



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

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# **PARTNERS IN CARING AND COMMUNITY**

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

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# **PARTNERS IN CARING AND COMMUNITY**

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

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

*Sarena D. Seifer and Kara Connors*

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

Pew Health Professions Commission

#### **Overview**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The nine teams and their programs are briefly described below:

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

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

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

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

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

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

# Joining Hands for Healthy Seniors

## Stephen F. Austin State University Division of Nursing and East Texas Community Health Services

### Team Statement

*Wendy Duggleby, Robin Moore, Amy Satterwhite*

#### PROJECT OVERVIEW

Our Partners in Caring and Community (PCC) service-learning project Joining Hands for Healthy Seniors focused on addressing the health needs of senior citizens. The program differed from what was initially proposed with the addition of approximately \$3,000 from the Betty Baker Foundation to support the project. The students did not need to fundraise and the cost covered free flu immunizations. Before this project, similar projects were being completed; however, SL was not as well integrated in the curriculum and true community partnerships had not been formed.

#### Development

East Texas Community Health Services (ETCHS), our initial community partner, first identified the issue of seniors' health. They had been contacted by several senior centers in regards to providing immunizations as part of their outreach program. However, ETCHS did not have the available staff to provide the outreach services to all the centers. As the Division of Nursing and ETCHS had participated in joint projects before, ETCHS contacted the division with the idea of working together to perform the service.

#### Goals

Our team goals for the project were to enhance the SL experience for all partners by developing workable solutions to:

- Time constraints in planning the project;
- Awarding of clinical hours;
- Communication with the community partner;
- Funding for the SL experience; and

- Workload increase for faculty, community partner, and students.

#### Service-Learning Defined

SL is an experiential approach, which incorporates the concepts of community partnership and reflection thereby integrating the goals of service and learning.

#### Team Roles

The faculty and community leader initially assumed a planning role of organizing the structure of the experience and the student orientation. Following the orientation to the project, the roles changed to facilitator and resource. Decision-making was relinquished to the students, so the students became the leaders gaining ownership of the project.

Several other community partnerships developed as the project progressed. The local chapter of AARP assisted with volunteers at one of the sites, local hospitals donated volunteers and supplies for cholesterol screenings, and the Lehman Eye Center donated volunteers and supplies for glaucoma

screenings. Other important partners were the supervisor, staff, and volunteers of the senior centers, who assisted with set up and

use of the facilities. The Betty Baker Foundation and local businesses provided funding for the project.

## PROJECT PERFORMANCE

### Curricular Integration of

#### Service-Learning

Both Nursing Leadership and Management and Community Health Nursing are required for nursing students. Twenty-five percent of the course grade for Community Health Nursing was for the SL component, and 20% for Leadership and Management. To pass the courses, the students had to pass the clinical practicum. SL clinical hours accounted for 50% of the practicum for both courses.

The course descriptions at the university require several levels of approval to change; however, the syllabus does not. SL was listed in both syllabi as a method of learning and a definition of SL was added to the clinical practicum section.

#### Service-Learning Objectives

- **Community:**
  - Provide realistic professional nursing care including strategies for health promotion, prevention of illness, illness care, rehabilitation, restoration, health counseling, and health education to clients/families, community, aggregates, and populations
  - Design and implement plan in collaboration with others to meet identified health needs of multi-cultural community-based clients, families, aggregates, and populations.
  - Use the nursing process to provide nursing care for individuals, families, aggregates, or populations to facilitate responsible self and collective positive health care practices.
  - Describe existing and potential nursing roles to meet emerging health needs of the culturally diverse general public in a changing society.
- **Leadership:**

- Demonstrate a beginning leadership role in achieving management goals.
- Analyze and apply theories, process, skills, functions, and techniques of leadership and management, including critical thinking, change theory, planning, budgeting, staffing processes, managing conflict, delegation, decision-making, problem-solving, motivating, and quality control.

#### Reflection/Additional Requirements

Throughout the course different types of reflection occurred. Verbal reflections took place in class with structured discussion linking theory with the service. Unstructured verbal reflections occurred when the students met at the end of each class to discuss their project. A final verbal reflection took place at the end of the semester with community partners, when the students presented their project, what they had learned, and recommendations for future projects.

Written reflections were completed weekly by the students and immediately following the project during a special reflection class. In Community Health Nursing, the students completed an aggregate reflection assignment. In Nursing Leadership, the students completed a force field analysis and budget and evaluation plan assignment focused on the SL project. The students also completed a final reflection paper that required them to select a theory from the course and test it using their SL experiences.

**Service-Learning Activities.** Twenty senior students taking the courses Nursing Leadership and Management and Community Health Nursing partnered with ETCHS to plan, implement, and evaluate a SL community-focused intervention called Joining Hands for Healthy Seniors. Five health clinics for seniors were held in four different rural counties in seniors' nutrition centers



during the week of October 18-22, 1999. Over 350 people received flu vaccines and health screenings, which included blood pressure; height and weight measurements;

and cholesterol, blood glucose, and glaucoma screening. Along with the screening, students provided health information and referral resources.

## PROJECT ACHIEVEMENTS

### Goals

Progress has been made in the majority of our team goals.

### Time Constraints

The students still have only six weeks to complete the projects; however, with the addition of the student leader to the team before the semester began, some of the organizational issues had already been resolved. This allowed the students to move more quickly into the performing stage of the project.

### Awarding of Clinical Hours

Clinical hours are still awarded based on a system of trust. In discussion with other faculty involved in SL, it was decided that this was the best mechanism, and, therefore, should not change.

### Communication

Communication with the community partner improved. Previously, the liaison person was receiving calls from many different students requesting information to organize the project. Following a planning meeting with team members and ETCHS staff, it was decided that one student should be designated as a liaison with the community partner.

### Funding

Funding for SL continues to be a problem; however, the Betty Baker Professorship was awarded for a SL project. In addition, because participation in PCC provided membership in Community-Campus Partnerships for Health, information on a number of possible funding resources was made available for future SL projects.

### Workload Reduction

In the process of revising the courses to better incorporate SL, more of the course grade was allotted to SL, thereby substantially decreasing the student workload from previous semesters. For the faculty member and community partner, there was no workload reduction.

### Facilitating Factors

One factor that facilitated our progress toward achieving our goals was the numerous resources provided by PCC. Written resources and team mentors all assisted our team to look at the many different options available. Another factor was the commitment of our team to face the challenges of SL and find workable solutions. We plan to continue to use these factors in the future by improving the SL experience based on written resources and to continue working together in order to sustain the partnerships formed.

### Challenges/Barriers

One of the biggest barriers to the partnership was time. As the workload of community agencies and faculty increased, it made communication more difficult and decreased the commitment to SL.

### Evaluation

#### Methods

Measuring the outcomes of the service and learning goals assessed the SL experience. Service goals were measured by collection of data at the clinics in regards to numbers of clients receiving flu immunizations and participating in screening and the amount of information provided. In addition, individuals attending the clinics rated the clinics very positively on a satisfaction survey and said they would return if the clinics were offered again. The learning goals were measured through assignments such as force field analysis, budgeting and evaluation plan, and final paper. They were also measured through the reflection assignments.

#### Results

The evaluations suggested the need for more marketing prior to the clinics. The seniors who attended reported that they had heard about it by word-of-mouth and that they felt more people would have attended had they known about it. After evaluating the reflec-

tion assignments, a less structured reflection than the critical incident record will be used, as most students felt that it would be easier for them to reflect using a more open format.

### **SUSTAINABILITY**

As mentioned previously, the Betty Baker Foundation provided the majority of funding for the SL experience. Funding of the implementation of the experience is definitely a facilitating factor for the sustainability of SL. Facilitators of the sustainability of the partnership will be ongoing communication and reciprocity in planning, implementing, and evaluating future projects.

### **PROJECT IDENTITY**

Being part of this national initiative has introduced our team to many valuable resources and ideas. It has also brought rec-

### **REFLECTIONS ON THE PARTNERSHIP**

The partnering model facilitated by PCC is an excellent one that truly enhances the SL experience. For the first time, academic courses were revised based on input from a community member and a student. Each of the different perspectives added an addi-

### **LESSONS LEARNED**

Lessons learned in the SL program included our recognizing the importance of partnerships, the many resources available for SL, and the need for sustainability of the SL experience.

### **Materials Produced**

Materials produced for this SL project included an orientation packet and a final written reflection questionnaire.

The future of SL at the Division of Nursing and in the community is very positive. As the Division of Nursing is involved in partnerships that are successful with positive outcomes for the community, a sense of trust has been fostered that each member of the partnership is committed to SL. Already other faculty members have begun to integrate SL into their courses.

ognition to our SL project, which has increased the interest in SL by other faculty and university administration.

tional dimension, resulting in SL being more integrated into the course. This process also helped the student and community partner to understand the learning goals of SL. Through this process, as well, the service goals were more clearly delineated.

The advice we would give to others starting a SL project is to match the course objectives with the type of SL experience, so that learning and service goals can be met. In addition, we would stress the importance of ongoing communication between partners.

# Community Partner Statement

Robin Moore

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

I am most proud of the fact that our efforts this year involved much more communication, which led, I believe, to our working together more smoothly and with greater understanding among all of the partners.

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

When the senior citizens who were served by this program gave the students glowing smiles and hugs, then expressed hope that the students would provide the health fair again next year — that's when I knew we'd done good work. One can (and should) count the number of people served, etc., but it's the human element that expresses good work.

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

Other people have commented that our program and attendant project are a wonderful partnering of the public and private sector that provides a tremendous learning experience — I truly like that!

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

Given that this project has occurred for the last few years, we had solved some problems previously. My participation in this program was a concerted effort to overcome the past stumbling block of inadequate communication. At the end of the program this year, I realized that I really needed to actively participate in at least one of the senior health fairs, and not just send staff. If we carry the project on next year, I will do just that!

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

- Our SL project makes sense and represents a real opportunity for all of the involved parties.
- I am able to understand the goals of the “learning” part of the program, including the reflection piece.
- I could teach a colleague how to talk and interact effectively with an educational department about SL while achieving the community partner's goal of “getting it done.”

*The most important things I have learned about the program this past year are how it's really supposed to work and the mutual benefits of an understandable (and ongoing) program.*

*The assumption that I had about SL that have been most confirmed for me in the past year is that it can all make sense to ALL of us if we'll just take/make the time to orient each other to our particular viewpoints and goals. The building and synergy that can then occur is tremendous!*

*The assumption that I had about SL that has been most challenged in the past year is that the reflection piece was pretty suspect. I had originally viewed it as a “blue-fuzzy, feel-good” exercise. I have now come to see it as an effective mechanism for obtaining candid, real-time evaluation of the activities, the philosophies and theories, the dynamics, the joys, and the challenges of the experience.*

# Faculty Statement

Wendy Duggleby

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

I am most proud of the development of partnerships with our team. The partnership with the community leader really facilitated the implementation of SL. The student leader became a very valuable liaison, facilitating the learning experience of the other students.

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

I knew that the SL program was very positive when the clinics were held and I was able to observe the students' pride in their accomplishments and their interactions with the seniors.

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

I would like other people to say that SL is an effective teaching/learning strategy. It facilitates the development of community leadership and critical thinking for nursing students.

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

There were several mistakes that I learned from. One was the expectation that the RN transition students did not need the same structure as the other students in SL. The fact that some did not attend the orientation due to work conflicts created problems throughout the project. This semester all students were required to attend the orientation. Another mistake was my using the critical incident report reflection format, which did not facilitate the reflection as well as a more open format; in response, I changed to the more open format.

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

- Our SL program is more integrated into the courses.
- I am able to focus the entire course on the SL project.
- I could teach a colleague how to incorporate SL into their courses.

*The most important thing I have learned about the program this past year is the importance of weekly reflections, so that the students associate the service with the learning.*

*The assumptions that I had about SL that have been most confirmed for me are that it: is effective in developing the students' critical thinking and leadership skills; benefits the community; and is fun!*

*The assumption that I had about SL that has been most challenged in the past year is that SL can be integrated into a course and implemented without faculty workload reduction. I have had to take on another course as well. The addition of the SL has increased that load substantially. I believe that at least for the initial development there needs to be recognition of the increase in workload by faculty.*

# Student Statement

Amy Satterwhite

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

The one thing that I am most proud of is the service we provided for the senior citizens.

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

I knew that our SL project had done good work, because during each of our clinics many of the seniors let us know how much they appreciated the service and how much easier it was for them to come to the senior citizen center where they often came to socialize.

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

I think that our biggest mistake was that we did not communicate with the senior citizen center administrator quite as well as we communicated with our community partner, East Texas Community Health Services (ETCHS).

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

- Our SL program is stronger. I think that we are much better communicators of our needs and wants. We are not quite as hesitant to put an idea on the table for discussion, as we were this time last year.
- I am able to see how a partnership that benefits all parties involved provides strength and commitment. Before I focused on what the SL should do for me. Now I realize that there are many more entities involved than just the students or even the university.
- I could teach a colleague how to work with another member of the group to find an acceptable solution that benefits all parties involved.

*The most important thing I have learned about the program this past year is who is ultimately important. Before our work as a team, I was very one-sided on what I thought needed to be done and whom it should benefit. I think our joining with ETCHS and the community partners has helped me see that it is the public who is really important, not us. We all benefited the most when our target population was satisfied. Their impressions are how we judged ourselves. It gave me the deepest sense of satisfaction when the senior citizens commended us on what a good job we had done. That meant more to my fellow students and me than an “A” on the grade book.*

*The assumption that I had about SL that has been most confirmed for me is that SL really is a unique and fulfilling experience for all parties. It not only fulfills the university’s requirements, it also puts the students out in the public and allows them the freedom to learn from the people they interact with. When done well, SL becomes a welcome opportunity for the community partner instead of a burden. The students in my class felt like they were true partners, not burdens, to ETCHS.*

*The assumption that I had about SL that has been most challenged for me is that assignments have to be difficult or boring. I do not mean difficult as in hard to do, but as in something that you do not want to do or that seem to be “just another assignment.” This SL experience has been wonderful. I watched my classmates start out by saying, “Let’s just get this over with as painlessly as possible” and end with a sense that this was “our” project. We made it our own and we took pride in our work, which showed during our health fairs.*