



**Service-Learning
in Health Professions Education
CCPH Summer Service-Learning
Institute
July, 2009**

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Session Objectives

Explain theoretical basis, definition and key components of SL

Describe and discuss how SL differs from traditional clinical experiences in health professions education

Provide the evidence base that supports SL

Discuss how participants can establish SL as a key component of teaching and learning



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Service-Learning



Service-Learning

Seifer SD 1997

Academically-based community service

A structured learning experience that combines community service with preparation and reflection

Students not only provide community service but also learn about the context in which the service is provided, the connection between the service and their academic course work, and their roles as professionals and citizens



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SL is a Type of Experiential Education

A. Furco 1996

Recipient	←	BENEFICIARY	→	Provider
Service	←	FOCUS	→	Learning

SERVICE-LEARNING

COMMUNITY-SERVICE
VOLUNTEERISM

FIELD EDUCATION
PRACTICUM

INTERNSHIP
CLERKSHIP



Points of Departure: SL and Other Forms of Experiential Learning

Balance between service and learning

Emphasis on addressing community-identified concerns and broad determinants of health

Integral involvement of community partners

Emphasis on reciprocal learning

Emphasis on reflective practice

Emphasis on developing citizenship skills and achieving social change



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Theoretical Underpinning of SL: Experiential learning theory

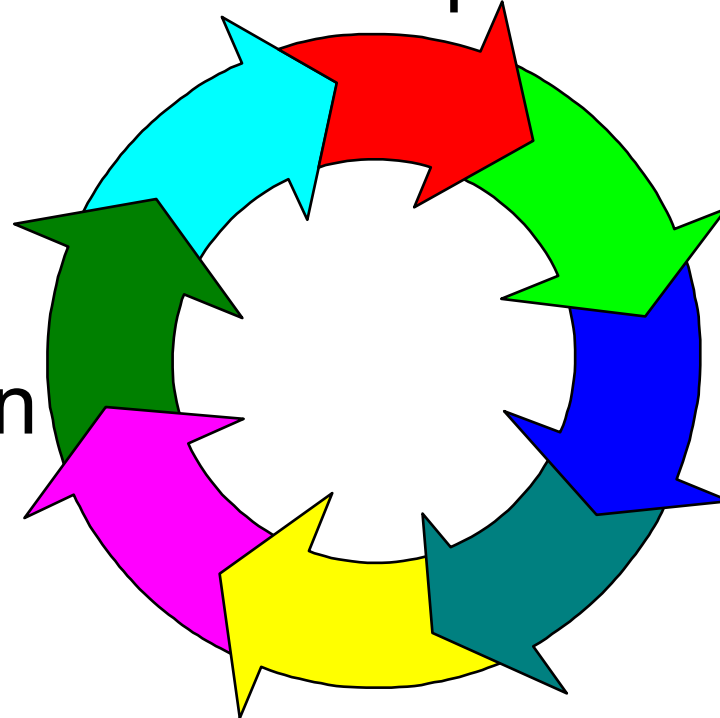
D. Kolb, 1984.

Concrete Experiences

Active
Experimentation

Reflective
Observation

Abstract Conceptualization





Service-Learning Across the Disciplines

Titles of AAHE Series

Accounting—Learning by Doing

Biology—Life, Learning & the Community

Communication Studies—Voices of Strong Democracy

Composition—Writing the Community

Engineering—Projects that Matter

History—Connecting Past and Present

Medical Education—Creating Community Responsive Physicians

Peace Studies—Teaching for Justice

Philosophy—Beyond the Tower

Sociology—Cultivating the Sociological Imagination

Spanish—Construyendo Puentes (Building Bridges)

Health Professions Schools in Service to the Nation Program

The Pew Charitable Trusts

Corporation for National Service

National Fund for Medical Education



HPSISN Grantees

Georgetown

George Washington

Loma Linda Univ.

Northeastern

Ohio

Regis

San Francisco State

Univ. of Connecticut

Univ. of Florida

Univ. of Illinois-Chicago

University of Kentucky

Univ. of North Carolina

Univ. of Pittsburgh

Univ. of Scranton

Univ. of S. California

Univ. of Utah (2)

Virginia Commonwealth

WV Wesleyan College



Community Partners

(examples)

AIDS task force

American Red Cross

Boys and Girls Club

Catholic Church

Middle Schools

Free Clinics

Head Start

Hospice

Housing Authority

Planned Parenthood

Salvation Army

Senior Center

Sheltered Workshop

Youth Center

Wilderness on Wheels

WIC Program



Project Focus

(examples)

School-based health education

Health promotion and disease prevention

- teenage pregnancy
- domestic violence
- oral health

Worksite-based health education

Companionship

Case management

Mentoring and tutoring

Rural access to care



Findings: Students

Transformational learning experiences

- clarification of values, sense of self

Taken more seriously when it's required

Greater gains when non-clinical:

- awareness of determinants of health
- sensitivity to diversity
- knowledge of health policy issues
- leadership development



Findings: Faculty

Primary motivators: personal values, belief in improvement of overall learning

Enhanced relationships - students, community

Linkage of personal/professional lives

↑ understanding of community issues

New career and scholarship directions

New directions and confidence in teaching

Concerns re: time, control of curriculum



Findings: Community Partners

Service, economic and social benefits

↑ awareness of institutional assets/limitations

High value placed on relationship with faculty

Eager to be seen as teachers and experts

– campus involvement limited

Benefits of SL outweighed the burdens

Concerns re: communication, logistics, needs-based and expert approaches



Findings: Community-Campus Partnerships

Stronger relationships associated with:

- joint planning
- partners offered specific and active roles
- genuine sense of reciprocity
- student preparation and orientation
- single point of contact
- consistent, accessible communication



Findings: Institutional Capacity

- Clear definition of service-learning
- Link to mission and strategic goals
- Supportive leadership at all levels
- Effective institutional structures and policy
- Investment in faculty development
- Integration of SL into existing courses
- Long-term community relationships
- Ongoing assessment and improvement



Lessons Learned

Service learning is powerful pedagogy

SL can contribute to competencies needed for health professions practice

SL can benefit students, faculty, the community and community-university relationships

Community can be effective educators

Community assets are often overlooked

SL requires schools to give up “control”



Challenges

Clear vision, definitions, goals, resources, outcomes

Resistance to change

Rigid and over-loaded curriculum

Disciplinary boundaries

Lack of roles and rewards for innovation

Accepting the implications of true partnerships

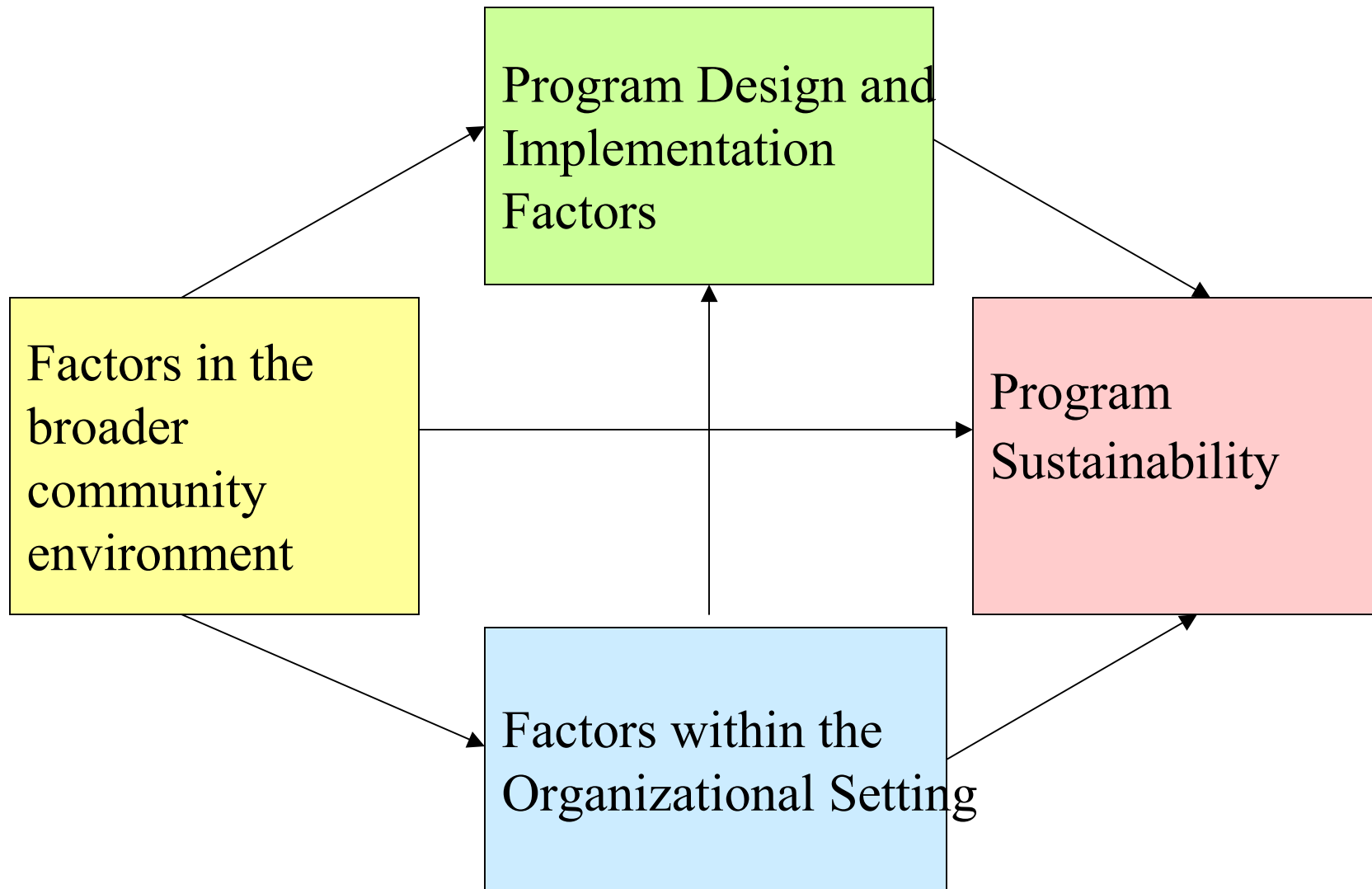
History of town/gown relationships

Culture of needs-based and expert approaches

Ten Year Follow-up Study of the HPSISN Program

Amanda Vogel, PhD

Study Design: Conceptual Framework for Program Sustainability



Adapted from: Shediak-Rizkallah M.C. & Bone L.R. (1998). Planning for the sustainability of community-based health programs: Conceptual frameworks and future directions for research, practice and policy. *Health Education Research*, 13, 1, 87-108.

Methods

Data Collection

Semi-structured interviews (n = 23)

- HPSISN PIs: 16/17
- Snowball sampling: 7/16

Document collection: 17/17

- Academic publications
- Grey literature: newspapers, newsletters, websites

Case studies of two institutions – interviews, focus groups

Data Analysis

Interviews transcribed

Thematic coding, memo-writing

Documents reviewed to clarify findings

Degree of Sustainability

n = 16

<p><u>NOT SUSTAINED</u></p>	<p><u>DURABILITY</u> SL continues in some fashion</p> <ul style="list-style-type: none"> •SL in elective course or required co-curricular experience •Maintained by individual faculty only 	<p><u>ROUTINIZATION</u> •SL is a “stable and regular part” of activities; related resources invested</p> <ul style="list-style-type: none"> •SL integrated into required core courses •Coordinated at level of course or department 	<p><u>INSTITUTIONALIZATION</u> SL “infused with value,” supported by infrastructure, policies and procedures</p> <ul style="list-style-type: none"> •SL integrated into required core courses •Coordinated at level of school or college
<p>Less Sustainable</p>	<p>More Sustainable</p>		

	Facilitators of Sustainability
Organizational Setting	Institutional culture, esp. indicated by mission
	Leadership for SL among high-level administrators
	Material support for SL: infrastructure, funding for faculty participation
	“Critical mass” of support for SL
Program Design and Implementation	Strong leader for SL, who is a champion
	Adaptability to changes in academic environment
	Stable, long-term community partnerships
Academic Environment	Growing support for engagement in higher education
	Accreditation guidelines in medicine, nursing, pharmacy
Impact	Proven ability to advance institutional priorities: educational objectives; student recruitment; town-gown relations; PD, fundraising

Challenges to Sustainability	Responses
Turnover among faculty members for SL	Faculty professional development opportunities -Peer-to-peer outreach
Turnover among champions for SL among high-level administrators, faculty	1) Identify value of SL to advance institutional priorities: -Equally valued educational priorities -Student recruitment -Town-gown relations, PR, fundraising
Competing educational priorities: - Clinical care skills - Research skills - No time in course schedule	2) Publicize the value of SL: - Evaluation, publishing - Internal and external media - Cultivate individuals one-on-one

Stakeholder	Long-term Impact
Faculty members	Developed careers as engaged scholars
	Consulted with other institutions to advance SL
	Took on professional roles with community agencies, engaged research
	Broadened perspectives on role of health professionals, health professions schools, in society
Partnerships	Increased capacity for future partnerships for education, research, service in academic, community partners
Academic Institutions	Diffusion of SL, SL principles to other departments, schools
	Improved town-gown relations, PR, fundraising
Community Agencies	Increased capacity to address health of clients, community

Conclusions

- Align SL goals with institutional mission, priorities
- Cultivate support among high-level administrators
- Create centrally located SL office, level of dean
- Hire SL director with specialized skills to work with administrators, faculty, community partners, students
- Provide faculty professional development
- Integrate SL with curriculum, learning goals
- Create high intensity, high-duration SL