Community–Academic Partnerships: Developing a Service–Learning Framework

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Academic partnerships with hospitals and health care agencies for authentic clinical learning have become a major focus of schools of nursing and professional nursing organizations. Formal academic partnerships in community settings are less common despite evolving models of care delivery outside of inpatient settings. Community–Academic partnerships are commonly developed as a means to engage nursing students in service–learning experiences with an emphasis on student outcomes. The benefit of service–learning projects on community partners and populations receiving the service is largely unknown primarily due to the lack of structure for identifying and measuring outcomes specific to service–learning. Nursing students and their faculty engaged in service–learning have a unique opportunity to collaborate with community partners to evaluate benefits of service–learning projects on those receiving the service. This article describes the development of a service–learning framework as a first step toward successful measurement of the benefits of undergraduate nursing students' service–learning projects on community agencies and the people they serve through a collaborative community–academic partnership. (Index words; Service–Learning; Community–Academic partnerships; Nursing clinical education) J Prof Nurs 31:395–401, 2015. © 2015 Elsevier Inc. All rights reserved.

DEVELOPMENT OF ACADEMIC partnerships with hospitals and health care agencies has become a major focus of schools of nursing and professional nursing organizations (American Association of Colleges of Nursing [AACN], 2014). Although service–learning experiences supported through community–academic partnerships (CAPs) have existed for some time, they tend to be less formalized and are commonly developed as a means to engage nursing students in service–learning

experiences with a focus on student learning rather than on the service provided (Murray, 2013).

Service–Learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, meet academic course outcomes, teach civic responsibility, and strengthen communities (Seifer & Connors, 2007). The literature is rich with evidence supporting service–learning as a pedagogical strategy that promotes learning in nursing education (AACN, 2008; Community-Campus Partnerships for Health [CCPH], 2013; Groh, Stallwood, & Daniels, 2011; Jacoby, 1996; Richards & Novak, 2010; Seifer & Vaughn, 2002; Stallwood & Groh, 2011). However, the benefit of service–learning to community partners and populations receiving the service is largely unknown (Groh et al., 2011).

Mutual decision making, shared goals, reciprocity, along with meeting agency and community needs have been identified as hallmarks of healthy CAPs (Seifer & Vaughn, 2002; Stallwood & Groh, 2011). Service–Learning has the potential to be reciprocally beneficial to populations, communities, and individuals served (CCPH, 2013; Bailey, Carpenter, & Harrington, 2002). This article describes a collaborative project to create a

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service–learning framework to guide nursing faculty in planning service–learning projects that support reciprocity and mutual benefit for both the learner and those receiving the service. The project was led by two nursing faculty from a health sciences university in partnership with representatives from three community agencies who had previously participated in service–learning projects.

Background

CAPs developed over time provide rich clinical learning experiences for nursing students. In the setting for this project, nursing students had participated in a variety of service–learning projects providing needed services to individuals, families, populations, communities, and agency partners. Community partners had indicated that significant contributions had been made as a result of the service–learning projects. However, this input was anecdotal because the service–learning projects had not been structured for measuring benefits to those receiving the service. Many community partners agreed that benefits to the agency and those they served could not be measured without clear project planning and outcome measures. It was believed that a service–learning framework would support greater reciprocity between student learning, the community being served, and the partnering agencies; provide a mechanism for students to learn about outcome-driven practice; and capture the benefits of service–learning projects on populations, individuals, and community agencies. It was for this reason that two nursing faculty partnered with representatives from three community agencies who historically participated in service–learning projects to develop a service–learning framework. The project's aims were to (a) ensure a collaborative process of service–learning project development and (b) support reciprocity through a mechanism for measuring the benefits of service–learning projects on those receiving the service.

Review of the Literature

Service–Learning

Service–Learning is increasingly being incorporated into university curricula as a teaching–learning strategy across multiple professions and disciplines and, particularly, in health sciences education (Champagne, 2006; Groh et al., 2011). The National Community Service Trust Act of 1993 defines service–learning as a "method under which students learn and develop through active participation in thoughtfully organized service experiences that meet actual community needs, are integrated into the student's academic curriculum, provide structured reflection, and enhance what is taught by extending student learning beyond the classroom and into the community" (National Community and Service Trust Act of 1993; as cited in Cauley et al., 2001, p.174).

Service–Learning is a valuable educational pedagogy that enables students to apply classroom content to real-life situations through experiential learning (Murray, 2013). Students engage in activities that address human and community needs with opportunity for reflection to meet learning outcomes (Jacoby, 1996). Service–

Learning has been identified as an innovative teaching–learning strategy that provides students with opportunities to experience practice and application of professional concepts and skills in preparation for professional nursing in contemporary health care settings (AACN, 2008; Richards & Novak, 2010; Seifer & Vaughn, 2002).

Nursing faculty have adopted service–learning as a pedagogical strategy for authentic learning because it exposes students to real-life health challenges in community and inpatient settings, including experiences in interprofessional collaboration, problem solving, ethical decision-making, change management, and cultural competence (AACN, 2008; Stallwood & Groh, 2011). Further, service–learning has the potential to increase civic responsibility, communication skills, and awareness of health care disparities, social injustice, cultural proficiency, and personal growth (Groh et al., 2011, Murray, 2013). Murray (2013) concluded that "service-learning is supported by the current literature as a valuable and applicable teaching pedagogy to enable nursing students to achieve competencies that are necessary to go forward as a professional nurse in a diverse, changing healthcare environment" (p.626).

Service–Learning and CAPs

Historically, nursing faculty have initiated and managed partnerships between academia and community agencies with a focus on providing clinical learning experiences for students (Foss, Bonaiuto, Johnson, & Moreland, 2003). In recent years, there has been a shift toward greater collaboration and mutuality between community agencies and academia (AACN, 2014; Bailey et al., 2002; CCPH, 2013; Foss et al., 2003). Partnering with community agencies to address individual-, population-, and system-level gaps through the establishment of mutual goals is essential in service–learning (Bailey et al., 2002). The ideal CAP is a positive experience whereby both partners are involved in the development and evaluation of service–learning projects that align with the everyday life of the agency (Bailey et al., 2002).

Community-Campus Partners for Health (CCPH), a nonprofit membership organization that promotes health equity and social justice through partnerships between communities and academic institutions, published a set of principles for greater collaboration between academic institutions and community partners (2013). When adhered to, the principles of partnership serve as standards of reciprocity and provide a foundation for service–learning that includes shared decision making and joint responsibility for the successes, failures, communications, and modifications to service–learning projects (Foss et al., 2003). According to CCPH (2013), mutually agreed upon guiding principles, high-quality methods, robust metrics, and collaborative experiences that promote positive change are the drivers of successful CAPs.

CAPs in service–learning are possible when problems and solutions are identified together, when problems are addressed mutually, and when clear responsibilities, expectations, and objectives are established between the

two entities (Broussard, 2011; Cauley et al., 2001; Grabbatin & Fickey, 2012; Ward & Wolf-Wendel, 2000).

The nature of the CAP, that is the relationship between the academic institution and community agencies is not as well known or defined as those with hospitals (Cauley et al., 2001). Cauley et al. (2001) makes the observation that clearly articulated roles and responsibilities of students, faculty, and preceptors are necessary in community settings.

Measuring the Benefits of Service–Learning

Metrics for measuring outcomes in community settings are limited. Olds' research represents one well-known example of public health nurse sensitive metrics through the nurse family partnership programs (Eckenrode et al., 2010). Through a Delphi study, Issel, Bekemeier, and Baldwin (2011) identified three public health nursing metrics linking interventions and outcomes: (a) chlamydia rate per a population of 100,000; (b) number of women entering prenatal care in the first trimester; and (c) children with completed immunization schedules. These examples provide a beginning foundation for ongoing development of metrics for measuring impact of community-based interventions on health.

In 2010, a national research conference to set the agenda in community-based metrics of health identified areas for outcome metrics research (Issel, Bekemeier, & Kneipp, 2012). The four priority areas for public health nursing research include (a) public health intervention models, (b) quality of population-focused practice, (c) metrics of/for public health nursing outcomes, and (d) comparative effectiveness and public health nursing outcomes. Data collection in areas of community and public health nursing is challenging because, with only a few exceptions, standardized metrics and nurse-sensitive indicators have not been established (Institute of Medicine (2010); Issel et al., 2012).

The lack of standardized metrics and nurse-sensitive indicators in community and public health nursing contributes to the gap in metrics for measuring benefits of service–learning to organizations, communities, and individuals. The absence of established metrics and nurse-sensitive indicators provide opportunities for nursing students and their faculty, in partnership with community agencies, to begin development and testing of outcome metrics related to service–learning projects.

Development of a Service–Learning Framework

A 1-year project was funded to develop a framework to (a) ensure the collaborative process of service–learning project development and (b) ensure reciprocity through a mechanism for measuring the benefits of service–learning projects on those receiving the service. It is believed that nursing students engaged in service–learning experiences have a unique opportunity to participate in evaluating benefits of service–learning projects and interventions from previous terms. Anecdotally, the assumption is that student contributions toward health promotion and disease prevention result in benefit to those being served. However, without a service–learning framework, neither students nor community partners have the structure or tools to formally evaluate the benefit of service–learning projects over time.

Method

Institutional review board approval was granted for all phases of the project. Two phases comprised the framework development process. During Phase I of the project, three community partner representatives and two nursing faculty collaborated to identify key elements necessary for reciprocal service–learning, project planning, and for measuring benefits of service–learning projects. A process for service–learning project planning and measuring benefits to those being served was drafted as a beginning service–learning framework. In Phase II, six nursing students in their second year of an undergraduate nursing program piloted the draft framework during their population-based care course.

Notes and transcripts from Phases I and II provided content for thematic analysis and resulted in the service–learning framework presented later in this article. The following discussion provides details of the project and development of the framework.

Phase I: Drafting the Framework in Collaboration With Community Partners

The Community Campus Partners in Health Principles of Partnership (CCPH, 2013) were used to guide the framework development meetings and was integral to the collaborative spirit between the agency representatives and nursing faculty. During three brainstorming sessions, the agency representatives and nursing faculty identified a process for service–learning project planning and potential measures of benefit related to student service–learning. The first session focused on defining mutual goals and establishing the need for a service–learning framework and the purpose it would serve. The ability to measure the benefit of service–learning projects was identified as fundamental to project planning. The initial meeting focused on two primary questions:

1. What would the process of measuring benefits related to student service–learning projects look like?
2. In order to measure benefits of a service–learning project or intervention(s), what metrics would be used?

A process to measure benefits of service–learning was developed during two subsequent brainstorming sessions. Three service–learning projects were chosen to pilot the process. For the pilot, metrics of measurement included improvements in (a) quality of life, (b) health literacy, (c) access to resources, and (d) perceived improvement in overall health. In addition, a set of project-specific quantitative measures including blood pressure, emergency room visits, and adherence to wellness plans were identified. The metrics were

established based on the intent of the service–learning projects.

Phase II: Testing the Service–Learning Framework

A data collection protocol and template were developed by the nursing faculty based on initial analysis of the brainstorming sessions. These were generated based on the intent of the service–learning projects and followed the process of planning and measuring benefit identified by the community representatives. Two nursing students were assigned to a service–learning project, which had been sustained from 1 to 3 years. Agency personnel who directly supervised each student team reviewed and approved the data collection template and protocol prior to the pilot.

Each student team used both face-to-face and telephone interviews with clients and professional stakeholders to gather data on perceived benefit of the service–learning project. Other than demographic data, the interview questions were unique to the project and attempted to capture self-reported improvements in health, quality of life, health knowledge, and access to resources related to and resulting from previous student service–learning projects. The nursing faculty met with the students each week. These meetings provided student perspectives on the process of collecting data on service–learning benefits through their verbal responses to the following questions:

- What is working well this week?
- What barriers did you face this week?
- What challenges did you face this week?
- If you had to do it again, what would you do differently?
- What would you do the same?

Analysis

The community partner brainstorming sessions were audio recorded. Each session's notes were immediately reviewed for patterns related to measuring impact using content analysis methodology (Cresswell, 2003). The purpose of content analysis was to describe characteristics of the discussion to determine trends and patterns of words used—their frequency and their relationships (Vaismoradi, Turunen, & Bondas, 2013). The major patterns derived from the brainstorming sessions included the need to clearly identify student and agency roles and expectations, the need for consistent student and faculty presence over time, and early identification of project goals and outcomes. Early identification of potential benefits and measures of benefits (also noted as outcomes) were expressed as fundamental to the success of measuring the benefits of service–learning projects. Commonly stated barriers to testing the framework included lack of agency time, agency resources, access to clients, and access to medical records.

The nursing faculty also documented details of the student meetings to capture their perspective of the process of measuring benefit according to the drafted service–learning framework. Content analysis was again used to identify patterns and relationships of the student perspectives. Patterns which emerged indicated that measuring benefit of the service–learning project was very difficult when measurable outcomes had not been identified at the start of the project. Students also had difficulty gaining access to clients and stakeholders for interviews, and medical records were often incomplete. While students felt overall support from agency staff, they were concerned about taking too much staff time for questions.

At the conclusion of testing the framework, each student team presented their perspective of the process for measuring benefits of service–learning to the community agency representatives and nursing faculty. Notes from this final meeting were also reviewed using content analysis and served to confirm the patterns identified in the brainstorming sessions and student debriefings (Cresswell, 2003).

Findings: Elements of the Service–Learning Framework

Third year nursing students applied the service–learning framework to previously completed service–learning projects. Through the process, they engaged in outcomes-driven practice by measuring service–learning outcomes through data collection, analysis, and examination of the value of student contributions to communities and community agencies. In many cases, they were not able to measure service–learning benefit because the original project work was not structured and project outcome measures and metrics had not been formally identified.

Transcripts from the brainstorming sessions, student debriefings, and final student presentation revealed patterns associated with the lack of planning service–learning projects with the intent of measuring benefit to those being served. The four major themes that emerged were feasibility, access, data collection, and consistency. These four themes presented, discussed, and confirmed by the community partner representatives became the elements for the service–learning framework. The service–learning framework is the product of a CAP to develop a process to support collaborative service–learning project planning and reciprocity. Each element in the framework is discussed in detail below. Examples for application are derived directly from the content analyses.

Feasibility

Feasibility is defined as the ability to collect meaningful and usable data to describe benefit to those being served. Feasibility is integrated into all elements of the framework. Project goals and metrics for measurement need to be identified and defined early in the project to establish a baseline and provide data for comparison during implementation and completion of the project.

Creating a timeline for data collection and analysis establishes whether evaluation of benefits of a project can be conducted within one academic term (quarter or semester). For example, if data collection cannot begin

until Week 3 of an 11-week term, feasibility of evaluating a project in one term would be questionable. In addition, in order for benefits of a project to be measured, the data must be obtainable and retrievable. The level of clinical agency support and guidance to access information is fundamental to feasibility. Ensuring adequate support to assist students in navigating the agency's systems such as medical records and client contact information is also an important consideration.

Consistent nursing student and faculty presence is integral to the feasibility of measuring benefits of service–learning on those served. Unless students and faculty consistently engage with the agency, community, clients, and the project, feasibility of measuring benefit should be questioned.

Examples of actions to help ensure feasibility include:

- planning from the beginning of the project to collect data demonstrating project benefits on health outcomes or agency programs;
- creating a data collection template and protocol;
- identifying mutually agreed upon outcomes with the community agency (these may initially be generic and become more focused over time);
- proposing timelines with the community agency (length of the partnership commitment, proposed length of the identified project including time for data collection and data analysis);
- clarifying expectations (students' schedules, expectations about faculty availability and engagement, time commitment needs from agency personnel for meetings and/or precepting);
- establishing a process for data management including retrieval of client and/or agency information; and
- ensuring a commitment from the community agency to provide staff to help students navigate the organization's systems.

Access

Access is defined as having the means and infrastructure in place for measuring service–learning benefit. CAPs guided by agreed upon principles and clear understanding of roles and expectations are fundamental to access. Project-related discussions, project identification, establishment of project outcomes and activities to meet project goals, and timelines should start early in the partnership. These early discussions can help identify potential barriers to measuring benefits related to access and assure data accessibility.

Examples of actions to promote access include:

- creating a CAP agreement that clearly outlines practices that are collaborative and respectful;
- adhering to guidelines such as the CCPH Principles of Partnerships;
- identifying mutually agreed upon project outcomes (these may initially be generic and become more focused over time);

- identifying opportunities to engage with clients, stakeholders, and health care professionals within the agency;
- meeting Health Insurance Portability and Accountability Act (HIPAA) compliance requirements within the agency;
- providing access to project-related data; and
- identifying and managing barriers collaboratively and quickly.

Data Collection

Metrics for measuring benefits of service–learning projects need to be established early and correlate directly to the desired outcomes of the project. Initial plans for student service–learning should include a collaborative plan for evaluating the service–learning project benefits to the individual, community, agency, or populations served. Examples of quantitative measures might include blood pressure readings, laboratory values, hospitalizations, emergency department visits, and demographic data. Qualitative measures could include interview and/or survey to capture clients'/stakeholders' perceived health status and health care experience or organizational program outcomes. Utilizing a project outline helps identify project objectives and goals, proposed activities to meet those goals, and long-term outcomes at the beginning of the project and serves as documentation of baseline objectives and project progression.

Data must be obtainable. Use of the project outline to identify data collection methods during initial planning of the service–learning project helps establish metrics that are appropriate and feasible. Data need to be retrievable and comparable. For example, if emergency department visits or hospitalizations are not documented in the client's medical record, it should not be used as a quantitative metric to measure benefit, or if a data collection tool is found to lack cultural or developmental integrity, it should be revised until it captures the variable to be measured. Interview and survey questions to measure benefit of service–learning projects need to be specific rather than general so that even with student changes between academic terms, continuity of data sets is maintained throughout the entire project. Scripts for interviews can be developed, piloted, and then revised as needed. Data analysis methodologies, such as content analysis, should also be identified early in the project. Examples of actions to help with measuring benefit through data collection and analysis are:

- creating a project outline;
- developing mutual and measurable project outcomes;
- identifying baseline metrics that will be collected at the onset of the project;
- creating a data management process;
- developing data collection tools (i.e., survey/interview tool);
- creating a data analysis plan; and
- creating project timeline.

Consistency

Assessing benefit of nursing student service–learning projects and interventions occurs only through consistent student and faculty presence and engagement in the project. Consistency of nursing student presence term-to-term is integral to both the partnership and measuring benefits of service–learning. The service–learning framework can be used to establish and nurture commitment to CAPs and service–learning projects over time.

A written student-to-student/agency hand-off should be used during transitions from one term to the next. The hand-off may include a summary of the project, project goals and outcomes, activities engaged in, data collection tools, stakeholder contact information, and lessons learned during the term. The hand-off ensures accurate communication of project work from term-to-term and reduces fragmentation and duplication.

Examples of attention to the consistency element include the following:

- Academic administrative commitment to a plan for consistent clinical faculty from term to term.
- Academic/Agency partnership commitment to a plan for student presence in the clinical setting for a minimum of 6–9 months each year for the duration of the partnership.
- Communication plan for project continuity (i.e., student hand-off between student groups and with agency stakeholders).
- Presentation to and sharing of project and created products with community partner at the end of each term.
- Mechanism for feedback between students, faculty, and community partners.

Service–Learning Framework Implications and Recommendations

A service–learning framework provides nursing educators and community partners with structure to support collaborative and intentional project planning and reciprocal benefits. Nurse educators and community partners who collaborate in the identification of projects to meet community needs and in the development of project goals and anticipated project outcomes will be well poised to measure benefits to those receiving the service; such collaboration creates an environment of true partnership and mutual decision making. Following agreed-upon partnership guidelines provides a mechanism for establishing project, community partner, and student expectations. Developing a timeline with project activities at the onset of the project allows the community agency to prepare for student engagement with respect to community agency orientation, access to medical records, key informants, and stakeholders. A high level of internal organization, monitoring, and commitment are required to successfully and mutually engage community partners in measuring benefits of service–learning projects. Nursing faculty in partnership with community agencies need to not only identify the anticipated project

contributions but also develop a plan for measuring the benefit to those receiving the service.

The service–learning framework presented in this article is only the beginning of a much deeper and widespread dialog between community partners and academia on the benefits of service–learning. The framework should provide guidance for these discussions. Prospective application will further develop the framework and contribute to the eventual development of more robust metrics for quantifying the contribution of nursing students and faculty who engage in service–learning.

Limitations and Future Research

The development of a framework to measure benefit of service–learning to the community is a beginning step in moving toward measurement of impact. The framework was retrospectively developed by attempting to measure benefit of previous student community projects. The service–learning framework was developed based on a small sample (n = 3) of student projects that had been previously completed and with community–academic partners in one community. In addition, nursing students were only able to identify self reported benefits of service–learning through interviews and surveys. Accurate recording of project-specific measures over the duration of service–learning projects in medical records and then obtaining access to those records are needed for quantitative measures of actual impact of service–learning on individual health outcomes.

The framework requires further testing in multiple and diverse settings and with multiple and diverse projects in order to validate the elements and applicability to measuring benefits of service–learning. The process of developing a service–learning framework as discussed here may serve as a foundation for future framework development to measure service–learning impact on health and health outcomes related to service–learning projects.

Conclusion

During this time of health care reform, nursing students and faculty through service–learning experiences can make important contributions. Through service–learning experiences, students can meet course outcomes, engage in innovative practice roles, and provide service to communities, individuals, and community agencies. As service–learning becomes more prevalent, it is critical to have established protocols to measure benefit and eventually impact of service–learning on health outcomes.

The AACN (2008) urges nurse educators to provide opportunities for students to engage in outcomes-based practice to better promote health and wellness. Although service–learning has been identified as a pedagogical strategy that prepares nursing students for professional practice and for health care delivery challenges, little attention has been given to assessing benefit or using data to enrich clinical learning and assurance of beneficent and reciprocal service–learning activities. Applying the service–learning framework has the potential to provide a

structure and metrics for outcomes-driven interventions associated with service–learning projects.

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