



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

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About Community-Campus Partnerships for Health

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PARTNERS IN CARING AND COMMUNITY

A Team Approach to Service-Learning in Nursing Education

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PARTNERS IN CARING AND COMMUNITY

A Team Approach to Service-Learning in Nursing Education

Introduction and Ideas for Using this Guide

Sarena D. Seifer and Kara Connors

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

Pew Health Professions Commission

Overview

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

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

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

The Rationale for Service-Learning in Nursing Education

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

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

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

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

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

The Definition of Service-Learning

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

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

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

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

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

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

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

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

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

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

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

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

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

The nine teams and their programs are briefly described below:

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

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

Suggestions for Using This Publication

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

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

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

Social Justice in Immigrant Communities

University of Colorado Health Sciences
Center School of Nursing and
La Clínica Tepeyac

Team Statement

Lauren Clark, Tara Edick, Jeannie Zuk

PROJECT OVERVIEW

The original focus of our Partners in Caring and Community (PCC) service-learning project was to expand service-learning to include experiences for students enrolled in the one-credit Social Justice Capstone course. The course is designed for students to work in partnership with community agencies or leaders of social causes on social justice projects related to empowerment, health care accessibility, and environmental risks to minority communities. We have adjusted the focus of this service-learning experience to include four areas: environmental justice, economic inequality, minority health, and underserved populations.

Background

Informants report that in the area around the University of Colorado Health Sciences Center School of Nursing (UCHSC-SON), minority communities feel alienated from the profession of nursing and from university-based nursing education programs. This alienation stems, in part, from the perception that white, middle-class nursing students are willing to “learn on” minority patients who are poorer, sicker, and more interesting” than non-minority patients. But when the learning is over, those students are believed to flee back to the suburbs where they feel most comfortable, failing to show any long-term interest in serving the most disenfranchised members of society.

Goals and Objectives

The original goals and objectives of this project were to:

- Facilitate nursing students’ role formation as nurses and citizens who can work for social justice in terms of accessible, acceptable, and adequate health care in refugee and immigrant communities; and
- Provide La Clínica Tepeyac with a new level of continuity in health care services and access to community health assessments for specific refugee and immigrant populations.

We have modified these original goals and objectives. We continue to emphasize the first objective of role formation, but we have expanded the objective of working exclusively with La Clínica Tepeyac to include over 20 agencies as community partners. We expect that the list of community partners will continue to grow, since all matriculated students in the School of Nursing must complete the Social Justice Capstone course and its associated SL component.

We have also expanded the student focus from refugees and immigrants to include other underserved populations.

Service-Learning Defined

Even after all of these experiences, our definition of SL is unchanged from our original application. We think of SL as an experiential learning opportunity for students that puts social justice into action to benefit minority and underserved communities. Although our definition has not changed in regards to SL, all members of our team feel more comfortable with identifying what is and is not a SL experience suitable for the course. This increased level of expertise has been a direct result of our participation in the PCC Program.

Partnership Development Activities

Faculty development activities have included an ongoing faculty advisory group that meets periodically to discuss the goals and implementation of the Capstone course and two brown bag informational sessions for faculty and students. Instead of a community advisory committee, we have emphasized the positive working relationship enjoyed by the UCHSC-SON and La Clínica Tepeyac. Three of La Clínica's staff are closely involved with the implementation of the SL experience. Other collaborative partnerships have strengthened the relationship between La Clínica Tepeyac and the School of Nursing, as well. The Public

Health Nursing Outreach for New Americans is a joint endeavor between the two partners unrelated to the Social Justice Capstone course and SL, but students from the School of Nursing work with La Clínica Tepeyac on patient referrals and care coordination for public health nursing care. These mutual interests and shared experiences have made the partnership rich in benefits beyond the SL partnership.

Team Roles

The role of faculty in this project has been to help facilitate student learning about social justice through SL in a particular area of social justice. Because the course is conducted online without a traditional classroom component, the faculty member facilitates online dialogue with students, helps them identify an appropriate agency partner and formulate learning objectives and an evaluation plan, and solicits and grades the reflective assignments (a critical book review and a reflective paper). Students carry out 30 hours of SL according to the criteria of their faculty-approved learning contract, and with agency sign-off. Community participants work with students to identify realistic SL experiences that meet the objectives of the course, and provide feedback to the faculty and student as needed. Currently, over 20 agencies are identified SL partners, some with students working at their sites, and others awaiting an interested student.

PROJECT PERFORMANCE

Curricular Integration of Service-Learning

The one-credit Social Justice Capstone course with a SL component is a required class for all students (BS, MS, ND, and Ph.D.) in the final half of their academic programs. The University of Colorado Health Sciences Center School of Nursing currently has 517 matriculated students across all programs.

Goals

The goals of the SL course are written as learner competencies. Upon completion of the course, the student should be able to:

- Engage in a dialogue about nursing, SL, and social justice issues with persons uninformed about these concepts;
- Assess the social attitudes and structures (institutional, interpersonal, cultural, socio-political, and financial) that ameliorate or exaggerate health risks among the people served in their SL environment;
- Plan a feasible Capstone Project to work toward social justice for an identified population; and
- Write reflectively about her or his role as a nurse and citizen to promote social justice in a SL environment.

Student Plan of Action

Once enrolled in the Social Justice Capstone course, students are required to participate in a 30-hour SL activity and 15 hours of online instruction. The course requires each student to:

- **Identify a Service-Learning Activity.**

Students select a community agency or effort directed at achieving social justice. At times, students come to the Capstone course already aware of an agency or cause they would like to join. Others come with no community connections and no political or social passions, and the faculty then take an active role in helping the student think of an area of social justice that is pertinent to the student's practice area. With that issue in mind, the student and faculty member work together to locate a suitable community agency that would provide the student with a SL experience in a social justice area of meaning to that student.

- **Establish Partnership with Agency.**

Establishing a working relationship with an agency representative is the student's next task. For agencies on the School of Nursing list, an identified contact-person is already familiar with the course and its goals. If the student selects an agency not familiar with the course or with SL, then the student introduces her or his course-related goals to the agency and takes a lead in describing SL to the contact person identified by the agency. It came as a surprise to the partners in this project that the agencies that were identified as partners and listed on our course-related material sometimes told students in subsequent semesters that they had never heard of the Social Justice Capstone course or had never agreed to participate as community partners. Given the turnover of staff in small, struggling grassroots agencies with social justice missions, institutional memory is understandably short. For students, however, it is a daunting experience to call an approved agency that has supposedly been oriented by the course faculty only to find that the agency is not interested in the student or the course. Other students

have found it difficult to find an agency or cause they feel passionate about. Guidance from faculty has been helpful in these cases, but some students—for a variety of time and personality reasons—are simply more difficult to motivate and enthuse in a SL experience with a social justice focus.

- **Identify Goals.** Identifying SL goals and objectives in collaboration with the agency representative and course faculty is the student's next task. Ideally, students balance the service they provide with the learning they accomplish. The challenge is to achieve some sense of balance for both the student and the agency. Some agencies have been hesitant to collaborate with the Social Justice Capstone course because the 30-hour SL experience appears too short to offer them any real benefits. When they learn that up to half of that experience is devoted to meeting the students' learning needs primarily, and rendering service to their agency secondarily, some agencies have balked at participating at all. Students, too, have been challenged to think about service and learning in new ways, and being able to clearly articulate and categorize their goals for the course so that the service and learning components are clear is a new experience for them.

- **Identify Evaluation Plan/Take Action.**

Finally, students specify an evaluation plan for their SL experience, and actually carry out their work to achieve their objectives. Because this course is taught online, students are encouraged to chat with other students about their experiences and participate in formal online forums. Course faculty check-in several times a week to monitor the course discussion, pose questions, and respond to students' postings about their experiences. The didactic component of the course is a required complement to the SL experience, and has proven an important vehicle to expose students to scholarship about SL, social justice concepts, and current events that link social justice with health care for underserved populations. Through

integrating their SL experience with online reflective dialogue, students demonstrate a synthesis of social justice concepts and a more practical experience of what it may feel like to be a person in different or disadvantaged circumstances. The intellectual and experiential components of social justice thread through students' postings.

Reflection/Additional Requirements

The reflection component of the course is a three-page paper completed at the end of the semester that explains their Capstone Project and traces their personal and professional growth. Students interact in an online dialogue weekly about current events or other conversations about social justice. Finally, they all read a book of their choosing about social justice and its health ramifications, and they share these book reviews and their commentaries online. Many times, fellow students comment to the book review author about the book and its review.

Current Events Forum

In terms of integrating the SL experience with the role of nursing in society, one of the most successful portions of the course has been the current events forum. In this online forum, students and faculty post press releases that pertain to social justice. When the new Department of Health and Human Services initiative of health disparities was announced, for example, the current events forum highlighted information about health disparities and opportunities for funding. Some students were unaware of identifiable disparities in health for particular groups; other students, already aware of the problem, were encouraged by the governmental

attention and funding allocated to actively address disparities. In this instance, the participation of students across baccalaureate, master's, and doctoral programs allowed for students in different educational programs to respond to a similar issue and benefit from viewing the issue from the eyes of others at different levels of experience. The information on disparities was also important to students participating in SL experiences with agencies directly involved with some of the populations affected by health disparities. In some cases, students were able to see their SL experience with Head Start, for example, as the beginning of a trajectory of advantage or disadvantage for children who may one day become the people behind the statistics.

Service-Learning Activities

To date, 52 graduate-level students have completed the Social Justice Capstone course. Their SL experiences were with a variety of community agencies. One student worked with an emergency food distribution group, two others selected an Asian community mental health center, and another worked at Head Start. The Conflict Center involved two students in a gun violence prevention project for at-risk teens. Other students have selected rural diabetes education programs, homeless feeding programs, and Habitat for Humanity. La Clínica Tepeyac, the original partner in this project, has worked with a few students, but most students have elected other agencies. Whatever their project, the students must reflect on the social issues involved in the health of the population they serve.

PROJECT ACHIEVEMENTS

Since the inception of the PCC SL project, the number of agencies collaborating with the School of Nursing has increased dramatically to include over twenty community agencies. The number of students participating grows each semester, since it is a required course before graduation. There have been two brown-bag information sessions to acquaint more students with the course and

expectations. In addition, the associate dean for academic affairs is very committed to SL and his dedication has led the way for creating ongoing faculty advisory board meetings. His support has also strengthened work meetings to clarify the relationship of the School of Nursing with the community. A workshop, *Joining Hands for Social Justice*, was held with funding from Commu-

nity-Campus Partnerships for Health and the School of Nursing. The workshop oriented faculty, students, and community agencies to the concepts of SL and the Social Justice Capstone course.

Facilitating Factors

There have been many factors that have facilitated progress toward achieving our objectives. The most innovative is the technology that brings the Capstone course to an online audience. The majority of the communication is done online; students are able to read about other student's projects and experiences through reflective papers. The positive attitude toward SL conveyed by the faculty as a whole has also been a contributing factor. The financial support from the School of Nursing and Community-Campus Partnerships for Health helped to make the workshop a success. The University of Colorado at Boulder Department of SL assisted with the workshop by presenting an overview of their program, which allowed workshop participants to gain a broader understanding of SL. The CU-Boulder office also came full circle and met with La Clínica Tepeyac to establish a partnership for SL. La Clínica Tepeyac has a committed relationship to the development of the SL project and working with students who in turn fulfill the needs of the clinic.

Challenges/Barriers

One barrier we have encountered was the lack of understanding of what SL was by community agencies and the students. We began to overcome the barrier by having a workshop for community agencies and students to introduce the concepts of SL. Students may also attend brown-bag luncheons to become more acquainted with SL and to learn about previous students' experiences.

Additionally, we have noticed high staff turnover rates at community agencies. Continual communication regarding staff changes must be made available to the course instructor; otherwise, a student contacting the agency may not be able to serve with the organization due to a new staff member's unfamiliarity with the SL project.

Evaluation Methods

We have assessed the SL project through agency feedback, student evaluations of the course and the SL experience, and faculty evaluations of students' reflective papers. We also formally assessed the success of the day-long SL workshop *Joining Hands for Social Justice*; participating students, faculty, and agency representatives completed an evaluation that let us know how successful the workshop was for them, and also pointed out some of their concerns about the SL endeavor. Many of the concerns have been topics of ongoing conversation in our team meetings.

Materials Produced

The materials produced as a result of our participation in the PCC Program have been placed online, which students may access through the World Wide Web. Student reflection papers are posted on the Web site and students have an interactive site where information is disseminated for student use. In addition, all of the materials used for the SL workshop *Joining Hands for Social Justice* were created by us and included a SL group activity, an agenda, a list of participating agencies, the course syllabus, a list of SL-related Web sites, and an evaluation for the workshop. Funds we received from PCC and our own Office of Academic Affairs enabled us to print programs and materials for all attendees and provide lunch.

SUSTAINABILITY

The determination of the faculty at the School of Nursing will facilitate the sustainability of our SL partnership. We

expect that our difficulties to date have been growing pains, not death gasps. The future of SL in our community looks bright.

PROJECT IDENTITY

The expert advice of our capable PCC colleagues and staff has enabled us to anticipate some of the challenges and avoid them. At other times, we have simply shared our difficulties and received many kind words of

encouragement and support. Embarking on a path like this — with a brand new course based on SL — would have been far less successful had we not had the benefit of our affiliation with PCC.

REFLECTIONS ON THE PARTNERSHIP

As a community-campus-student partnership, we have had the extraordinary opportunity of spending time together in PCC environments where we have been able to get to know one another's expectations and experiences, and our partnership has grown because of it. We know now how to plan together for a successful and mutually satisfying partnership between our constituencies that we believe will out live any one of us.

In fact, the partnership we have established is now dissolving, as the student member of our team moves on with her life and the agency representative advances in her career. Our faculty member is the most permanent member of the team. We believe the project has a strong foundation and expect the addition of new student and community team members will sustain the partnership.

LESSONS LEARNED

Persevere. Work together on the partnership and on the SL goals even when it stops being fun.

Lower your expectations. We started with some unrealistic expectations about how easy it would be to start this program and how productive our team and our students would be. We now hope that we can achieve half of what we set out to do.

Bring in more people to the partnership. As more students became enthused, we in-

cluded them in some activities of our partnership. They started making presentations, for example, at various meetings and acting as representatives of the SL process. We also included agency partners from different agencies with positive results. The more sources of energy you can tap, the more you can communicate your positive vision of the future of collaborative endeavors in SL.

Community Partner Statement

Tara Edick

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

Developing and implementing a SL program from the grassroots level has made me most proud. Since the University of Colorado Health Sciences Center does not have an office of SL, helping to set up a system for the future makes me a valued part of the process.

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

We will know our SL program has done a good job when community agencies come to the instructor to report the nursing students' accomplishments and also when students return saying how much they enjoyed working with the community.

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

I would like other people to say the SL program provides a needed service to the community while exposing students to populations they would not have worked with otherwise.

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

One mistake I made was assuming SL students would fit into the clinic just as any other volunteer. However since the PCC Program, I have a clear understanding of what is expected from the students and can have activities available for the students with learning objectives in mind.

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

- Our SL program will exist in the future. At first I was wondering if the project would get off the ground, how it would run, and if there would be opportunities for SL in the future. Now I am looking for opportunities for the program to grow. Ideas have developed such as creating a department dedicated to SL and having other instructors and courses require students to participate in SL.
- I am able to place students at La Clínica Tepeyac in valuable areas so that both the student and our agency benefit. I am also able to explain clearly what the expectations of the students are and how their role fits into the clinic.
- I could teach a colleague what SL is and what it is not. I have taught the staff which programs the students would and would not be able to participate in.

The most important thing I have learned about SL in the past year is the impact an experience can have on a student and the advantages the students can bring to a community agency.

The assumption I had about SL that has been most challenged in the past year is that SL was really in essence community service. However, I have come to understand the differences and how much more learning is involved for both the student and the agency in SL.

The assumption I had about SL that has been most confirmed for me in the past year is that SL was similar to the experience I had as an intern.

Faculty Statement

Lauren Clark

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

Our SL course is nearly a year old. When we first started, we had only a few students and faculty familiar with SL, and we had never taught a social justice course before. Combining our brand-new Social Justice Capstone course with a SL teaching methodology was a new endeavor. I'm most proud of the fact that we have created a course that is understandable to students and of interest to faculty and appears to be sustainable in our curriculum.

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

I know when the Social Justice Capstone course with its SL approach has been successful when I receive reflective papers from students that are thoughtful and demonstrate their individual growth as citizens and advocates for those who face systematic injustices. These reflective papers do not dwell on esoteric theories of injustice or ethical frameworks for fixing social problems; instead, they provide intimate pictures of what students confronted when they worked with minority groups who have limited access to care, such as homeless families or developmentally disabled adults. Students share their preconceived notions of what they thought of disadvantaged populations and how their experiences working with them on health issues have changed their ideas of what should be done. Most rewarding of all are the ideas students have for advocating for change with vulnerable populations. Some of the students have continued to work for social justice after the course has ended.

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

I hope other faculty recognize the way students synthesize their experiences in the Social Justice Capstone course and synthesize their learning across the curriculum by participating in a SL experience in social justice.

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

The mistake that has taught me the most is my assumption that our international students had the same ideas about social justice, disadvantaged populations, and what should be done about these social problems. I have learned that it takes more orientation to address the U.S. idea of justice and political activism. Some international students may never understand how these ideas fit into a nursing curriculum, although I hope we can make some progress.

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

Our SL program will survive; I am able to talk to community agencies about what they will “get out” of participating with students in a SL project; and I could teach a colleague how to structure an Internet course on social justice using a SL approach.

The most important thing I have learned about SL in the past year is that agencies have a different set of priorities as partners in this project, and their needs and desires may not mesh with those of faculty and students no matter how hard we try to reconcile them.

The assumption that I had about SL that has been most confirmed for me in the past year is that it is a powerful way to acquaint students with populations that are easily dismissed. As a teaching method for political change and nursing leadership in activism, SL has proven to be all that I had hoped.

The assumption that I had about SL that has been most challenged in the past year is that students and faculty will “take to it” naturally once they are acquainted with the principles and methods for implementing SL. In actuality, there is continued resistance.

Student Statement

Jeannie Zuk

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

I am most proud of having participated in the building and shaping of the Social Justice Capstone course almost from the beginning. SL had been offered as a summer course to a handful of students when I began working with the team.

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

I know that our SL program has done a good job when I talk with students who have completed the course and they tell me they are continuing to volunteer at their agency beyond the required 30 hours.

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

I would like other people to say that our SL program sensitized nurses to the needs of the community and enabled nurses to work for social justice. I would like other people to say that social justice is not something “other” people work for, but that it is part of nursing practice.

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

The mistake that I learned the most from is assuming that students would present the biggest challenge to incorporating SL into the curriculum. Agency resistance, agency staff turnover and lukewarm faculty can dilute student participation in SL. Participating in the student PCC workshops, I was able to learn about the importance of student choice and ownership of their projects and learned about how other students addressed these issues.

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

- The SL program has grown tremendously, involving students in different levels in nursing.
- I am able to clearly articulate what SL is, how it is different from volunteerism, and why it needs to be an essential part of the nursing curriculum. To be honest, I had never even heard of SL before I joined the team. Participating in the conferences in Leavenworth, Washington, and Washington, DC, enlarged my vision of how nurses can engage in the community in a partnership for mutual benefit.
- I can teach a colleague why contributing 30 hours of service brings a different perspective to health care and nursing, a perspective I feel cannot be gained simply by classroom work and writing a paper.

The most important thing I have learned about SL in the past year is that the underlying principles of SL become part of nursing practice and, I hope, are not left in the classroom. The principle of working in partnership with community agencies towards a common goal for mutual benefit, for example, can break down barriers between academic centers, community agencies, and people. This can incorporate nursing into the community and influence public health beyond what either nursing or community agencies can accomplish alone. I also have learned that it is important to keep the lines of communication open. Partnerships take time to develop and nurture; they require effort from all the participants.

The assumption that I had about SL that was most challenged in the past year was that everyone would immediately see the value of working for social justice, and that we would all agree on what that would entail. SL and social justice seemed to be a natural combination to me, so it was always a surprise when other students would make comments such as “poverty is not my problem — can’t they get a job?” or “they should just stop smoking because they know it’s bad for them.”