Service–Learning: Community–Campus Partnerships for Health Professions Education

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Abstract: In 1995, the Health Professions Schools in Service to the Nation (HPSISN) program was launched under the auspices of the Pew Health Professions Commission as a national demonstration of an innovative form of community-based education called service–learning. The foundation of service–learning is a balanced partnership between communities and health professions schools and a balance between serving the community and meeting defined learning objectives. This article offers a definition of service–learning and an outline of its core concepts; it also describes how service–learning differs from traditional clinical education in the health professions. Further, the author discusses how service–learning programs may benefit students, faculty, communities, higher education institutions, and the relationships among all these stakeholders. The article concludes with brief descriptions of recommended resources for integrating service–learning into the medical school curriculum.
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Community-based education is a prominent theme across the health professions. No fewer than six national and international bodies have recently advocated expanding health professions education in community-based settings.[1–9] Leaders within academe have articulated a vision for community-based education based upon partnerships between health professional schools and the communities they serve.[10–13] These calls for curricular change have largely been made in response to environmental factors, including changes in the financing and delivery of health care and health professions education, concerns about the size, distribution, and quality of the health care workforce, and the priorities of private grant makers.

Proponents of community-based health professions education argue that these settings offer important and unique learning opportunities.[14–21] These include the chance for learners to

- care for the types of patients seen primarily in outpatient settings—especially patients who have chronic illnesses;
- observe the natural and treated progression of diseases through continuity of care;
- practice health-promotion and disease-prevention strategies;
- develop patient-communication and negotiation skills;
- deal with social, financial, and ethical aspects of medical care; and
- increase their capacity for and interest in addressing the relevant health issues of rural and underserved communities.

In 1995, the Health Professions Schools in Service to the Nation (HPSISN) was launched under the auspices of the Pew Health Professions Commission as a national demonstration program of service–learning, an innovative form of community-based education involving community partnerships.[22] This article is intended to help the reader understand what service–learning is, how it differs from traditional clinical education in the health professions, and how as a form of experiential education it can have a profound impact on students, faculty, communities, institutions of higher education, and the relationships among these important stakeholders. The article concludes with a description of recommended resources for integrating service–learning into the medical school curriculum.

Service–Learning: Definition and Key Components

It is important to recognize that service–learning, while a relatively new concept in health professions education, has its roots in undergraduate education. In 1982, Derek Bok of Harvard University described the social responsibilities of the modern university and the importance of shifting the locus of education and research from the campus into the community.[23] In his landmark book *Scholarship Reconsidered*, Boyer contends that universities often overlook the potential for communities to meaningfully contribute to student

education, research, and the development of knowledge.[24] In addition to valuing the generation of knowledge (the traditional form of scholarship), he argues that higher education should also support the application of knowledge through faculty involvement in community outreach and community-based research. Over the past decade, there has been a growing movement within higher education to strengthen and further its traditional missions of education, research, and service through community partnerships. This movement has been buoyed by such recent trends as the demand for greater accountability of publicly-funded institutions and concerns over the relevance of the undergraduate curriculum in preparing graduates to be critical thinkers and engaged citizens. Service–learning has emerged as a curricular response to these trends.[25]

The considerable body of literature on service–learning contains literally hundreds of definitions of the term.[25,26] Taking the common elements from these definitions, the HPSISN program defines service–learning as a structured learning experience that combines community service with explicit learning objectives, preparation, and reflection. Students engaged in service–learning are expected not only to 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 citizens. Service–learning

- has its theoretical roots in experiential learning theory[27];
- is developed, implemented, and evaluated in collaboration with the community;
- responds to community-identified concerns;
- attempts to balance the service that is provided and the learning that takes place;
- enhances the curriculum by extending learning beyond the lecture hall and allowing students to apply what they are learning to real-world situations; and
- provides opportunities for critical reflection.

Service–learning as conceived by the HPSISN program is not only a strategy for preparing community-responsive and competent health professionals, but a strategy for changing the relationship between communities and health professions schools, fostering citizenship, and achieving social change.[21]

The 17 health professions schools selected to receive three-year grants under the program are expected to integrate service–learning into their required curricula, conduct faculty development training in service–learning, and directly involve community members in curriculum development and implementation. The service–learning courses now in place at these schools are addressing community concerns ranging from homelessness to elder abuse by partnering with community-based entities such as public schools, neighborhood health centers, housing authorities, and community development corporations. In most instances, health professional students are engaged in service activities in non-clinical settings. For example, Ohio University medical students design and deliver the health education curriculum in local public schools as part of a longitudinal course; University of Utah pharmacy students provide companionship care to homebound elderly as part of a course on the foundations of pharmacy practice; and George Washington University medical students, as part of a community health course, work with community agencies in interdisciplinary teams to design health promotion programs.

Service–Learning and Traditional Clinical Education: Significant Differences

Service–learning differs significantly from traditional clinical education in the health professions in a number of ways:

Balance between service and learning objectives. Clinical education emphasizes student learning as the primary objective and service, if it is an objective at all, is secondary. Service–learning attempts to balance service and learning objectives.[26] Health professions schools and community partners must negotiate the differences in their needs and expectations when designing a service–learning course. For example, the main objective of the director of a high school mentoring program collaborating with a medical school on an adolescent health service–learning course might be for medical students to serve as positive role models by meeting weekly with the students assigned to them. The main objective of the course director might be to ensure that medical students learn about common health problems among adolescents. The main objective of the medical students might be to learn how to communicate with adolescents and to have fun. The main objective of the high school students might be to learn about a career in medicine and to have fun. In service–learning, these various needs and expectations must be negotiated.

Emphasis on reciprocal learning. In service–learning, the traditional definitions of "faculty," "teacher," and "learner" are intentionally blurred.[25,26,28] Before the University of Illinois–Chicago School of Public Health sent their students into public school classrooms to discuss teenage pregnancy, a group of junior high school students were brought to campus as teachers, to listen to and critique the public health students' planned presentations. The University of Florida School of Medicine's service–learning course called Keeping Families Healthy explicitly recruited families to serve in teaching roles to help students better understand the challenges the families faced in an increasingly complex society. The University of Pittsburgh School of Medicine's

homeless health service–learning course involves formerly homeless individuals, called "community mentors," to facilitate reflective discussions with health professions students.

Emphasis on developing citizenship skills and achieving social change. Service–learning emphasizes the importance of understanding and addressing the many factors influencing health and quality of life as an explicit component of the curriculum.[25] Service–learning experiences enable students to place their roles as health professionals and citizens into a larger societal context. For example, the primary goals of having family medicine clerks see patients in an outpatient clinic might be for them to learn how to diagnose and treat common outpatient problems and promote health at various stages of the lifecycle. The primary goals of having the same students collaborate with a runaway youth shelter to develop a series of violence-prevention workshops might be for them to learn about violence as a health issue, relevant community resources, and the role of the medical profession and concerned citizens in violence prevention.

Emphasis on reflective practice. Traditional clinical education emphasizes observing and doing, but does not typically emphasize or include opportunities for critical reflection. Reflection is a critical component of service–learning and facilitates the students' connection between the service experience and their learning.[29] Reflective discussions led by the University of Pittsburgh's community mentors (mentioned above) help students make sense of their observations and experiences in a Salvation Army homeless clinic relate these to their didactic coursework on health issues of the homeless. Opportunities for critical reflection through dialogue, journals, stories, and other means encourage students to consider the larger social, political, economic, and cultural contexts of the community concerns being addressed through service–learning.

Emphasis on addressing community-identified needs and the integral involvement of community partners. Community partners are integral to designing service–learning experiences that are responsive to community concerns and priorities. For example, community groups commonly complain about having their needs assessed over and over again by students and faculty as part of their coursework and research. Increasingly, service–learning courses are being designed that integrate students into ongoing community assessment and program development efforts, enabling students to contribute to and learn from these efforts without "reinventing the wheel" each semester.[25,26] Partnering with community members in service–learning can help faculty and students to focus on the strengths and assets of a community and how they can be mobilized for the community's benefit rather than focusing narrowly on a community's needs.[30]

Even when traditional clinical education takes place in community-based settings, the curriculum is often designed by university-based faculty. In service–learning, community partners are integrally involved in the design, implementation, and evaluation of the curriculum.[25] Georgetown University School of Medicine's program, for example, involves a partnership with community leaders and community-based organizations in a economically disadvantaged neighborhood in Washington, D.C. These community leaders and organizational representatives are part of a curriculum development advisory committee along with university faculty and students.

It is also important to distinguish service–learning from community service and volunteer activities. Service–learning is not "required volunteerism." Volunteerism is "the engagement of individuals in activities where the primary emphasis is in the service being provided and the primary intended beneficiary is clearly the service recipient."[26] Thus, volunteerism does not attempt to balance service and learning. Although medical student volunteerism should be encouraged and supported, the learning that occurs through volunteering is not structured and may be quite accidental. Without a reflection component, there may be no explicit connection made between the volunteer activity, the students' medical school coursework, or the students' future roles as physicians and citizens.

THE OUTCOMES OF SERVICE–LEARNING

Service–learning has the potential to benefit at least five important stakeholders: participating students, faculty, academic institutions, community organizations, and community members. Service–learning in health professions education holds tremendous promise as a curricular strategy for preparing students for their roles as health professionals and citizens; changing the way faculty teach; changing the way health professions schools relate to their communities; enabling community organizations and community members to play significant roles in how health professionals are educated; and enhancing community capacity (that is, enable community groups to provide increased or enhanced services).

The outcomes of service–learning in other fields can help shed light on the expected impact of this approach on teaching and learning in the health professions. Service–learning programs in undergraduate college curricula have been shown to enhance students' understanding of the relevance of course content; change the attitudes of students and faculty; encourage support for community projects and needs; and increase student and faculty volunteerism.[31–37]

Empirical evidence for the value of service–learning in health professions education is also beginning to emerge.[19,38,39] A team of investigators at Portland State

University has developed a case-study model to assess the impact of the HPSISN's service–learning program on all stakeholders.[40] An interim report on the first year of the evaluation suggests that:

- service–learning that is linked to specific course-based learning objectives has a greater impact on students than do elective or voluntary experiences;
- service–learning experiences in non-clinical settings have a greater impact on students than service–learning experiences in clinical settings;
- service–learning can be just as transformational for faculty as it can be for students;
- community agencies place great value on having meaningful and integral roles as teachers and equal partners in service–learning; and
- service–learning programs can increase local organizations' capacity to serve the community both by allowing individual organizations to expand their services or serve more clients and by bringing local groups together, thereby reducing unnecessary fragmentation and duplication of community services.

Service–Learning Resources

The HPSISN program, its grantees' experiences, and the preliminary outcomes of its external evaluation are important resources for medical schools seeking to develop community partnerships and to integrate service–learning into their curricula. The HPSISN program office, based at the Center for the Health Professions at the University of California–San Francisco, maintains a clearinghouse of service–learning reference material and has published a curriculum guide to service–learning that includes HPSISN grantee course descriptions. Those interested in more information should call 415-502-4771, send an e-mail message to <karac@itsa.ucsf.edu>, or look up the program's Web site at <http://futurehealth.ucsf.edu/hpsisn.html>. Other recommended service–learning resources are listed below.

Campus-based centers. Many universities have centers for community service and service–learning. These centers are often based on the undergraduate campus and do not often have relationships with the university's health professions schools. The University of Utah's Bennion Center, the University of Kentucky's Office of Experiential Education, Brown University's Swearer Center, and the University of Washington's Carlson Center are examples of campus-based centers that have established productive relationships with their medical schools. These centers can be wonderful sources of reference material on service–learning, faculty development activities, and connections to faculty in other disciplines who are involved in service–learning and facilitators of community partnerships.

Community–Campus Partnerships for Health. A national nonprofit organization that has developed out of the HPSISN program, Community–Campus Partnerships for Health (CCPH) fosters partnerships between communities and health professions schools and serves as a resource through its annual conferences, faculty institutes on service–learning, electronic discussion groups, publications, and custom-designed training and technical assistance programs. Earlier this year, in partnership with the American Association of Higher Education, CCPH made available book-length monographs on service–learning in nursing education and medical education. Both monographs feature theoretical and practical articles on service–learning in these health professions disciplines. For more information, call 415-502-7979, send an e-mail message to <ccph@itsa.ucsf.edu> or visit the CCPH Web site at <http://futurehealth.ucsf.edu/ccph.html>.

Service–learning in higher education Web site. This World Wide Web site provides information about service–learning in higher education, including syllabi and course descriptions, grant announcements, and links to other Web-based resources. The site can be found at <http://csf.colorado.edu/sl/>.

Campus Compact. Campus Compact is a national coalition of over 520 college and university presidents who have joined together to create public service opportunities for their students and to make student participation in service activities an integral part of the undergraduate experience. More than a dozen states have affiliated State Campus Compacts, which often sponsor statewide conferences, provide faculty development, publish resource guides, and offer some other services to member institutions. For more information call 401-863-1119.

National Society of Experiential Education. The National Society of Experiential Education (NSEE) is a membership association and national resource center that promotes experienced-based approaches to teaching and learning. NSEE sponsors national conferences, maintains a resource and consultant referral center, and publishes resource materials on experiential education and service–learning. For more information, call 919-787-3263, send an e-mail message to <info@nsee.org> or visit the Society's Web site at <http://www.nsee.org>.

Corporation for National Service (CNS). This federal agency supports service–learning in higher education through its Learn and Serve America higher education grant program. In addition to supporting the HPSISN program, the CNS has awarded service–learning grants to more than a dozen individual health professions schools. For more information, call 202-606-5000 or check the CNS Web site at <http://www.cns.gov>.

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