



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

Obtaining Additional Copies

Order forms to obtain additional hard copies of this publication can be obtained by visiting our web site: <http://futurehealth.ucsf.edu/ccph.html>, or by contacting CCPH's fax on demand service at 1/888-267-9183 and selecting document #101. Copies are \$15 each for CCPH members and \$25 for non-members, including shipping and handling in the United States. For international orders, please add \$5 to cover additional shipping and handling costs. The full text of this publication can be downloaded from our web site.

Suggested Citation

Seifer, T (editor). *Partners in Caring and Community: A Team Approach to Service-Learning in Nursing Education*. San Francisco: Community-Campus Partnerships for Health, 2001.

Acknowledgements

We would like to extend recognition and thanks to the many people involved in the production of this publication. The final product benefited greatly from the guidance and support of the editor Tristan Seifer and the Partners in Caring and Community Editorial Committee: Ann Hardy, Anne Holloway, Mary McRoberts, Robin Moore, Janet Moskowitz, and Donna Scheideberg. We would like to express our appreciation to PCC national advisory committee members and mentors, the Helene Fuld Health Trust HSBC, Trustee, and program officer, Jina Paik. (To learn more about the Helene Fuld Health Trust HSBC, Trustee and the Trusts' commitment to nursing education, visit www.fuldtrust.org) We especially thank the PCC teams for their commitment and generosity in sharing their SL experiences.

About Community-Campus Partnerships for Health

Community-Campus Partnerships for Health (CCPH) is a non-profit membership organization committed to fostering health promoting partnerships between communities and health professional schools. In addition to our publications, CCPH provides a variety of programs and products to assist you in your community-campus partnership efforts including: customized training and technical assistance, annual service-learning training institutes, an annual national conference, web site, online newsletter and active electronic discussion group for CCPH members. To learn more about CCPH, please visit our web site at: <http://futurehealth.ucsf.edu/ccph.html>.

PARTNERS IN CARING AND COMMUNITY

A Team Approach to Service-Learning in Nursing Education

TABLE OF CONTENTS

Introduction and Ideas for Using this Guide	2
Integration of Professional Practice and Religious Faith to Serve the Needs of the Community: Bethel College, Rice Creek Covenant Church, and HealthEast Hospital Corporation	6
Health Promotion Strategies and Community Health: Indian Hills Community College and Jefferson County Hospital	12
HIV/AIDS Peer Education: Kapi'olani Community College and American Red Cross Hawaii State Chapter	19
Enhanced Management of Diabetic Clients in a Community Clinic: Millikin University School of Nursing and the Community Health Improvement Center	26
DARING to Reach the Heartland: Nebraska Methodist College Department of Psychiatric/Mental Health Nursing and Catholic Charities of the Archdiocese of Nebraska	33
Joining Hands for Healthy Seniors: Stephen F. Austin State University Division of Nursing and East Texas Community Health Services	40
Social Justice in Immigrant Communities: University of Colorado Health Sciences Center School of Nursing and La Clinica Tepeyac	47
Integration of Service-Learning: University of Massachusetts Worcester Graduate School of Nursing and Community HealthLinks	56
Putting Hope in Midwifery: University of Missouri-Columbia Sinclair School of Nursing and Hope House, Inc.	71
Annotated Bibliography	83
Team Contact Information	93
Mentor Contact Information	96
National Advisory Committee Contact Information	98

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.

DARING to Reach the Heartland

Nebraska Methodist College, Department of Psychiatric/Mental Health Nursing and Catholic Charities of the Archdiocese of Omaha

Team Statement

Char Herman, Connie Wallace, Jean Sassatelli, Mary Tutor

PROJECT OVERVIEW

The focus of our Partners in Caring and Community (PCC) service-learning project **DARING** (diversity, advocacy, respect, innovation, nursing education, and growth) to **Reach the Heartland** was to provide collaborative community-based experiential education for nursing students in both the associate (ADN) and baccalaureate degree (BSN) programs.

Goals

- Enhance critical thinking and leadership abilities to empower community citizens and students to identify and develop collaborative relationships to address previously unmet needs;
- Create change in health care delivery and education systems whereby knowledge, technology, and compassion are integrated and brought to and shared with consumers in the community;
- Develop an expanded view of the student as a citizen of a larger, global community; and
- Serve as the impetus to effect wide-reaching growth toward a community that services itself.

Community Partner

Catholic Charities is multifaceted. Areas of service include addiction, mental health outpatient, domestic violence, and community programs. The community programs include support groups, mentors, educational

offerings, food pantries, and social justice and advocacy forums.

Service-Learning Defined

SL is a method of developing and educating students through active participation in thoughtfully organized service. This pedagogy incorporates service in the community into academic coursework. As a teaching strategy, SL allows students to address community-identified needs. It enhances students' understanding of community-based issues.

Development

Initial efforts to develop and implement SL involved preliminary meetings with the SL team and program directors from the agency. This implementation process is continuously renegotiated so that agency needs and student learning objectives can be met. During student orientation meetings, personal goals, expectations and availability of time were established so that there was a "best fit" of agency needs and student goals.

Team Roles

The SL team, comprised of two nursing faculty members, an agency representative, and a student representative, facilitated all orientations. All four team members met regularly to communicate, problem solve, plan, and refine strategies. The students

were oriented in large group sessions, which included all course faculty members as well as the college SL coordinator. All students received a folder of process information. The faculty and the student representative provided mentoring. The mentoring process was consistent and ongoing.

PROJECT PERFORMANCE

Curricular Integration of Service-Learning

The course focuses on the application of theory and research to culturally appropriate nursing care of the client experiencing potential mental health problems and/or mental illness. The use of the nursing process enhances critical thinking skills as solutions based on scientific and humanistic rationale are planned and implemented and client outcomes are evaluated. The course builds upon prior knowledge and skills and integrates use of informatics within the framework of caring and curative factors. Mental health nursing issues such as mental health care policies, ethical considerations, and social justice are explored. Professional responsibility and leadership are integral parts of this course. Therapeutic communication, change theory, and group dynamics are emphasized. The concepts of mental health promotion, maintenance, restoration, and rehabilitation are included.

The practicum is designed to provide the student with a clinical experience that facilitates the application of theory and skills in hospital- and community-based mental health settings. The experiences include mental health promotion as well as maintenance, restoration, and rehabilitation. While working with clients experiencing mental health concerns, the student uses critical thinking strategies while incorporating concepts of caring, therapeutic communication, group dynamics, change, nursing process, and professionalism.

Objectives

The course objectives that lend themselves to SL revolve around integrating caring and curative factors to promote human dignity, altruism, integrity, autonomy, and social

justice. They include proposing alternative solutions for situations encountered in professional nursing practice; selecting strategies to facilitate change; integrating context appropriate communication; integrating a sense of professional responsibility and legal/ethical accountability; examining evolving roles as a collaborative member of a community-based team; and demonstrating leadership and teaching skills.

Requirements

For ADN students, the psychiatric/mental health courses require 15 hours of clinical time for service; for BSN students, 20 hours are required. The process includes application of theory, journal writing, and regular reflection. In addition, the BSN course requirements include a SL reflection paper/presentation, which constitutes ten percent of the theory grade.

Reflection Requirements

The reflective process is an essential and critical component in ensuring that the students, faculty, and agency personnel reach beyond simply providing service to learning from service. This critical reflection is continuous, connected, challenging, and contextual. Guided reflections are facilitated by a diverse group of nursing faculty, as well as faculty from ethics and literature courses.

Interactive evaluation occurs as the students share their experiences and insights with each other, faculty, and agency personnel. As the students process their experiences in the context of psychiatric/mental health nursing objectives, they share insights that they have gained. In the end, the service component and the learning component merge.

Service-Learning Activities

Twenty-seven nursing students were involved in the fall 1999 SL pilot project and thirty were involved in spring 2000. Examples of SL included planning events and developing reading/mentoring programs for children at domestic violence shelters. Similar activities occurred at the Campus for

Hope, which is a residential treatment center for individuals and families affected by substance abuse. Other students were involved in event planning for families and/or food distribution at the Catholic Charities community services sites. All experiences involved diversity, advocacy, and professional collaboration.

PROJECT ACHIEVEMENTS

Critical thinking and leadership capabilities have been enhanced and/or developed through the ongoing maturation process the students experienced during their SL experience. Written materials from students (e.g., journals, academic papers, and reflections) reflected the personal and professional growth we had hoped to see.

As a result of our implementation of SL in approximately 20 diverse community programs, students have been exposed to varied levels of technology, skills development, and community needs. In addition, feedback provided by the program staff has clearly indicated an increased level of understanding and compassion exhibited by the students involved.

Through the partnership with Catholic Charities, many students have been given opportunities to gain insights, develop relationships, and identify issues related to health and community. Of particular note has been the experiences students have had with individuals with diverse cultures and countries of origin (e.g., Sudan, Vietnam, Mexico, and Central America). These experiences have brought a new awareness to the majority of the students regarding our community as a whole and the significant impact culture and language plays in the provision of quality health care. As a result, students have begun to understand citizenship responsibilities within a global community. It is hoped that over time this realization will provide the impetus for significant change within our health care delivery system and toward the goal of self-sufficiency.

Facilitating Factors

Four factors have facilitated the progress of our SL project. First, the team was able to

access and coordinate with the newly hired SL coordinator at the college. Second, Community-Campus Partnerships for Health (CCPH) staff and team mentors provided ongoing support, consultation, and written resources throughout our first year of operation. The third factor was the willingness, flexibility, and receptivity of the Catholic Charities staff to work with students in the development of expanded roles and education. The last significant factor affecting our progress was the unwavering, long-term commitment of the team members.

Challenges/Barriers

Naturally, we have also experienced challenges and barriers. Those that have proven to be most critical are assumptions the team made prior to start-up; the degree of difficulty students and faculty experienced with such a shift in clinical experience; the time demands required from each team member; and the financial resources necessary to maintain such a broad-based collaborative project. We have started to effectively address these challenges through networking with other agencies and academic institutions; linkage with the college SL coordinator; refinement and enhancement of the orientation of students, faculty, and staff; and the identification and submission of additional grants and fundraising efforts.

Evaluation Methods

Students completed qualitative and quantitative evaluations at the conclusion of their SL activities. Data analysis is in process. Oral and written comments from agency staff and faculty are obtained throughout the SL experience, as well as at the end of the semester. Team members have participated in consistent and planned reflective dia-

logue. The SL team reviewed all feedback, and modifications were made before the start of the new semester.

Activities and Materials Produced

A variety of activities and materials resulted from this SL project. They include student and agency staff orientation training pres-

entations, project contracts, evaluation forms, poster presentations, academic and journal writing criteria, state grant submissions, articles for publication and/or public relations, a project brochure, and several faculty/staff/community presentations.

SUSTAINABILITY

The future of the SL project of the Nebraska Methodist College and Catholic Charities is very positive. Our similar and well-matched missions of social justice and building of community are central to the ongoing life of this collaboration, resulting in strong administrative support from each organization. Additional grants received have offered each organization some financial support so that resources could be used without significantly impacting the overall financial picture of either organization. There is potential of matching funds through the Nebraska Methodist College Endowment Fund.

Future factors that will facilitate sustainability include continued administra-

tive support (including funding, resources, and department and associate chair support); individual faculty and agency representatives' maintaining motivation and momentum; increased project awareness of other community members and faculty; identification of new sources for funding (potential matching funds through Nebraska Methodist College Endowment Fund); and the incorporation of SL within the college's overall curricula.

Of concern has been our ability to sustain financial support for the long-term continuation of SL, as well as the apparent inability to complete a longitudinal study of the effects/outcomes of SL.

PROJECT IDENTITY

As a member of a national initiative, our team has received recognition and credibility within the college and the community, verifying national trends and ensuring our commitment to best practice. In addition, we have enjoyed the support, technical assistance, and resources made available through CCPH and the other member teams.

We believe that the PCC Program has made a difference in reinforcing consistency, cohesiveness, dependability, and excellence in the development of a SL program. The CCPH director and the team mentors have provided insight, encouragement, and assistance critical to our successful implementation.

LESSONS LEARNED

Certainly we have learned many lessons throughout our first year. The keys to success have been flexibility tempered with structure, maintaining a sense of humor, and not underestimating the commitment of time, energy, and support that each organization and team member must be willing to bring to and keep at the table.

The DARING to Reach the Heartland team would recommend that new teams proactively plan for the increased workload demands in developing and implementing SL, have available mentors and maintain consistent contact with them, and regularly network with partners to maintain cohesiveness.

Community Partner Statement

Jean Sassatelli

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

I am proud of being able to help nursing students understand that there are professional nursing roles in the community. I am proud of helping our staff in regards to the scope of nursing practice.

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

I know we have done good work when staff at our agencies ask the students to participate in their programs and when they have given me positive feedback. In addition, I know we are doing the right thing when I hear students' paper presentations and they articulate the positive aspects of the partnerships. I know then that their understanding of the community and of civic responsibility has been developed; and that also developed is their role as a positive activist.

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

I am working toward the time when all the staff at our agencies state "great opportunity to prepare nursing students while they engage in the community to help meet agency goals."

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

- There must be enough time for planning and orientation of the students as well as all nursing faculty and all agency personnel.
- There needs to be sufficient time for reflection during and after each experience so that the "service" becomes "learning" for all individuals involved.
- As the representative for the community partner, I need to arrange for more follow-up meetings with agency staff in order to plan and formalize the process within the agency and the team.
- Boundaries need to be maintained in this process of providing service, but I believe that it is possible to expand agency involvement in SL because I am now better able to articulate its benefits.

One of the community agency's biggest challenges is for agency staff to understand that nursing students have a nontraditional role in the community. Agency staff need to understand the difference between service as learning and the traditional practicum.

Faculty Statement

Char Herman and Connie Wallace

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

We are most proud of the team approach we have achieved. We are like family. We also take pride in our having found a way to include SL in an already jam-packed curricula and in our helping students learn to think “outside the box.” By developing a SL component in our course, we are offering students new learning experiences, deviating from the traditional hospital-based focus, thus preparing them to function in diverse settings.

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

We know our SL program has done good work. In some ways it is mostly a “gut thing,” certainly not measured in dollars. One way it is measured is through student reflections. When student reflections indicate a new openness to their community and an increased awareness of unmet needs, we believe good work has occurred.

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

We would like the community to recognize and communicate to others that SL helps meet their needs and/or advocates for them in a comprehensive, collaborative manner.

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

The mistake from which we learned the most was focusing our concentration on filling slots in making student assignments, rather than focusing on the best match of student interests/capabilities and agency needs. We also underestimated the degree of student resistance and the amount of orientation time needed.

In addressing this mistake, awareness was critical. As soon as we became aware of these errors, we provided additional time and support for the students. During the second semester of SL, assignments were based on the “best fit” concept.

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

- Our SL program requires a lot of time! However, we know we are going places we hadn't identified initially and are seeing students in evolving roles.
- We are able to speak with authority and knowledge about the concept of SL. We are able to proactively plan and ensure viability.
- We could teach a colleague to initiate SL in their course.

The most important thing we have learned about SL is to laugh often! We have re-learned the importance of boundaries.

The assumption we had about SL that has been most challenged is that faculty colleagues, as a whole, would support the concept and movement toward college-wide SL. Another challenged assumption is that students would appreciate the need for civic involvement today, not somewhere in the future.

Student Statement

Mary Tutor

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

I am most proud of being able to be a liaison between the students and faculty. I am proud of seeing doors open with other students and actually visualizing the “a-ha” experience.

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

I know we have done good work because of feedback from students that revealed they had a positive learning experience. In addition, I know we have been successful because of positive responses from the community agency personnel, including their requesting that students continue to be placed with them.

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

There were some students who referred to the experience as an inconvenience. I would like all the students to appreciate SL as an opportunity to increase their autonomy.

The assumption that I had about SL that has been most challenged for me is that all students would accept the concept of SL. I now recognize that there are varying degrees of openness. I have learned that some students who are fearful prefer structure.

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

- Being in the role of student representative takes a lot of work; however, it has allowed me to grow.
- I am able to articulate the benefits and I have learned the living life of education.
- Finally, I have learned the value of humor while the students go through the process of seeing the “big picture” as they grasp the connection between education and community.