**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

# TABLE OF CONTENTS

# 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.

# Putting Hope in Midwifery

## University of Missouri-Columbia Sinclair School of Nursing and Hope House, Inc.

## Team Statement
### *Donna Scheideberg, Rene Renick, Margi Coggins*

### PROJECT OVERVIEW

**By participating in our Partners in Caring and Community (PCC) service-learning project Putting Hope in Midwifery, nurse-midwifery students at the University of Missouri-Columbia (MU) Sinclair School of Nursing were to gain a comprehensive understanding of domestic violence (DV) issues to enhance their future nurse-midwifery practices. While screening for DV is emphasized throughout the educational program of nurse-midwifery, little is done as far as clinical experiences, actual training, or interfacing.**

**Background**

Domestic violence was not a hard issue to define, nor was it hard to choose it as the focus of our project — it is with us at our side as we work with women daily. High rates of DV exist in both the nursing and client population. The American College of Nurse-Midwives (ACNM), our professional college, has put DV at the top of its list of educational and prevention activities. They have developed teacher-training modules, videotapes, and expert panels. They have mandated that DV be an essential part of nurse-midwifery education and have also identified assessment as a core competency.

**Community Partner**

Hope House is located about 90 miles from Columbia. Traditionally, a large number of students in our program have come from that area. This year, the majority of students came from the opposite direction. As students in the nurse-midwifery program had been placed at Hope House before this project, contracts and contacts were in place, although a change in personnel had occurred just prior to the grant application.

**Service-Learning Defined**

SL is designed to be an integral part of students' academic experience, to create an expectation that they will serve others. The service should provide students with an opportunity to enrich and apply classroom knowledge; explore careers or majors; improve citizenship; understand and appreciate cultural traditions and values; and develop civic, corporate, and social responsibility, while enhancing students' personal growth and self-image and enriching the lives of persons within the community.

## Curricular Integration of Service-Learning

The four credit-hour course N404 Nurse-Midwifery Management: Well-Woman Gynecology includes a required SL component; Putting Hope in Midwifery was incorporated in this course. (The course description and syllabus is included as an appendix.) Only two students per semester participated in this SL project. Other students chose from SL activities that included teaching disabled women to ride public transport, adopting a grandmother, working in a DV arena, developing health promotion programs, and working with the American Cancer Society on breast and cervical cancer programs.

## Focus

This course focuses on theories and concepts applied by nurse-midwives in the promotion of health for women of all ages in the areas of gynecological health maintenance, fertility control and education, and counseling regarding health habits, sexuality, infertility, and pregnancy. Nurse-midwifery management models for well-woman gynecological care are emphasized.

## Objectives

Upon successful completion of the course, each student is expected to be able to:

- Analyze, apply, and evaluate the current body of knowledge and research relevant to the gynecological care of essentially healthy women throughout their life cycle;
- Describe the certified nurse-midwife's role in well-woman care, family planning, counseling, and education;
- Assess the health status of the women, formulate diagnoses, develop safe and realistic management plans, and evaluate the effectiveness of the management plan while demonstrating cultural sensitivity and respect for women and families;
- Utilize current research when investigating health problems and developing management plans for women in primary care settings; and
- Assume responsibility for the evaluation of one's own clinical practice and progress.

## Service-Learning Activities

Each semester, two students were placed at Hope House, Inc., to learn more about DV, including how to respond, how to assist women and their families to move forward, and how to facilitate open conversations. The students met with Rene Renick, the vice-president at Hope House, to describe their goals in learning about DV. Together, the students and Rene developed an appropriate activity that would benefit all parties. The students kept an unstructured journal of their project and wrote a scholarly paper describing the SL project and how it fit into the world of nurse-midwifery. These goals did not change, although the projects designed by the students were more extensive than originally planned. Forty-five SL hours per semester were required. This was accomplished.

During the fall 1999 semester, Margi Coggins, a second-year nurse-midwifery student, took on the challenge of performing a second SL project as a student partner in the PCC project. During the winter 2000 semester, Rachel Thomas, a first year nurse-midwifery student, elected to learn more about DV by doing her project with Hope House. Both have worked extremely well with the staff and have shared their experiences with classmates. Several classmates mentioned that they wish that they had chosen Hope House as their SL project.

# PROJECT ACHIEVEMENTS

The project progressed as planned. We will continue to have this requirement for the oncoming years. As our program is engaged in more distance learning options, there may be times that we are unable to place a student at Hope House; however, students will continue to learn about DV in other SL sites. We applied for and received a mini-grant to expand the knowledge base of SL and DV. For the April 2000 CCPH conference in Virginia, we displayed a poster describing our lessons. A second goal, to develop a brochure on SL in DV for nurse-midwifery programs, was completed and given to each of the 47 ACNM-accredited programs at the annual meeting in May 2000. A short program discussing SL in nurse-midwifery was given at this same conference. A third goal was to develop a conference on DV and SL for the students and faculty at the Sinclair School of Nursing. This half-day conference was presented twice on April 14, 2000; nursing students, family studies students, and faculty attended the first and medical students and Department of Obstetrics and Gynecology attending physicians, fellows, and residents attended the second.

## Challenges/Barriers

The major barriers in this SL project included the students' time constraints, with their busy clinical and didactic schedules; the distance between Hope House and the students' homes; and time constraints of both the faculty and community partner (although we did meet several times and talked more often).

# SUSTAINABILITY

The major sustainability factor is the buy-in by faculty. Two other faculty have received further education in SL — one in part with learning circles and the other at a formal SL conference. The course has received SL designation by the university, which requires us to maintain 45 hours of SL per semester. In addition, SL has been written into grant funding through the Division of Nursing, Bureau of Primary Care, HRSA for the MUM (University of Missouri Midwifery) grant period of 1 July 2000-30 June 2003.

# PROJECT IDENTITY

In writing other grants, community participation and SL must be addressed. It has been wonderful to show that we have these in place and that our students are beginning to flourish as active community members. Within the 47 ACNM educational programs, we are known as the program that requires SL of all of our students. We have been asked to speak at regional conferences on SL.

# REFLECTIONS ON THE PARTNERSHIP

Inter- and multi-disciplinary partnerships are essential for the promotion of health care for current and future populations. SL provides a way to develop non-traditional partnerships for health promotion as well as for education. The partnership between the University of Missouri-Columbia Sinclair School of Nursing and Hope House, Inc., while not unique in nursing, provides an additional viewpoint for promoting the education of nursing students. Most nursing students in their clinical activities experience community partnerships, but only to provide nursing. In this partnership, the students bring knowledge and emerging advanced practice skills into a social services setting. The partnership strengthens the communication between these two professions, provides insight across disciplines, builds a better framework to work with victims, and develops strong ties with the community that can last throughout a lifetime. For all three members, working together on the partnership has engendered friendship and respect for our respective professions that will continue to build and will also support victims of DV in a more rounded approach.

## LESSONS LEARNED

The top lessons learned in this adventure include the need to set realistic expectations, build gradually the project and relationship, and develop respect for each other's strengths, weaknesses, and organizational structure. A successful partnership for SL requires strong community partners, enthusiastic students, and the ability to revise as the project progresses. Advice for others seeking opportunities in SL is to GO FOR IT! It will provide immeasurable benefits — professionally and personally.

# Community Statement
## Rene Renick

Reflecting on the SL project and my experience over the last year, I feel very positive about the program. I believe it has been an excellent growth opportunity both for myself personally and for the agency. I am proud that I have had the opportunity to work with my faculty and student partners and that, despite a number of miles between the university and Hope House, we have been able to form a strong relationship. I believe strongly that Hope House alone cannot meet the mission of stopping the cycle of domestic violence. This can only be accomplished through partnerships with others in the community and the formation of community responses to the problem. This program not only gives that opportunity for collaboration but also includes components that will continue this partnership. My faculty partner has done a tremendous job of ensuring that students in the midwifery program receive solid academic information about domestic violence. It is also clear to me that she has passion for the issue and is invested in students gaining a true understanding of the problem. It is my hope that the students' experiences at Hope House have served to strengthen and enrich the academic information they have received. I also hope that having had hands-on experience, students will have an increased comfort level in addressing the issue in their future practice.

I believe the greatest impact of the program will be in the long-term, when students are able to identify victims of domestic violence in their practice and intervene appropriately. For the short-term, one way that I know that the program is working is that students want to volunteer at Hope House, particularly since there is such a distance between MU and Kansas City. I also feel the program is working when I hear the students get excited about the information they have gained or the experiences that they have had. My experience is that when students show enthusiasm, they have true understanding and are more likely to make a longer-term commitment to the issue. Finally, I know that the program is working when I observe agency staff working with and teaching the students. To teach is to learn, and I believe that teaching and interacting with students give the agency staff reflective opportunities that they would not otherwise have. It also pushes us to get better at articulating what we know and to challenge ourselves. I see many positive benefits of this program and I would hope that this is what other people would say about the program as well. I am not aware of any particular mistakes made through this last year. As with any new project, there are some kinks to work out but overall, the program runs smoothly.

*Compared to this time last year, I now know that* I could teach a colleague how to set up a SL program at their agency and provide excellent resources about other programs nationally.
*The most important thing I have learned about SL in the past year is* what SL is and how such a program can be mutually beneficial to all partners. Prior to this last year, I had little knowledge about SL and was even unfamiliar with the term. I have also gained a great respect for the concepts of this program and for my faculty partner who, long before this project, incorporated SL into her academic program.
*Assumptions:* As I had little knowledge about SL prior to this year, I really had no assumptions that were either confirmed or challenged. I am grateful for having had the opportunity to participate in this program. In addition to the positive outcomes of my team, I have had the opportunity to meet and be enriched by so many others who are involved in quality SL programs.

# Faculty Statement
## Donna Scheideberg

SL is an essential skill development for nursing educational programs, throughout all of the levels that nursing insists on having. In nursing education, students learn to apply didactic skills in the clinical area but often do not understand the connection between the client and the nurse, the family and the community, the community and the discipline of nursing. SL blends the didactic and clinical skills into meeting community needs, developing stronger nurses for tomorrow.

I have enjoyed the networking over the past year with the team members, CCPH, and colleagues. This has strengthened my ability to develop better partnerships in the community to improve the health of women and infants. Through the listservs that I have been connected to, I have had the ability to learn about the need for and the implementation of SL in a variety of settings, not only in nursing but also throughout education. Each has brought forth more creative thought for future relationships.

In midwifery, the world views us as deliverers of babies in home settings with limited educational training and skills. SL has assisted my students (and now graduates) to enter the community as a partner in health promotion for women and families. SL is opening the market for these new graduates in rural communities, defining nurse-midwifery-providers of well-woman care, family planning, menopausal care, health promotion, disease prevention, and, yes, obstetrical care providers in a hospital! The students have learned that community participation is essential to practice in a rural community.

I have found that I need to encourage in the majority of students more critical reflection, at least in the beginning of the project. It takes the student approximately half of the semester to find that this is not just another hoop to jump through, but an essential tool for life.

**Compared to this time last year, I now know that:**
- Our SL program will continue as an essential component of the nurse-midwifery program.
- I am able to actively talk to colleagues about the positive aspects of SL.
- I could teach a colleague how to integrate SL into their nursing (or nurse-midwifery) program.

*The most important thing I have learned about SL in the past year is* to keep students enthused about SL with the other demands on their time.

*The assumptions that I had about SL that have been most confirmed for me in the past year are* the need to promote this throughout all educational levels of nursing, and that SL helps to return the civic responsibility that many have lost — or never established — in undergraduate or secondary education.

*The assumptions that I had about SL that have been most challenged in the past year are:* None. The students and community partners are great. I have greatly expanded my knowledge of various aspects of domestic violence.

# Student Statement
## Margi Coggins

**Compared to this time last year, I now know that:**
- Our SL program has grown, and we all have a better idea of what is involved, what we should expect from each other, and what we can get out of the experience.
- I am able to openly discuss domestic violence with my clients and colleagues. I can more easily ask about sexual coercion. I'm much more knowledgeable about the topic.
- I could teach a colleague to run a focus group, assess domestic violence, make appropriate referrals, and give responses appropriate for where the woman is in her acceptance of the situation. I may also be able to teach how to sense when asking is appropriate and how to create a situation where you can ask.

*The most important thing I have learned about SL* is this is a perfect way to step inside another person's life for a moment, become part of her group or culture, carry the information gathered back home, and be permanently changed because of it.

*The assumption that I had about SL that was most confirmed this past year was that* SL feels good. It is important to give back to the community in some way.

*The assumptions that I had about SL that have been challenged this past year were that* SL is always rewarding and that what will always be needed is working with individuals. Sometimes you need to help the organization to more effectively help others. This work may not be as immediately gratifying or interesting, but ultimately it could be more beneficial than directly working with the population that organization serves.