



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.

Integration of Service-Learning

University of Massachusetts Worcester Graduate School of Nursing and Community HealthLinks

Team Statement

Pat Navin, Joanne Calista, Ana Wolanin

PROJECT OVERVIEW

The focus of our Partners in Caring and Community (PCC) service-learning project was to define and use concepts of service and education in the curriculum of the University of Massachusetts Worcester Graduate School of Nursing (GSN) and a community service agency, Community HealthLinks.

Goals

- Develop a common language for SL and partnership;
- Share curriculum and program goals with our community partner, Community HealthLinks; and
- Integrate the community service into the GSN course Societal Forces.

Service-Learning Defined

SL is an educational methodology that combines student service to the community with explicit learning objectives. Its goal is to equip health professionals with the community-oriented competencies and civic re-

sponsibilities that will be needed to be effective in our rapidly changing health care system.

Service-Learning Outcomes

The expected outcomes for the SL activities were to: provide an enriched learning experience; provide an opportunity to apply classroom knowledge; establish community contacts; develop critical thinking; engage in the reflection process; become more aware of one's responsibility to the community; foster a concern for social problems; and provide growth in self-knowledge.

PROJECT PERFORMANCE

Curricular Integration of

SL

Societal Forces, a required course in the Graduate School of Nursing, had a required community component before the introduction of the PCC SL project. The community component was not structured, there was no organized processing of the community experience, and there was no structured evaluation of the community experience by students and agencies (see Appendix A). The student, community partner, and faculty at the June 1999 SL Institute proposed

changes in Societal Forces to incorporate SL concepts. The changes were accepted by the Graduate School of Nursing and introduced into the course in November 1999 (see Appendix B). The community project with poster presentation and written paper, which reflects the SL component, is worth 50% of the grade for the course.

Introduction of SL to Students

During the first class session, students were introduced to the SL Guide for Students (see Appendix C). The connection with the university and GSN mission was emphasized.

The purpose of SL as an opportunity for the students to gain experience in facilitating community improvement within the context of societal forces impacting health care was introduced.

Reflection Requirements

Faculty-guided reflection was initiated in the course. A structured reflection instrument was used to assist students in the process (see Appendix D). Written feedback about their experience was required in their paper. Group reflection also was conducted as a group with the faculty. Students also included perceptions of the experience when presenting their posters. The students responded enthusiastically to group reflection using a reflection guide. All students reported positive experiences.

Service-Learning Activities

There were twenty-one students enrolled in Societal Forces during 1999-2000. Students

found community agencies with the guidance and approval of faculty. The partnering agencies included elderly housing agencies, day care centers, local schools, and homeless shelters. Students conducted a needs assessment in collaboration with the chosen agency. They also used agency data or state or federal statistics to support the need that was identified. There was a variety of projects done with the community agencies. Projects included teaching the elderly how to fill out emergency information forms; providing information to the elderly regarding polypharmacy and over-the-counter medication; teaching the elderly how to keep their heart healthy; teaching middle school students the hazards of smoking; and teaching homeless people how to prevent frostbite.

PROJECT ACHIEVEMENTS

To meet the goal to develop a common language for SL and partnership, a flyer was developed that described SL, its goal, and what the experience would provide. This flyer will be distributed to students, faculty, and agencies.

To meet the goal to share curricular and program goals, the plan was to communicate to the agency, Community HealthLinks, the curriculum changes that had been made with the input of the student, faculty, and agency representative. This goal was not met. The liaison with the service agency left the organization for another position and the community agency was involved in a strike. Thus, building a partnership with the one agency was not possible.

The goal to integrate SL into the curriculum was accomplished with the changes initiated in the GSN course Societal Forces.

Facilitating Factors

One factor that facilitated progress toward goal achievement was the positive feedback from students and recommendations that they made during the evaluation of the pro-

gram. Another factor was the positive support received from the Office of Community Programs of the University of Massachusetts School of Medicine.

Challenges/Barriers

The major barrier was the decision to use one agency, which went on strike before the effect of the communication related to SL and the curriculum could be realized and evaluated. To overcome this barrier, next year more agencies will be utilized in the program. Reflection on the challenges that faced the SL project this past year directed a closer bond with the Office of Community Programs, which will provide a more multidisciplinary approach.

Service-Learning Materials

We developed the following materials for our SL project: a SL guide to supplement the course curriculum; a SL evaluation tool for students; a guide for reflection; an evaluation instrument for the agencies to provide feedback related to students (see Appendix E); and an evaluation instrument for students (see Appendix F).

PROJECT IDENTITY

Being a participant in a national initiative provided credibility to the process and provided encouragement in the face of obstacles

to continue to plan and learn from the challenges.

REFLECTIONS ON THE PARTNERSHIP

I believe that the PCC Program has made a difference in strengthening the relationships with community partners. While relationships with community agencies existed be-

fore we began this SL project, sharing curriculum and continually communicating strengthens them.

LESSONS LEARNED

The top three lessons that I have learned are to:

- Communicate with more than one agency;
- Communicate continually with the community agencies; and

- Reflect on things that worked as well as things that did not.

I would counsel others who are starting a SL program to build in time for changes that might be needed in the communication process. Complete a lot of up front work to be sure agencies really understand the project.

Community Partner Statement

Joanne Calista

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

As a community partner, I am most proud of where we are today. We have new members and a new and stronger configuration of academic and community partnership. The extent of community engagement and integration in this current team exceeds that of our first group and will enhance both learning and the benefit to the community.

The second aspect of the program that I am most proud is the integration of SL in the Graduate School of Nursing curriculum. This was led by our academic/student partners at the GSN and is being further promoted by the new dean of nursing, who has significant SL experience and commitment.

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

Evaluating our impact and assessing the quality of service will be a focus of our work in the upcoming year. On a more informal note, I can see evidence of positive impact of the SL program as students express a broadened, more service-oriented perspective of their role as a health care professional. In addition, the strengthening of relationships within the community has also been evidence of this positive connection.

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

Reviewing the evolution of our SL team, perhaps the biggest mistake, in my viewpoint, is the creation of a community-campus partnership with only one community-based agency. As elaborated in prior reporting, the community partner (myself) left the organization, leaving a gap in the community relationship. In addition, soon thereafter, the organization experienced organizational stressors that interfered with its capacity to participate actively in the SL program. Therefore, in its current iteration, our team is developing strategic, broader-based community partnerships that will be coordinated by (rather than limited to) one primary organization that has strong linkages with these community agencies.

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

- I have a greater understanding, and ability to articulate, the similarities and aspects that differentiate SL from other types of community-based learning experiences (e.g., field experience in social work internships). Kara Connor's discussion of that issue in San Francisco was particularly helpful in developing this understanding.
- I am in a role and work environment that is more directly suited to work in direct and consistent partnership with the other team members.
- I could more thoroughly explain the concept of SL. I could also advise a colleague regarding how to identify and sustain community partnerships. In addition, I feel that I could also advise a colleague regarding elements of curriculum related to SL and the development of professional role.

Faculty Statement

Pat Navin

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

I am most proud of the introduction of an organized approach to SL in the course Societal Forces.

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

Student feedback related to the clarity of the materials developed and their enthusiasm related to the reflection were positive reinforcement that indicated that the SL program was effective. Agencies also called with feedback about the wonderful programs that the students presented.

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

One mistake or opportunity for improvement was that originally only one agency was chosen for the program. The community agency representative changed positions before the revised curriculum with SL concepts could be introduced. Attempts to negotiate with a new representative at the agency did not prove fruitful, and then the agency went on strike. Because of the need to quickly provide experiences for students, they were allowed to choose any agency with the guidance and approval of faculty. Fortunately, this decision worked well. Using several agencies to provide varied experiences will be continued next year.

Compared to this time last year, I now know that the introduction of the concepts of SL in a systematic way is a powerful tool to use with graduate level students. It helped to facilitate a commitment to working for the good of the community.

The most important thing I have learned about the program this past year is the power of a unified approach and mechanism for structured feedback.

The assumption that I had about SL that has been most confirmed for me is that everyone understood SL. Implementing a community service is more than putting in hours with an underserved group. Introduction of the concepts of SL and reflection was a challenge.

Course Description before Integration of Service-Learning

COURSE: GN603 Societal Forces Influencing Professional Nursing Practice, 1998

FACULTY: Lillian R. Goodman, EdD, RN and Patricia Navin, EdD, RN, University of Massachusetts Worcester Graduate School of Nursing

COURSE DESCRIPTION: The purpose of this course is to provide opportunity for graduate students to investigate those dynamic issues and forces, both within and outside the profession, which impinge on the practice of nursing. The course will generate discussion, debate and presentation on such factors as the health care delivery system, the role of advanced practice nursing and other health care providers, scope of practice, legalities of practice, ethics, economics, licensing and education. Students will be expected to analyze present and future issues and propose changes that affect nurses and nursing.

COURSE CREDITS: 3 credits

COURSE OBJECTIVES: At the completion of this course the students will be able to:

1. Demonstrate understanding of cultural societal trends, such as the role of nursing, nursing education, changing social values, and changing health needs as they affect nursing practice.
2. Evaluate the impact of political factors such as federal funding, legislation and credentialing on the practice of nursing.
3. Demonstrate ability to analyze reimbursement approaches as they affect nursing practice.
4. Describe various moral and ethical principles and dilemmas of practice and develop framework for analyzing moral and ethical issues.
5. Demonstrate understanding of legal issues such as malpractice, changing practice acts, and expanded role legislation in nursing.
6. Identify and support individual positions on issues discussed in this course.
7. Consistent with the Mission of the University of Massachusetts Worcester and the Graduate School of Nursing, community service is a responsibility of health providers.
8. The purpose of this learning opportunity is to provide experience in indirect role of the advanced practice nurse within the context of societal forces impacting health care.
9. It is suggested that students work in dyad/triad groups composed of representatives from more than one specialty area.
10. Develop an idea to meet above purpose.
11. Review proposed project with faculty for approval.
12. Conduct a need assessment.
13. Design a plan.
14. Implement project.
15. Evaluate project.
16. Present project using poster presentation format.
17. Submit summary of project using attached form.

Course Description after Integration of Service-Learning

COURSE: GN603 Societal Forces Influencing Professional Nursing Practice, 1999

FACULTY: Lillian R. Goodman, EdD, RN and Patricia Navin, EdD, RN, University of Massachusetts Worcester Graduate School of Nursing

COURSE DESCRIPTION: The purpose of this course is to provide opportunity for graduate students to investigate those dynamic issues and forces, both within and outside the profession, which impinge on the practice of nursing. It will provide an opportunity for students to develop community based health care to meet the need of a community. Presentations on such factors as the health care delivery system, the role of advanced practice nursing and other health care providers, scope of practice, legalities of practice, ethics, economics, licensing and education will generate discussion and debate. Students will be expected to analyze present and future issues and propose changes that affect nurses and nursing.

COURSE CREDITS: 3 credits

COURSE OBJECTIVES: At the completion of this course the students will be able to:

1. Demonstrate understanding of cultural societal trends, such as the role of nursing, nursing education, changing social values, and changing health needs as they affect nursing practice.
2. Evaluate the impact of community service based on need to underserved population.
3. Evaluate the impact of political factors such as federal funding, legislation and credentialing on the practice of nursing.
4. Demonstrate ability to analyze reimbursement approaches as they affect nursing practice.
5. Describe various moral and ethical principles and dilemmas of practice and develop framework for analyzing moral and ethical issues.
6. Demonstrate understanding of legal issues such as malpractice, changing practice acts, and expanded role legislation in nursing.
7. Identify and support individual positions on issues discussed in this course.

COMMUNITY SERVICE-LEARNING PROJECT/POSTER PRESENTATION:

Consistent with the Mission of the University of Massachusetts Worcester and the Graduate School of Nursing, community service is a responsibility of health providers.

The purpose of the SL opportunity is to provide experience in the indirect role of the advanced practice nurse for facilitating community improvement within the context of societal forces impacting health care.

SERVICE-LEARNING DEFINED

SL is an educational methodology, which combines student service with explicit learning objectives.

SL's goal is to equip health professionals with the community-oriented competencies and civic responsibilities that will be needed to be effective in our rapidly changing health system.

SL OPPORTUNITIES

Examples of SL Experiences

Working with the homeless

Participating in health fair

Providing prevention/education programs in schools and senior centers

EXPECTED OUTCOMES FOR STUDENTS

It is expected that your SL experience will be a positive one. Outcomes:

An enriched learning experience

Opportunities to apply classroom knowledge

Establish community contacts

Develop critical thinking
Engage in the reflection process
Become more aware of one's responsibility to the community
Foster a concern for social problems
Growth in self knowledge

It is suggested that students work in dyad/triad groups composed of representatives from more than one specialty area.

Develop an idea to meet above purpose.
Review proposed project with faculty for approval.
Conduct a need assessment.
Design a plan.
Implement project.
Evaluate project.
Present project using poster presentation format.
Submit summary of project using attached form.

SERVICE-LEARNING GUIDE FOR STUDENTS

BY SERVING OTHERS – YOU CAN MAKE A DIFFERENCE

“No matter the kind of service being rendered, the sponsorship, the age and background of the person who is volunteering and the nature (and location) of the work being done, the ultimate worth of the effort will depend a good deal on how particular persons manage to connect with those other beings in some way taught or healed or advised or assisted: the chemistry of giving and receiving as it works back and forth between individuals in one another situation.”

TABLE OF CONTENTS

History of SL

Connect to the mission of University of Massachusetts and GSN

Why SL is different from other community experiences

SL opportunities: getting started

Rights and responsibilities of SL Students

Expected Outcomes for students

Evaluating the SL experience

Forms for documenting service

Reading list

HISTORY OF SERVICE-LEARNING

SL is not a new concept in education. It is a teaching pedagogy that combines aspects of experiential education, critical thinking, ways of knowing, and civic and personal responsibility. This method of connecting service in the community to what is going on in the classroom has had a long and well-researched history. Educational leaders such as Dewey, saw the necessity for helping students make the connection to the world outside the classroom. Over the years, these concepts have evolved into what is known today as “education with community focus” and “education without walls.”

Although often identified incorrectly as “experiential education,” SL is different than other types of experiential education such as cooperative learning, internship, field practicum and clinical experience. When one is engaged in SL, there is a reciprocal relationship. Service is provided to a community based on that community’s needs and goals, and the student is provided with a meaningful learning experience that is enhanced through reflection and academic activities. SL links community service and academic study so each enriches the other.

Volunteerism is an activity that can act as foundation to SL.

CONNECTION TO UNIVERSITY MASSACHUSETTS MISSION

University of Massachusetts Worcester

The mission of the University of Massachusetts Medical School is to serve the people of the Commonwealth through excellence in health science education, clinical care, research and public service.

Graduate School of Nursing is consistent with the mission of the UNIVERSITY OF MASSACHUSETTS WORCESTER

Mission Statement Graduate School of Nursing

Consistent with the mission of the University of Massachusetts Worcester, the Graduate School of Nursing is fully committed to providing high quality education to residents of the commonwealth. As one of five publicly supported schools in Massachusetts involved in graduate nursing education, the Graduate School of Nursing acknowledges its responsibility to enable qualified nurses to attain advanced levels of knowledge and practice in order to meet the healthcare needs

of society. The faculty and staff are dedicated to this end. In addition, the school assumes the responsibility for advancing the scientific basis for professional nursing practice through intra- and inter- disciplinary research endeavors and the dissemination of such research. Ultimately, the Graduate School of Nursing acknowledges and accepts the responsibility to contribute to the improvement of the public's health through the delivery health and illness services grounded in theory and research.

Goals

The goals of the Graduate School of Nursing program are to:

- prepare nurses for advanced practice roles in a variety of settings;
- prepare nurse scientist/educators who will advance nursing knowledge and further nursing practice;
- stimulate the development of scholarship and scientific inquiry;
- advance the practice of nursing through the integration of theory, research, educational service and community activities;
- contribute to the professional development of nurses;
- establish a foundation for doctoral and post doctoral education in nursing; and
- enhance the integration of teaching and practice between the Graduate School and the Medical Center's clinical nursing sciences.

Philosophy

The faculty of the Graduate School of Nursing believes in a pluralistic, context-based approach to nursing practice and advanced nursing education. The beliefs of the faculty regarding advanced nursing practice are bound by the concepts of person, environment, and health and are supported by systems, communication and change theories.

The person is a dynamic, evolutionary being open to communication within a variety of contexts. The person is further viewed as an integral, multidimensional whole composed of definable, but not reducible dimensions: the physical, psychological, intellectual, sociocultural and spiritual.

The individual has an innate potential for integration with the environment reflected by positive actions derived from knowledge and the exercise of thought.

The environment is ever present and encompassing. The environment is viewed as a psychosocial, cultural world extending beyond physical dimensions. The environment includes not only physical dimensions but also social, technological, economic, ecological, political, physiological and legal aspects, which influence and are, in turn, influenced by individuals. Every individual is part of the environment. Person and environment reciprocally affect each other and create an ever-changing world.

Health is a condition or state of body-mind in which a person displays biological, psychological, emotional and social characteristics in interaction with environment. Disease conditions disrupt the person-environment integration. Health transcends the process of disease and supports the human potential to maintain interaction with the environment. Functional health exists when human beings successfully interact with their environment and reach their human potential.

Professional nursing is a science and an art. Nursing research, theory and context-based, promotes health, and reflects an empathetic concern in care giving. Advanced nursing represents the refinement and further development of professional nursing. Therefore, advanced nursing is manifested by increased responsibility, scope of practice, use of research and theory, critical thinking, communication, leadership, and the promotion of scholarship. Concepts of person,

health and environment have meaning from a nursing perspective, as nursing knowledge leads to effective and scientifically valid interventions and strategies.

SL DEFINED

SL is an educational methodology based on a community-campus partnership, which combines student service with explicit learning objectives.

GOAL

SL holds great promise for equipping future health professionals with the community-oriented competencies and civic responsibilities that will need to be effective in our rapidly changing health system.

SERVICE-LEARNING EXPERIENCES

Are developed in collaboration with the community
Enhance the standard curriculum by extending learning beyond the lecture halls
Foster civic and social responsibility
Allows students to apply what they have learned to real world situations
Provide time for reflection, leadership development and discussion
Fosters a sense of caring for others
Identify and meet community needs and assets
(Seifer, S., & Connors, K. Eds, 1997, p. 13)

SERVICE-LEARNING OPPORTUNITIES: GETTING STARTED

Examples of SL Experiences

Working with the homeless project
Providing education to the elderly
Essential Steps to planning your SL experience
Consider the following:
What is your schedule? What days and hours are best for you?
Are you able to commit to the number of hours needed?
Is your schedule flexible enough to meet the needs of the agency?
Select an agency and call. Once you have made contact, tell them that you are a University of Massachusetts Worcester Graduate Nursing Student and explain the nature of your SL assignment. Be sure to ask questions for clarification.
Set up a time to visit the agency, become oriented and further discuss your role and responsibility to them.
Schedule your times with the agency.
Be punctual and reliable in your service. Notify the agency if you are not able to come at the scheduled time.
Attend all reflection session

RIGHTS AND RESPONSIBILITIES OF STUDENTS IN SERVICE-LEARNING

WHAT THE AGENCY EXPECTS FROM YOU:

Dependability and reliability in fulfilling your hours
An honest assessment of your abilities, interests and skills
Professional behavior
Advanced notice (924 hours) if you expect to be absent

WHAT YOU CAN EXPECT FROM THE AGENCY

- Guidance, direction and input from agency personnel
- Respect from others serving in the community agency
- An opportunity to make suggestions and get feedback.
- An appreciation for your efforts in serving the community.

EXPECTED OUTCOMES FOR STUDENTS

It is expected that your SL experience will be a positive one. Outcomes:

- An enriched learning experience
- Opportunities to apply classroom knowledge
- Establish community contacts
- Develop critical thinking
- Engage in the reflection process
- Become more aware of one's responsibility to the community
- Foster a concern for social problems
- Growth in self knowledge

Reflection Exercise

Describe the following:

What expectations or myths did you have prior to the experience?

The most enjoyable aspect of your experience

The most frustrating aspect of your experience

The most surprising aspect of your experience

What did you learn about yourself?

What did you learn about the health care system/nursing?

What did you learn about society?

What did you like/dislike about the community agency?

What needs did the client have?

Did the experience change your idea of or approach to, caring for people?

Student Evaluation

COURSE NAME AND NUMBER _____ SEMESTER & YEAR _____

Please circle the response that best describes your agreement with the statement:

Strongly Agree Agree Disagree Strongly Disagree

1. The service I did through this class influenced my career plans and goals for the future
2. I feel the service I did through this class was not at all beneficial to the community
3. I felt I would have learned more from this experience if there were more time spent doing service learning in the community
4. My course related learning was enhanced by the SL requirement
5. SL in this course enriched classroom discussion with my peers, which I found very helpful.
6. SL made me more interested in serving my community than before.
7. SL helped me better understand my role as a resource to the community and the community as a resource to me.
8. SL helped me examine my values in relation to cultural differences, norms and beliefs of society.

COMMENTS:

Agency Evaluation

1. How do you see the students from University of Massachusetts Worcester meeting the volunteer needs of your agency?
2. What are the strengths of past experiences with the volunteer students?
3. What are the weaknesses of past experiences with the volunteer students?
4. What preparation should students have before they start their SL experience?
5. What is the expectation of your agency regarding the service of students?
6. How can we strengthen university/community partnerships in regard to service?