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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.
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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.

“The 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 ceph@itsa.ucsf.edu or calling 415-476-7081.
SERVICE-LEARNING IN NURSING:
Annotated Bibliography

Blue Walcer and Sarena D. Seifer

The following list of books and peer-reviewed publications will provide direction and useful information for developing SL programs in nursing. The list is not intended to be exhaustive, but reflects a compilation of materials recommended by the PCC Program, Community-Campus Partnerships for Health. Resources authored by PCC team members, mentors or advisors are denoted with a *. Resources authored by participants in the Health Professions Schools in Service to the Nation Program, a national demonstration program of SL in the health professions that preceded the PCC program, are denoted with a †. If you have a resource to recommend, please email ccph@itsa.ucsf.edu or call 415-476-7081.


The purpose of this article is to describe an innovative academic, community, and service to better meet the health care underserved populations. The Center for Community Health Education, Research, and Service--a coalition of Boston education health services providers, and community agencies--was formed with from the W. K. Kellogg Foundation. The initial goal was to academic community health centers comparable to the large teaching hospitals that combine service, education, and research as the corner-stone of their mission. With faculty based in the health centers, students have learning opportunities to assess, and treat individuals and families using a community-based primary model. The nature of the partnership, including the structure and of implementation, is described. The developmental socialization of advanced practice nursing students in a community based-setting is discussed. Educational and service outcomes are identified.

The Pew Health Professions Commission (1998) has recommended community-based service learning as an integral part of nursing Service learning activities in a baccalaureate nursing program with integrated curricular model are described with a women's health used as one example of the integration of service learning with experiences. Based on clinical journal entries, students identified benefits of service learning including (1) a sense of personal satisfaction, (2) professional growth, (3) a higher level of thinking skills, (4) preparation for nursing practice in a dynamic diverse health care delivery system, and (5) an increased awareness unmet needs in clients, families, communities, and populations. are truly engaged because they have the opportunity to apply concepts in giving service, creating a "capacity for learning social responsibility as professionals.


Service learning requires faculty and students to step away from habitual methods. It necessitates a culture change in organizations. Examples from nursing education illustrate how it can enrich teaching and learning.


Knowledge of health policy is an increasingly important aspect of nursing practice and education, especially as nurses strive to improve the rapidly changing health care delivery system. At the same time, many educators, researchers, foundations, and government officials are touting the benefits of service learning. In particular, service learning offers ways to enhance partnerships between academia and community agencies and to extend learning beyond the traditional classroom. We present a model for educating nurses as advanced practice nurses in health policy that links service learning with a framework for the political development of nurses. Under the rubric of service learning, the curriculum is based on the overlap among health policy, the role of the nurse as consultant, and community-based care. After discussing the importance of health policy for graduate nursing education and reviewing the essentials of service learning, we describe a three-semester graduate sequence in health policy service learning. The focus is on the clinical and classroom components of both individual and group practica and their relationship to stages of nursing’s political development. The article concludes with evaluation considerations and the implications of our work for nursing theory, research, practice, and education.


This paper is concerned with the way in which discussions of the status of people from minority ethnic groups and the delivery of care to such groups has been constructed, in the nursing literature particular, within a culturalist framework which has many serious drawbacks. The paper reviews the argument for a multicultural' to health care and also discusses some of the main implications of analysis for the education of health professionals. It suggests health workers and those responsible for the education of such need to reassess learning needs in the light of a critique of the of an analysis based on cultural pluralism' and ethnic paper suggests ways in which the nursing curriculum must be take into account the limitations of a culturalist approach and to the interplay of racism and other structures of inequality and influence on health and on a service delivery.

A health fair is a community health strategy used to meet community members' needs for health promotion, education, and prevention. In this article we focus on the importance of partnerships in designing a fair; essential components; and steps in planning, implementing, evaluating a health fair. The Healthy People 2000 framework can guide the development of objectives and content for a health fair. Present a list of topics for exhibits and a Health Fair Evaluation Questionnaire used to measure outcomes of a health fair on health beliefs and practices. Implications for nursing practice, education, and research include increasing nurses' awareness of problems, health beliefs, and practices; networking opportunities provide knowledge of new resources; service learning experiences students; and opportunities for research on how health fairs meet care needs and promote changes in health knowledge, beliefs, and practices.


The difficulty nursing students experience in making the transition from the university to clinical context is attributed to the gap between and practice, and education and service. Collaboration between and clinicians in the provision of undergraduate education is to be a strategy for overcoming these problems. A project team of four academics and six clinicians collaboratively developed and implemented an acute care topic, in the third year of a pre-nursing course at the School of Nursing, Flinders University. A the literature did not provide examples of collaborative models to undergraduate teaching. The subsequent model, devised by the team, focused on technical, cultural and interpersonal aspects of collaborative teaching. The model was evaluated by illuminative methods. Participants in the project included academics (n = 4), clinicians (n = 6) and students (n = 104). Student questionnaires academic and clinician interviews were used to inform evaluation procedures. The qualitative data was coded and analyzed based upon definitions and characteristics of collaboration described by al (1995). Study findings demonstrated that the model was effective facilitating collaborative relationships necessary for the development and implementation of reality-based learning.


Although nursing education has long incorporated "clinical," nursing faculty who are engaged in SL programs stress that these on-site educational experiences are not the same as community service in the SL model. This chapter reviews the principles of SL and examines the distinctions between SL and traditional clinical courses. It then examines the values and underlying framework for both SL and the nursing profession, to discover how each has the potential to enhance the other.


Students at all levels are being encouraged to offer public service their communities. Yet, including SL courses in a education program is rare. The author outlines why and how one of nursing successfully incorporated a SL course into curriculum.

A community health nursing experience with a complex aggregate developed for B.S.N. completion students at a private university in collaboration with the neighborhood group, a survey based on notion of healthy neighborhoods and Cottrell's idea of community competence was developed. Community health nursing students drew a representative sample of neighborhood dwellers and interviewed them assess their concerns. Data were summarized, inferences drawn, and problems amenable to nursing intervention identified and students presented their findings to the neighborhood group, city providers, and various volunteer agencies. This experience provided service to the community client, public service for faculty, and an exceptional learning opportunity for students.


Nebraska Methodist College Department of Nursing Psychiatric/Mental Health Section and Catholic Charities of the Archdiocese of Omaha, Inc. have formed a partnership for SL. The partnership provides a collaborative, community-based experiential education for both associate degree and baccalaureate degree nursing students. This SL project has been initiated as part of the Partners in Caring and Community: SL in Nursing Education Program. The team of people from Nebraska Methodist College and Catholic Charities, Omaha, Nebraska, was chosen as one of ten teams selected nationwide to participate in the initiative. This paper presents the progress of the team initiative entitled: “DARING” to Reach the Heartland, (Diversity, Advocacy, Respect, Innovation, Nursing Education, and Growth).


Like many other schools, the faculty of the University of Oklahoma of Nursing (OUCN) recently revised its baccalaureate and master's curricula to prepare students better for the evolving changes in nursing profession and the health care job market. Our personal needed changes, reviews of the literature, and feedback from leaders and community employers supported the need for four changes. First, students needed more experiences in the community clients' homes, with the aged, the chronically ill, and the all age brackets. Second, students needed greater familiarity with Medicare, Medicaid, and managed care, and more active involvment wise use of limited resources. Third, they needed more experience interdisciplinary teams and with the management of care across levels of acuity. Fourth, there was a need for more consistent of health promotion and research content into student learning emerging trends in health care and nursing practice.


Nursing faculty and students have a vital role to play in promoting adolescent health at the community level. However, few nursing programs have developed programs which provide nursing students skills and hands-on experiences they need to work with adolescents community settings. A successful model for integrating community-adolescent health promotion into nursing education is described in article. Developed by nursing faculty from Medgar Evers College of Nursing, teachers and staff from a large middle school in York serving economically disadvantaged Black and Hispanic youth, Education Development Center, Inc., the Reach for Health (RFH) Program-Middle School Collaboration has two mutually reinforcing components: (a)
classroom-based health instruction taught by assistance from nursing students and faculty, and (b) community service in which middle school students spend approximately 3 hours week providing assistance in health-related facilities under the of nursing faculty and student nurse mentors. As part of an study, the authors conducted focus groups with nursing students in this program and administered an identical survey before and intervention to assess potential benefits of participation. control group of nursing students, those who participated in the program reported increased skills and comfort working in school and community settings and with young adolescents, their teachers, and parents. An example of other benefits was a greater understanding health and developmental needs of adolescents. At the same time provided a service to the community, nursing students gained the and experience needed to be effective in community health promotion efforts.


Nurse educators are attempting to revise the nursing curriculum to pace with the changing focus of health care and prepare graduates practice in a community-based, community-focused health care system An important aspect of the change in emphasis in nursing education need to address the primary and chronic health care needs of families, and aggregate populations.


In an effort to provide a meaningful community-based nursing for the students of William Rainey Harper College, a project was with the Community Economic Development Association of Cook County, Illinois to link second-year nursing students and clients in a Head program. The goals were designed to meet the needs of both the and the Head Start clients. The students provided a portion of the service plan for the Head Start families, and at the same time they received a comprehensive community/family learning experience. the second year of the nursing program the students followed their assigned family utilizing a unique integration of pediatric and psychiatric nursing concepts. The article will outline the project development to completion of the first year of student involvement. will address successes, failures, and changes made in the second the program.


Developing partnerships between service and education is one enhance student learning. A pre-test-post-test design was used to changes in perceptions of self-efficacy expectations in the a team of four senior nursing students. A convenience sample of community practitioners completed the Community Advisor Self- (CASE) questionnaire prior to and following a 13 week community practicum. Following the community practicum, the preceptors were invited to attend a focus group to discuss their experience. No significant differences were found between the pre- and post-self- scores. Community practitioners felt reasonably confident in preceptor role. They felt most efficacious in encouraging students agency personnel and in providing student feedback, but somewhat confident in areas such as selecting learning experience congruent course objectives, and trusting the students' readiness to work communities. All strategies to assist the preceptors in assuming role were considered helpful. Evidence of the preceptors and advisors working in partnerships with the students was not clearly evident. Findings are being used to refine strategies for preparing supporting agency personnel for their role in working with

Health care reform proposals emphasize health care that is practical, scientifically sound, coordinated, accessible, delivered, and affordable. One route to achievement of improved outcomes within these parameters is the formation of partnerships. Partnerships adopting the philosophy and five principles of Primary Care (PHC) focus on health promotion and prevention of illness and disability, maximum community participation, accessibility to health services, interdisciplinary and intersectoral collaboration, use of appropriate technologies such as resources and strategies. A community service agency serving a multicultural population partnership with a health department and a university undergraduate nursing program. The result was a preschool health fair and there benefits for each partner-benefits which could not have been without the collaboration. The health fair partnership planning, implementation, and evaluation process was guided by a framework the philosophy and five principles of PHC. The educational process described can be applied to other learning experiences where the to help students understand and apply the concepts of PHC, develop nursing competencies, and form collaborative relationships with the community and health agencies. Community health care dilemmas and education challenges can be successfully addressed when various disciplines and sectors form effective partnerships.


OBJECTIVE: To determine the usefulness of critical-incident reports facilitating reflective learning and the types of experiences that learners found meaningful on a general medicine service. DESIGN: members wrote about their most meaningful patient of the month and was learned from the patient. They shared their narratives during rounds at the end of each month. The written reports were collected subjected to qualitative thematic analysis. SETTING: General teaching service of an academic medical center.


Although SL is gaining momentum in academic settings the country, it has not been described as a feature of graduate education. This project incorporated a ten-hour service requirement into a theories of nurse caring as part of a course for graduate nursing students, Theories and Concepts of Nursing. The authors describe SL experience, as well as the extensive class process and written synthesis with caring theory and the University mission after completion of the service.


To meet the challenge of preparing nurses for delivery of health is directed toward health promotion and focused on populations at community level, it is critical that academicians develop new educate their students. In this article, I describe an innovative practice model in which an academic-community partnership was between a college of nursing and a neighborhood grade school and The purpose of the partnership is to provide needed health services clients, at the same time giving students the opportunity to population-focused care in the community. The benefits of the are numerous, including improved client health status, increased health promotion services, and enhanced student learning.

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A southeastern university school of nursing responded to a request by a local housing authority to provide nursing care and health promotion to the residents of three high-rise complexes for independent living for seniors. This SL partnership offers differing educational benefits to graduate and undergraduate nursing students while helping residents remain as well as possible.


This article describes the experience of a team of nursing over the course of 2 years, redesigned the delivery of an nursing clinical course to reflect the changing face of mental near the turn of this century. Case studies of student learning experiences show the value of nontraditional clinical settings such homeless shelters to the professional growth and training of students. Recommendations offer practical advice for combining nontraditional community-based clinical experiences with critical exercises as key components of the mental health clinical course


This 225-page softcover book goes beyond a simple "how-to" to provide a rigorous intellectual discussion of SL in nursing education. Chapters discuss the implementation of SL in the nursing discipline, and what nursing can contribute to the pedagogy of SL. It contains theoretical and pedagogical essays by disciplinary scholars, an annotated bibliography and sample syllabi and course assignments.


Many colleges and universities currently are implementing service as an educational strategy into their curricula. The goal of learning is a dynamic partnership between educational institutions communities resulting in the mutual benefits of service and Although service learning has significance for teaching nursing educators must differentiate service learning from clinical This article provides a definition of service learning, identifies relevance of service learning for nursing education, presents an of service learning integrated into a nursing course, and evaluates service learning as a methodology for teaching group collaboration research skills. Student surveys, a focus group, and community evaluations indicated service learning contributed to the group collaboration and research skills among baccalaureate nursing students. To enhance faculty, student, and community partner with service learning, instructors should clearly define service experiences for a specific setting and offer structured guidance not interfere with student decision-making.

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In conclusion, redesigning the senior leadership management theory in our undergraduate baccalaureate nursing program to incorporate concepts of managed care, case management, critical paths, and multidisciplinary collaborations was successful. Providing students "real world" project developing critical paths provided an them to make a contribution to an organization while learning written collaborative skills that may prove crucial to their future nursing. Critical path development projects will be pursued until specific needs of the organization have been met. Other become obvious for class projects as new challenges are presented organizations to address in this ever-changing health care delivery system.


An agency providing health care services for homeless persons and a nursing department at a liberal arts college established a SL partnership to complete a health needs assessment of homeless persons. Under the guidance of agency staff and a nursing faculty member, seven nursing students surveyed shelter residents (n=101) in four urban and conducted a focus group to identify residents’ perceptions of health, health care needs, and health care service delivery. The SL partnership expanded the agency’s services by providing research consultation and data collection that resulted in recommendations to improve health care services for the homeless. The agency contributed to the education of health professionals by providing students with a meaningful community service experience.


SL entwines community work/volunteerism with academic instruction, taking the student outside the traditional realm and placing the experience into community-based projects. projects draw on academic principles, public/community health, arts, and hands on delivery, enticing the student to delve deeper lives of the women and families they will be serving. Service- directs the student to fully embrace the midwifery philosophy as by the American College of Nurse-Midwives. The experiences of the nurse-midwifery students at the University of Missouri-Columbia are described to show the depth and variety of SL as it the scope of well woman care.


The purpose of this study was to evaluate an innovative service experience for new nursing students involving senior citizens. Junior nursing students (n = 128) were assigned in cohorts to one centers for a 5-week rotation. A questionnaire was administered to the students, teaching assistants, center directors, and a senior citizens at each site. The majority of students believed the experience was a valuable part of the curriculum and saw prospects community health nursing roles. However, they had concerns losing time in acute care and relevance and number of assignments, reported some difficulty in applying classroom content in the Directors and senior citizens were universally positive about the experience. Student and teaching assistant reports were key in the curriculum. Revisions include logistics of the placement of the experience and assignments as well as incorporation of this within the community context.

Educating nurses in the motivation and ability to provide quality health care to urban inner-city residents with complex and multiple health problems has been a continuing challenge to institutions. Recruiting appropriate students and providing learning experiences is the first of many challenges. Understanding addressing the many barriers to accessing health services is an learning outcome. Successful providers with underserved populations been found to have a strong sense of service to humanity and pride making a difference and have thrived on the challenges of limited resources to deal with their patients' complex needs. a Returned Peace Corps Fellows program and a community health track within the undergraduate program in nursing has provided some successes and additional answers. While studying for a professional degree, the Fellows are placed in a service position to integrate Peace Corps experiences into new professional learning as it is place and to earn a stipend to assist with the cost of their. This has led to the development of a community health nursing track undergraduate program, a combination of required-for credit credit-earning enrichment and independent study experiences, and stipend-earning clinical experiences outside the curriculum.


The evolving system of health care delivery, emphasizing prevention early intervention, presents challenges to schools that educate care professionals. Nursing faculty in a rural mid-Atlantic state initiated a SL project, relating education and through primary care in the surrounding community. The purpose of present study was to evaluate the project outcomes. The 45 students involved in the project responded to Beliefs Related to Nursing Competencies, a quantitative measure (Cronbach's alpha = based on the Pew Health Commission's "Competencies Needed by for 2005," and to a second measure, Qualitative Questions for Service Learning. Results of quantitative analysis revealed acceptance of the competencies as nursing responsibilities. analysis revealed that students were involved in increasing access to community-based primary care; curricula relating learning existing problems and rewarding critical thinking was evident; and students were receiving preparation for a health care environment will rely on their ability to respond to its changing needs.


To meet the health needs of communities today, health professionals to be trained in working with persons from various cultural practicing disease prevention and health promotion in community- settings, and working in teams with other professionals. The focuses on interdisciplinary teaming for education and practice. In model, medical and nursing students partner with communities to deliver health promotion education programs and activities. Four learning projects providing collaborative teaming opportunities as the Health Professions Schools in Service to the Nation Program are described. Interdisciplinary service learning has benefits for the community, students, and faculty and will prepare nurses and have a positive impact on care through future interdisciplinary collaboration in community-based settings.

The object of this paper is critically to analyze the issue of practice within the writer's own professional arena. The writer is senior nurse within an Accident and Emergency (A & E) department. Long been recognized that a gap exists between theory and practice nursing. There has been much discussion in the nursing literature the development of the reflective practitioner and how reflection practice can assist in closing the theory-practice gap. Nurses have experienced great difficulty in identifying a theory of practice. (1992) states that reflective medicine is a frequently used but infrequently defined concept in nursing at the present time. For qualified nurses and students alike, reflection can be utilized as learning process to help them expand and develop their clinical and skills to directly benefit client care (Dewing 1990). Schon identified reflection as a process of knowledge acquisition practice and best suited to solving complex practice based. Reflection is an active process of exploration and discovery which leads to unexpected outcomes (Boud et al 1985). Reflection that the process of an experience is referred to as reflection-in-action (1987). Nurses have the ability to think about their actions while carrying them out and change the actions should the professional's assessment of the situation change (Schon 1983). Reflection can develop new understanding and appreciation which can be put to use in experiences (Dewing 1990). This paper will commence with a brief explanation of how nurse education is developing reflection and to assist the student nurse to close the theory-practice gap.


The Wellness Wednesdays program has shown itself to be an effective for providing community-based service learning opportunities convenient for participants, students, and faculty. As the program continues to grow, it will provide opportunities for collaboration with other health-related departments on campus. It will provide a setting for faculty and student research in multiple related to management, health promotion, disease prevention, and behavior motivation.


This article reports the outcomes of a descriptive study of SL undertaken in a Psychiatric and Mental Health Course at Virginia Commonwealth University. Following a review of SL literature, study questions are presented. Intervention is presented, as are characteristics of learners and where SL was conducted. Gains for all stakeholders and lessons are reported.