Integration of Service-Learning with an Interdisciplinary Focus
University of Utah College of Nursing
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PROJECT OVERVIEW

The Health Professions in Service to the Nation (HPSISN) service-learning project at the University of Utah College of Nursing focused on integrating SL throughout the college's curriculum and providing an interdisciplinary experience for graduate and undergraduate nursing, medical, and pharmacy students.

Project Goals

• Integrate SL concepts into the curriculums of eight College of Nursing courses, including two elective courses offered to all health sciences students;

• Develop a three credit-hour course, Reflections on SL, to give the students opportunity for reflection and evaluation and provide them with academic credit for the service component of the coursework;

• Provide an interdisciplinary health care team experience for both nurse practitioner and baccalaureate nursing students to demonstrate the nurse’s role in meeting the health needs of culturally diverse and high risk populations, through improved community assessment skills and collaboration with community agencies;

• Improve collaboration between community agencies and the College of Nursing by establishing SL partnerships and a community advisory committee to assist in the identification of and response to the community’s ongoing needs; and

• Broaden the exposure of the College of Nursing faculty and students to both the community’s need for service as well as the rewards of providing service, by offering SL courses, faculty education on SL concepts, and community SL opportunities.

SL Defined

SL is voluntary service provided in conjunction with related didactic coursework. It is, in our opinion, very different from clinical course experience. During a clinical course, the students’ focus is on learning objectives to meet their own needs. During a SL course, the students are volunteering their time for projects developed to meet the identified needs not of themselves but of those they are serving. In addition, SL students cannot provide health care that requires a license without the supervision of a faculty member. In the clinical setting, nursing, medical, or pharmacy faculty supervise the students, in order for them to learn their future profession.

Developing the Definition

Our definition of SL was developed in conjunction with Penny S. Brooke, the HPSISN project director, and Susan Cameron, the community partner coordinator, working with the Lowell Bennion Community Service Center. We spent many meetings struggling to
delineate the differences between a SL activity and a required academic clinical activity. Because of the likelihood that every health sciences clinical course would qualify as a SL course, it was especially important to distinguish between clinical and service activities. Students who choose to volunteer their time can become SL Scholars on our campus, a distinction noted on their transcript upon graduation. We did not want this honor diluted by the great number of students who are required to provide service through their clinical placements and coursework. Prior to the HPSISN grant, the majority of services provided by College of Nursing students were planned through the Bennion Center or faculty, who arranged for student participation at community clinics; these were more of a clinical than a SL experience.

Faculty Development
During 1997, the project director and staff from the Bennion Center facilitated a half-day workshop on integrating SL into the new semester curriculum for the Administrative Council of the College of Nursing. The faculty had the opportunity to participate in a workshop on SL concepts and skills during the annual fall faculty retreat.

The key faculty and administrative personnel involved in the HPSISN Program who conducted the workshops for the entire faculty were Penny S. Brooke and Susan Cameron.

Advisory Committee
The Community Advisory Committee includes a balanced representation of community agencies, health sciences faculty and students, and project staff. Membership varies, reflecting changes in leadership, staff, student, and faculty participation. During the quarterly meetings, the HPSISN project personnel provided an update and overview of the project’s activities, followed by a report from the outside evaluator. Input and guidance were then sought from the committee members for the remainder of the meeting.

The Community Advisory Committee, including the outside evaluator, has decided to continue meeting on a quarterly basis even after we are not formally a HPSISN project.

PROJECT PERFORMANCE

Curricular Integration of SL
In the initial project design, we identified an orderly progression of the courses in which we would integrate SL. However, we immediately became aware that many students who wanted to serve would graduate before their identified courses incorporated SL. Therefore, we determined that any student in the College of Nursing could participate in and receive credit for SL by doing the following—registering for Reflections on SL and identifying and participating in a SL activity related to a didactic course they were taking. Faculty members were identified with whom the student would relate during reflections.

The first and second year medical students have a required service experience. Due to changes in their curriculum, they had no time for elective SL coursework. The only way for us to have an interdisciplinary SL experience with them was to reorganize the College of Nursing course Reflections on Ethical
Dilemmas in the Health Professions to accommodate the medical students’ schedule. The students from nursing and pharmacy joined the medical students in their required course Medicine in the Community on days when the lecture topics were of joint interest (e.g., family violence and other social issues). Following the lectures, the students met for an hour in small groups to discuss the topics, led by health professionals from throughout our campus and community. This course development was totally unanticipated at the time the project was written. It has great potential for continuing because of the positive response from all students and faculty involved. This is one example of how the SL project in the College of Nursing has enhanced interdisciplinary work for the health sciences students at the University of Utah.

**Student Participants**

Project participants include baccalaureate nursing, nurse practitioner, medical, pharmacy, and law students, and numerous pre-nursing and pre-health science students from all disciplines. While the College of Nursing has provided the majority of our students, we have had representation from other colleges every quarter.

**SL Requirements**

Students in Reflections on Service Learning and Reflections on Ethical Dilemmas in the Health Professions courses were required to provide two hours of service per week, which amounted to twenty hours of service per quarter for every student. They also were expected to attend a weekly one-hour reflections period.

**SL Activities**

It was not difficult to see a connection between every service opportunity and the coursework nursing students were studying. Our SL partnerships provide opportunities and options that cover prenatal care through death due to old age. Every socioeconomic and geographic area in the Salt Lake Valley also is available to our SL students. The unmet health care needs of our community are covered in every course in our nursing school curriculum. Students in the gerontology course, for example, could choose to visit housebound elderly at the Utah Housing Authority Project and become a touchstone to the world for these very lonely elderly citizens. The same students could choose to deliver food packages to housebound elderly persons who would go hungry otherwise. If a student wished to work closely with an ill population, the Garden Terrace project for Alzheimer’s patients readily welcomed the students’ services. Students who desired to work with young children could work with Success by Six, going into the homes of preschool children to assist their parents in preparing the child for a healthy and successful beginning of school. They also could work with Project Hope, which is a project to improve the experience of low income and disadvantaged children in specifically identified schools. One student who was in her OB/GYN course chose to work with the 4th Street Clinic Homeless Shelter and was available for pregnant women who did not have a support system to help them through childbirth. In addition, because the shelter would not allow women and their newborns to return to the shelter following birth, our student was the person who was called upon, day or night, to go to the hospital to support the woman during childbirth, then attempt to find a place for the
woman and the newborn to live immediately following discharge.

**PROJECT ACHIEVEMENTS**

**Project Goals**
Over the last three years of our project, I believe we have achieved and exceeded our project goals.

- We integrated SL not only into eight nursing courses, but also throughout the entire College of Nursing curriculum. The University of Utah is converting to a semester system as of autumn 1998, and SL courses will be integrated throughout the new semester curriculum, as well.

- Not only did we develop the three credit-hour course Reflections on SL, we also created the three credit-hour course Reflections on Ethical Dilemmas in the Health Professions, in order to accommodate and facilitate the involvement of the School of Medicine students. Opportunity for reflection is built into both of these courses, as we stated in our original objectives. The faculty was excellent in providing a positive experience and encouraging reflection.

- Our third objective—to provide an interdisciplinary health care team experience—also has been met, with the exception of the number of nurse practitioner students that we had hoped to involve on an annual basis. We have exceeded our anticipated number of undergraduate nursing, pharmacy, medical, law, and other pre-studies students who have participated. We have been able to expose our students to assessment skills and have collaborated with many more community agencies and projects than we had originally thought possible.

- We have been able to promote the collaborative efforts between community agencies and the College of Nursing by establishing fifteen partnerships, considerably more than the five agencies identified in our original project proposal. We also formed a community advisory committee, which met on a quarterly basis. Our committee has agreed to continue meeting past the project’s funding period. Our paid outside evaluator also has indicated that he would like to continue to be a member of the committee.

- Our final objective—to broaden the exposure of the College of Nursing faculty and students to the community’s need for service as well as the rewards of providing service—has been best met through the students’ exposure to both the opportunities in the community and the need for health science support to meet these unmet needs.

- Faculty development workshops on SL have been made available, but not all faculty readily accept the concepts. Continuing work is planned to facilitate more involvement of the didactic faculty with the student’s SL experience. We have asked the students to provide their didactic faculty with their weekly journals and invite them to join us in our weekly reflections period. Very few faculty have accepted these invitations. Last quarter, we had every student write thank you letters to their didactic faculty and community partner as part of their final paper. The feedback we have received from both faculty and community agencies is that these letters were greatly appreciated and would be helpful to them in promoting the
partnerships with both their funding agencies and their supervisors.

**Project Outcomes**

Participation in the national HPSISN demonstration project has helped the College of Nursing to become a leader in the integration of SL throughout our entire college’s curriculum. The opportunities to network with other schools, present at the SL conferences, and publish in the *Resource Journal on SL* have truly influenced the credibility and reputation of SL in the health sciences. The opportunity to present “How SL Complements Clinical Practice” at the Arizona Research Conference has given additional credibility to the SL project with our research-oriented faculty. The exposure that we received to schools that do not have SL projects also was extremely valuable.

One of our SL students in the course Reflections on Ethical Dilemmas in the Health Professions has been recruited by his service partner for a six-month training program, following which he might become the director of the Garden Terrace for Alzheimer’s patients. During his interviews, he was asked questions related to ethical dilemmas that we had discussed and reflected upon in class. He believes that he was recruited due to his participation in this SL project. Should he become the director, he will be very influential in helping to develop our students’ experiences in the agency.

**Proud Accomplishments**

Perhaps the accomplishment that we are most proud of and that will have the most lasting impact is the development that we have observed in students who have learned about themselves and human nature through service. It has become almost a spiritual experience for many students as they discover the difference they can make in people’s lives through their service. At the end of each quarter, as students and faculty alike are ready for a rest and a break, the journals and final papers of the students in the SL course provide new energy for beginning the next new quarter. They describe such life changing experiences that the faculty involved in this project have felt a commitment to expand and make sure that these experiences are available to students in our college and the entire Health Sciences Center. The statements made by students, such as those that follow, provide encouragement to the faculty that what we are doing is so important not only to the student and the community agencies, but also to the persons we are serving.

- “I gained a better understanding of other people’s circumstances, along with a greater appreciation of my own.”
- “This experience increased my awareness of the needs that exist within the community.”
- “As with all previous quarters, this experience has greatly benefited my education. It’s one thing to sit in class and listen to discussions about various problems in the community, but to experience it first hand is another.”
- “By serving in the community, I am able to relate what I learn in class to what is truly happening in the world.”
- “Through my experience with SL and LifeCare Services, and also through my N210 theory course, I have begun to understand the importance of holistic nursing caring.”

The relationships that students developed and the heightened insight they gained regarding their own personal strengths could not have been provided
through the usual classroom and clinical experiences in the health sciences. I believe that we have provided a truly outstanding opportunity to improve the style of health care that our SL students will provide to clients in the future. The enthusiasm of the students who have participated has been perhaps the greatest incentive to insure that this project is successful.

**SL Materials**
Materials that we have produced as a result of the HPSISN grant have all been shared with the HPSISN project coordinators at conferences, including our courses’ syllabi and faculty training materials. We also have prepared two posters, which were presented at the Utah Nurses Association Convention, the 1997 National SL Conference in San Francisco, and the 1998 University of Arizona Research Conference. Both posters were very warmly received. At the Arizona Research Conference, the concept of SL appeared to be new to most of the participants. We were able to discuss our ideas regarding SL as an important creative direction to move toward. Students and faculty at the conference were very enthusiastic about implementing a similar program at their institution.

**COMMUNITY PARTNERSHIPS**

**Partnership Development**
When the project was developed, we had partnerships with five community agencies. Our partnerships expanded to fifteen during the three years of the project. We became involved with some exceptional community resources through the suggestions of our students, who initiated partnerships between the College of Nursing and community agencies with which they had had experience.

**Partnership Maintenance**
The success of our partnerships with these various agencies has depended largely on both the leadership and the continuity of leadership in the agency, as well as the maturity and dedication of the students. For example, one of our community partners has undergone a tremendous reorganization and the leadership needed to insure a quality service experience for students is not currently available. Therefore, students have chosen not to go to this agency for several quarters. During quarters that students do not elect to provide service through partner agencies, we are always careful to follow-up with the partners and explain the situation so that they do not think we have lost interest in them. Because of our community partner coordinator’s work, we have established very strong and, I believe, long-lasting relationships with all fifteen of our community partners. These partnerships will be sustained and continue to evolve long past the funding of this project.

**Community Agency Response to SL Activities**
Our community partners have indicated that they are very satisfied with our SL activities.

**Community Agency Participation**
The community agency partners actively participate in the reflections portion of our course. Each week, one or two agencies are represented in the reflections discussion. This participation gives the agencies an opportunity to
expose all the students to their services, which the students might then use in their work with other agencies. Very often, also, students learn of another service opportunity that they then become involved with the following quarter.

**Community Agencies**
- The Division of Family Service Foster Care Program.
- Project Hope (seven high risk schools).
- Success By Six (preschool families).
- Utahn’s Against Hunger.
- The Wasatch Homeless Healthcare Project.
- The Utah Housing Authority (housebound elderly).
- LifeCare Services (food packages delivered to the housebound).
- Garden Terrace (care for people with Alzheimer’s).
- The Cancer Wellness House.
- Prevent Blindness Utah.
- DDI Vantage (early intervention for disabled children).
- CHOICE (educational materials for third world countries).
- Utah Center for the Deaf.
- You’re in Charge (child sexual abuse prevention).
- Healthy Habits (school-based health education).

**PROJECT EVALUATION**

Our method of evaluating the project has been to receive objective information from our outside evaluator, Duane Roberts. His objective reporting has been greatly appreciated and has provided good insight into the project. The Community Advisory Committee, which is active in planning the direction of the project, has been very supportive of the outside evaluator’s suggestions.

**Evaluation Methods**

**Students and Faculty.** At the end of every quarter, Mr. Roberts compiles the following material into a report for the Community Advisory Committee: the students’ journals, final papers, SL experience and course evaluations, and their required Pew Log, which gives us more objective data on the types of persons being served and the needs that are being met through their service. (At the beginning of each quarter, we have the students sign an agreement that they will allow this personal information to be shared with the outside evaluator.)

During the spring of 1997, Duane met with both faculty and students in separate focus groups to obtain accurate and objective information on the project’s progress.

**Community Partners.** Mr. Roberts also has created, with the assistance of project faculty, an evaluation tool for community partners, which not only gives the partners the opportunity to provide feedback, but also alerts partners to the responsibilities they have to the students. The community partners also contribute to the project evaluation through their participation on the Advisory Committee.

**Clients.** Satisfaction of the clients served can only be assessed through agency feedback and the students’ journal descriptions and reflections of their interactions with clients. Ongoing discussions of how to gather this data, while being sensitive to the clients’ confidentiality and privacy needs, are being held.
Value of Data

The students’ final papers and journals provide the most valuable data. The objective data noted in the Pew Logs are not as helpful in assessing the progress we are making in meeting the health needs in our community. The categories are so broadly stated that it is difficult for the students to describe their populations.

Utilization of Data

Recommendations from the outside evaluator and the Community Advisory Committee have resulted in changes in the project’s direction and our reflections courses. For example, the didactic faculty became more involved in the students’ SL experiences in response to suggestions that arose during the evaluation process.
PROJECT SUSTAINABILITY

The University of Utah has a long-standing history of support for service activities through the Bennion Center. However, funding for programs must be provided through the individual departments for sustained SL efforts. Fortunately, the College of Nursing has made a commitment to integrate SL throughout our curriculum. The courses that have resulted from this HPSISN project will continue into the semester conversion planned for the autumn quarter of 1998. The courses will also be offered during the spring quarter of 1998 after funding has lapsed. At this time, it is definite that the activities initiated under the HPSISN grant will be sustained. Their expansion will depend upon whether further funding can be found to pay for the necessary additional staff time. At this time, the project director is hopeful that the dean will continue the position of the agency partner coordinator. If this hope becomes a reality, the current project likely will be expanded.

LESSONS LEARNED

The advice and lessons we learned early in this project continue to be valuable.

Flexibility. It is important to be flexible and patient when developing a SL project in higher education. The best laid plans must be able to be changed to accommodate students, faculty, and community partners; all must feel listened to and accommodated. Flexibility is necessary in meeting the students’ needs and expanding our service partnerships to include new agencies that are in need of our students’ services.

Flexibility in scheduling is crucial. The major barrier we have encountered is related to scheduling difficulties—it is almost impossible to find a time during the day when all health science students are free to take a reflections course. In addition, the fear of faculty that they will be asked to do more in their already busy schedules has challenged our efforts to involve everyone. These major barriers have been overcome by offering courses in the evening to accommodate the required courses in the School of Medicine. We have attempted to alleviate the faculty fears by facilitating the students’ SL work in such a way that the amount of time committed by the didactic faculty is their decision to make. The faculty who have chosen to become very involved have become, much like our involved students, advocates of the program.

Patience. It is important to be patient in expecting other persons to join in your enthusiasm for additional time commitments in higher education.