millikin University.

The executive director of the agency, the junior student, and a faculty member from the course Community Health Nursing planned the project. It would have been useful to include a consumer of the diabetic services and other students in this planning team. The faculty member of the team coordinated the experience, facilitated daily group reflection, and reviewed student journals. The student acted as a peer coordinator/leader for the project. Agency staff provided three formal in-service workshops for the students on the topics of medical, nutritional, and practical management of diabe-

tes. The executive director made it possible for the in-service workshops and facilitated group reflection activities.

PROJECT PERFORMANCE

Curricular Integration of Service-Learning

The Community Health Nursing course is an eight-credit clinical course that is required of all nursing students in the senior year. The course consists of three hours per week of classroom theoretical content and ten hours per week of clinical practice for a period of twelve weeks. The SL component contributed ten percent of the total course grade.

Goals and Objectives

- Improve the partnership between the Community Health Improvement Center and the Millikin School of Nursing:
  - Promote student involvement in an interdisciplinary model of care;
  - Expose students to the decision styles of professionals in the primary care setting;
  - Create a learning community that incorporates theoretical principles from fields of medicine, nursing, sociology, nutrition, and psychology; and
  - Provide a socially relevant learning activity for nursing students.
- Promote concepts relevant to SL with undergraduate nursing students and agency health professionals:
  - Provide a structure that encompasses opportunities for students and professionals to engage in reflective practices;
  - Engage in critical thinking;
  - Foster a sense of civic and social responsibility; and

- Create a shared value that involves caring for and supporting vulnerable populations.

Reflection Requirements

At the end of each morning, students participated in group reflection activities; by the end of each week, they submitted a critical incident journal for review.

Service-Learning Activities

Fifteen students provided services for 39 clients during two semesters. The SL activity was a value-added activity to the services that the nurse practitioners and physicians already were providing for the clinic clients. The enhanced the clinic services for these exceptional clients by identifying clients or being directed by the providers toward clients with diabetes who did not have regular contact with the providers and would benefit from more intensive educational intervention, support, and reinforcement of positive health strategies. Student nurses visited the clients in the clients' homes on a biweekly basis. They assumed a coaching/advocate role in their work with clients, helping clients develop positive health strategies designed to remove barriers to the acquisition of medication and education. Students provided health teaching on topics ranging from nutrition to exercise regimes for diabetic control. In addition, each student entered diabetic data into a computer system designed to trend outcome data associated with the collaborative project.

PROJECT ACHIEVEMENTS

We believe that our goals were met. The team-building workshop enabled us to share our vision with each other and provided the structure to facilitate a common starting place. Because of this project, students became more involved in the clinic's mission to provide health care to members of vulnerable populations.   The diabetic project served as a vehicle for improved communi-

cation and collaboration between the students and the providers and served as a mechanism for more critical reflection about problem solving and overcoming barriers for the clinic clients. The project provided a meaningful context for student activities and, to a large extent, was an excellent motivator for student engagement. We believe that the experience facilitated the conscien-

tious planning for a learning community among the partners.

Facilitating Factors

Several factors facilitated this project. In addition to the PCC Program support, Millikin University has a priority initiative to develop community partnerships to create opportunities for active learning. Just as universities are encouraged to engage with the community, so are communities encouraged to engage with institutions of higher learning. In addition, finally, both partners share a sense of social responsibility for the provision of quality, equitable health care and a commitment to mentor future health professionals.

Challenges/Barriers

Student availability for only one of the two semesters was a barrier to the yearlong duration of the project. The Community Health Nursing course was only one course among many on the student partner's schedule. Faculty availability was an additional barrier related to similar reasons. Funding to support the purchase of educational materials and enhanced blood sugar monitoring devices would have been useful.

Evaluation Methods

Student journals and group reflection sessions were used to evaluate the SL experience. Informal interviews of professional staff and clients were completed. Diabetic outcome data were collected on the clients.

SUSTAINABILITY

We believe that the activities initiated with this program will be sustained and supported by both partners. Major challenges that confront us include the need to remain focused on our shared vision in the midst of very busy schedules, workloads, and limited resources.

PROJECT IDENTITY

Our participation in this national program gave us an opportunity to network with others who are engaged in similar partnerships, enabled us to access useful information, and provided a mechanism or structure for the recognition of matters that all of the partners valued. This program has improved our already good partnership, making it a much more productive one.

Community Partner Statement
Barbara Dunn

What are you most proud of in your experience with your work in the PCC Program?
I think that all of the partners were able to be more straightforward with one another, more able to communicate goals.

When do you know that your SL program has done good work?
When our patients and staff talk about looking forward to seeing the student; when they express disappointment that students are on Christmas vacation break; and when the students speak with pride and enthusiasm about their interaction with the patients.

What would you like other people to say about the SL program?
That it is a tremendous opportunity for all involved. Everybody learns, everybody wins — the students, the patients, and the staff.

What is the mistake from which you learned most? How did you address or overcome that particular mistake?
We needed to involve all the students in the planning process — in September, we will do so.

Compared to this time last year, I now know that:
- Our SL program is an asset to the center and the university, an asset upon which both organizations can build.
- I am able to articulate better the meaning of SL.
- I could teach a colleague how to develop a program with an academic institution that would serve the needs of both organizations.

The most important thing I have learned about SL in the past year is that it can and should be a vital part of the educational process.

The assumptions that I had about SL that have been most confirmed for me in the past year are that those students who truly engaged in the process received a knowledge and understanding of what nursing *could* be and that, in some respects, the experience far surpasses classroom experience; and that staff working with students are energized by the experiences.

The assumption that I had about this SL that has been most challenged in the past year is that for most students it was "just another class," when I think for many it gave them a better understanding of themselves.

Faculty Statement
Jo Carter

What are you most proud of in your experience with your work in the PCC Program?
I am proud of a number of things related to this project, but I am most proud of the manner in which the community partner, the student, and I pulled together a project that was meaningful to all parties involved. The PCC team-building workshop gave us an opportunity to focus and work from the same page to consider the costs/benefits of a variety of possible activities. We selected the diabetes project because it seemed to blend a diverse set of motives that ranged from the need for students to engage with clients in meaningful ways, to the opportunity for clients from the community clinic to have more value added to the services from the clinic professionals. Underlying everyone's participation, however, was a sincere motive to provide quality services to individuals who ordinarily could not afford the higher intensity of services, but who required it.

When do you know that your SL program has done good work?
I knew that the SL program was doing good work when my students began to discuss many of the barriers that clients encounter when trying to make the major lifestyle changes that are associated with diabetic self-management. The students began to see the relative nature of many of the health decisions made by clients. The staff began to rely more on input from the students. All worked together (staff, clients, and students) to explore solutions to the clinical challenges with which many of the clients presented. Students from this group gained an appreciation of the issues involved when working with members of our community who have few financial resources, are developmentally disabled, or displaced. These SL experiences taught the course's theoretical content in a more powerful way than the usual reading assignment in a textbook or the design of a hypothetical care map. Cultural differences between the students and clients, or students and staff, were more likely to be bridged. There were many moments when the advocacy and the enthusiasm of the student helped the experienced provider to consider a problem from an alternative viewpoint. And there were many times when the experience of the provider helped a student to be more practical when working with clients. Above all, the students began to see nursing as a caring art that depends ultimately upon the nature of the relationship that providers have with clients within the context of the clients' communities.

What would you like other people to say about the SL program?
I would like others to consider our partnership as an example of a successful collaboration for a variety of reasons. Although our community partner has cooperated with the School of Nursing for fifteen years in order to provide clinical experiences for our community health students, this project was instrumental in the development of an inclusive plan for a learning activity that benefited everyone. I think that the agency previously thought it was nursing faculty's job to educate the students and we were just out there doing what the educational or clinical guidelines of the course directed. This project promoted a more flexible interchange between the two parties that became mutually beneficial. Second, I believe the project contributed to a perception among students that we were providing a meaningful service. Students wanted to be part of the team and they wanted to make a difference to those for whom they were caring. The participation of clinic professionals in the orientation and education of students was particularly helpful in creating an atmosphere that promoted a pooling of ideas in relation to client diabetic management.

Millikin University presents our partnership as a model of community engagement to other departments within and outside of the university. The University Center for Service Learning recognized the Community Health Improvement Center as the Community Partner of the Year at a banquet in May. Millikin's Strategic Plan, drafted in 1993, included initiatives to promote en-

gagement of the community to facilitate opportunities for active learning among our students. Our project was an example to the university of how a formalized pooling of education and practice may serve well to create an environment to address many of the complex problems that exist in health care and other sectors of our community. I believe that learning activities of this nature are essential for the preparation of thoughtful health practitioners of the future. The PCC Program was influential in providing the structure to help us reflect upon how this may be best accomplished in our setting. Millikin University has asked our community partner to participate on a SL advisory board that is working on a collaborative grant project to create a community foundation to fund a number of projects like this one.

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

I think the most difficult thing for me is to find the time to keep the lines of communication open and build consensus for our activities. At times I would ask for input from students and staff and receive it, but then I would find myself defending our original guidelines for activity. For example, I asked students for input about the things we were doing and the students shared that they thought that they were not putting their learning time to good use by spending time in-putting outcome data into a computerized data base. They felt that data management was the role of a clerk. I insisted, however, that they continue the activity because it forced them to think about the desirable outcomes of their activities with their clients. I believe that this "clerk" activity affected how they spent their time with clients. The community partner agreed with me for different reasons. She maintained that data management is a realistic responsibility for a professional in a public, ambulatory clinic setting, and consequently working with outcome data sets *is* a valuable experience in itself. So we kept the activity, but the students did not value it. I have learned that when engaged in a collaborative arrangement you must be prepared for negotiation and compromise, and negotiations become more complicated when more parties are involved!

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

- The relationship between Millikin University School of Nursing and the Community Partner is improved. I am much more comfortable suggesting ideas and trying out new strategies for approaching some of the clinical issues that may involve clients and students.
- I could teach a colleague how to create constructive strategies for using SL.
- I could promote SL in a way that would help my colleagues who are based in acute care settings to extend further into community settings.

An assumption that I had about SL that has been most confirmed for me in the past year is how learning activities combined with reflection can create an environment for critical thinking and learning among students. SL as a pedagogy that encompasses these elements is very valuable. Another assumption that has been partially supported relates to how the blending of theory and practice in learning communities that involve reflective practices can be valuable and result in improved care for clients. We continue to explore this.

The assumption that I had about SL that has been most challenged in the past year is that I believed that this activity would promote a greater sense of social responsibility among **all** of my students. At this time, I believe that those students who already have an orientation toward humanitarian service find it easy to engage with these activities and find them very beneficial. Those students who have a more technical orientation to health care had a more difficult time engaging with these activities and prefer another approach. At an absolute minimum, I believe that this experience with SL has added an important dimension to the students' conceptions of nursing practice. I have a personal commitment to continue to refine and explore the use of SL in order to create in students a value that involves caring for and supporting vulnerable populations.

Student Statement
Alison White

What are you most proud of in your experience with your work in the PCC Program?
I am most proud of being able to help people understand how to take better care of themselves.
When do you know that your SL program has done good work?
I know our program has done good work by listening to the responses from patients and seeing their progress on paper. For example, seeing patients' blood glucose levels and HbA1C's decrease over time indicated progress.
What would you like other people to say about the SL program?
I would like others to say that our program was worthwhile to patients and that they would want to contribute their expertise to the program.
What is the mistake from which you learned most? How did you address or overcome that particular mistake?
The mistake I learned from most was not realizing that things needed to be taken one step at a time to make a project work. I addressed this mistake by re-evaluating my goals and expectations.
Compared to this time last year, I now know that:
- Our SL program has helped people gain information on diabetic care that has enabled them to make important changes in their lifestyles.
- I am able to talk confidently about diabetic care with patients and offer them support with this difficult disease. Also, I am able to deal with the social difficulties many people experience on a daily basis and help people to get better despite those difficulties.
- I could now teach a colleague how to use the resources of the community to assist people to gain better care and easier access to it.

The most important thing I have learned about SL in the past year is that SL can be a valuable learning tool for everyone involved.
The assumption that I had about SL that has been most confirmed for me in the past year is that SL is effective for students in gaining a hands-on experience with health care and social justice issues.
The assumptions that I had about this SL that have been most challenged in the past year are that this would be an easy project to implement and keep going and that it would maintain everyone's interest all of the time.