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Health Professions Schools in Service to the Nation

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EXECUTIVE SUMMARY

The Health Professions Schools in Service to the Nation (HPSISN) program challenges health professions educational institutions to integrate community service into curricula and to promote student understanding of the social responsibility and public purposes of their chosen profession. With support from The Pew Charitable Trusts and the Corporation for National Service, the HPSISN program began in 1995 in 20 demonstration sites, which were funded to integrate service learning into professional programs of study for entry into the health professions.

The integration of service learning into health professions education has become an increasingly important issue as national trends in health services delivery have shifted to community-based settings and managed care models. These new policies, practices and settings for health services professionals are changing career paths and the knowledge base required for serving communities and populations. New career patterns and evolving delivery environments necessitate changes in educational preparation so that future professionals are competent and able to work in these settings.

Service learning has been suggested as an educational method that may have the potential to reform health professions educational curricula in ways that reflect the changing environment. The HPSISN program offers a multi-site test of service learning as a method for curricular reform in health professions education. In addition, the program offers a significant opportunity to examine the impact of service learning on students, faculty, communities and institutions across a wide array of types of universities and of community settings.

I. ROLE OF EVALUATION IN HPSISN

In the Spring of 1996, HPSISN contracted with an evaluation team based at Portland State University (PSU) to design and implement an evaluation. The team is directed by Sherril Gelmon, Dr.P.H., Associate Professor of Public Health at PSU and Senior Fellow with the Center for the Health Professions at the University of California at San Francisco. The project co-director is Barbara A. Holland, Ph.D., Associate Vice-Provost; other team members are Amy Driscoll, Ed.D., Director of the Center for Community-University Partnerships; Beth A. Morris, M.P.H., graduate research assistant; and Anu F. Shinnamon, graduate research assistant.

The evaluation plan was designed to consider the effectiveness of this pedagogy as an approach to health professions education, and to assess the impact on those who are engaged in service learning activities through university-community partnerships. Much of the potential of HPSISN as a program and the challenge of its overall evaluation is driven by the large number of project sites, and by their variety and diversity in size, mission, history, community context, student and program mix, etc. The structure of the HPSISN program involves multiple sites and multiple constituencies at each site. To evaluate fully the ramifications of a commitment to integration of service learning into the curriculum, the experiences and impact of each site and constituency needed to be factored into the evaluation plan.

The HPSISN grantees during 1996-1997 are listed in Table 1. While the program began with 20 sites, one site dropped out at the end of the first year. The participating institutions represent a range of institutional characteristics, and the health professions programs represented include allopathic medicine, dentistry, fitness, health administration, nursing, nurse practitioner, nutrition, osteopathic medicine, pharmacy, physician assistant, public health, and social work. Many grantees hoped to develop interdisciplinary educational programs. All of the sites operated within a set of common program goals; therefore the evaluation plan was designed to focus on collection of common data factors necessary to fulfill the evaluation design and to develop the projected interim and final assessments of HPSISN. However, the 19 sites exhibited considerable variation in their project focus, organization context, and sophistication with evaluation methods.

To accommodate site diversity while also ensuring collection of common data, the design avoided mandating single evaluative tools across all sites. Rather, the intent was to provide a portfolio of reliable evaluation instruments from which sites could select methods that complemented their own local evaluation strategies. Sites could also develop their own evaluation instruments. Each site was required to develop an evaluation plan that reported its unique experience in a common format.

II. THE EVALUATION MODEL

The HPSISN evaluation plan is built upon the foundation of a comprehensive case study approach developed for assessment of service learning at Portland State University (PSU). The research questions, evaluation purposes, key variables and indicators were modified to reflect the nature of health professions education and to support the goals of the HPSISN program. The HPSISN project research questions are:

1. How has the HPSISN project affected university-community partnerships with respect to service learning in health professions education?
2. Through the HPSISN program, how has the introduction of service learning into health professions education affected the readiness of students for a career in the health professions?
3. To what extent have faculty embraced service learning as an integral part of the mission of health professions education?
4. As a result of the HPSISN grant, how has the institution's capacity to support service learning in the health professions changed?
5. What impact does service learning in the health professions have on the participating community partners?

The HPSISN evaluation plan incorporates a framework to capture common data that characterizes overall impact and explanatory factors related to the role of service learning in health professions education. This framework respects and acknowledges the unique approaches, conditions, and cultures of the 19 separate sites.

III. 1996-1997 EVALUATION ACTIVITIES

The evaluation for 1996-1997 consisted of the following activities:

1. review of existing literature and other documentation
2. regular communication with grantees
3. redesign of required semi-annual progress reports to collect data required to build individual and collective case study reports
4. establishment of expert evaluation advisory committee
5. review of each site's evaluation plan and instruments and the development of unique instruments as needed
6. evaluation visits to each site
7. survey of HPSISN applicants

8. participation in annual grantee conferences
9. general technical assistance to grantees within the scope of the evaluation
10. assessment of the hpsisn program office's performance
11. development of an evaluation report
12. presentations at professional meetings to disseminate work
13. publication in professional journals and other venues

IV. FINDINGS FROM 1996-1997 EVALUATION

The findings for the first year evaluation are a synthesis of all data collected (by both the grantees and the evaluation team), and in all cases are data-driven and documented. Data for the 1996-1997 evaluation were collected through telephone interviews, site visits, focus groups, other observation opportunities, review of pre-existing documentation, and the bi-annual progress reports from the 19 project sites. Data were analyzed according to the five research questions that frame the evaluation project, and the key variables that are measurable elements of each question.

1. How has the HPSISN project affected university-community partnerships with respect to service learning in health professions education?

Data from faculty, students and community partners consistently pointed to the importance of student preparation and orientation prior to involvement in service learning activities. University-community relationships were especially strengthened at institutions where partners were offered specific campus roles and responsibilities such as adjunct appointments, participation in faculty meetings, participation in student reflection sessions and involvement in evaluation/assessment activities. At campuses where partner involvement was limited to participation in an advisory group, university-community relationships tended to be stable and apparently similar to the status of communication prior to the project.

Offering community partners specific active roles in service learning courses is also associated with an improved community understanding of the university. Mutuality of planning efforts was associated with realistic expectations and high satisfaction with outcomes. Sites making substantial progress toward goals demonstrated effective and active communications with community partners, especially with the community-based supervisors working with students as opposed to just with partner organization leaders. The HPSISN program has clearly had an impact on university-community partnerships. There are some clear lessons identified for establishing new partnerships and for sustaining and further developing existing relationships. Key to this is a sense of mutuality, and of shared responsibility for both the partnership and the work that is undertaken under its auspices.

2. Through the HPSISN program, how has the introduction of service learning into health professions education affected the readiness of students for a career in the health professions?

Some sites have realized that many students arrive with real-life experiences and prior service experience that are assets to the service learning efforts of HPSISN, and have given students stronger roles in designing and delivering service activities. Students are often the major force advocating for service learning courses. The majority of students who felt that service learning was a valued part of their curriculum were individuals who had been involved in prior service learning experiences or had personal value structures that support a commitment to the

community. The differences between voluntary and required experiences were somewhat ameliorated at sites where students had a wide variety of choices or a high degree of personal control over the design of their service learning experiences. In the context of the HPSISN program where service is expected to be integrated with curricular learning objectives, achievement of program goals is greatest where service learning is viewed as the educational method, rather than an activity that has been added on to an already full curriculum.

A critically important finding was that the transformational impact of service learning on students was far more evident at HPSISN sites where the service learning was truly course-based, required, and did not involve an exclusive focus on community-based clinical work. Students were strongly affected by working with individuals in non-clinical settings where they could learn about the daily context of individuals' lives, and experience the complex and fragile network of support services on which they depend. This awareness of the challenges of ordinary life experienced by potential clients led to the greatest transformation of student views of the role of service in their profession. Service learning in clinical settings can be valuable but is almost always overwhelmed by issues of clinical skill development and application.

Students involved in course-based service learning could make the linkage between service and course content, and articulated satisfaction with the chance to be involved in a community and not just be an isolated student. These students also felt that they gained awareness of people from circumstances different from their own, which helped them to understand community needs and services. These effects were especially evident where service learning courses had specific learning objectives connected to course content. Where the service learning HPSISN-funded activity was optional and not course-based, fewer students and faculty participated, and fewer students could identify a linkage between the activity and their professional education and preparation. They were more likely to say that they valued the activity because it matched their own beliefs that valued volunteerism as an extra activity. In all cases, students valued reflection activities related to their service experiences, especially when community partners were involved as facilitators of the reflection sessions. The understanding of personal changes was often attributed to reflection -- whether through journals, focus groups, or other methods of expression that helped students to articulate their thoughts on their service learning experiences.

Students involved in course-based service learning with specific course objectives were positively affected on all variables identified for this question. There was some variability across sites on development of awareness of determinants of health, sensitivity to diversity, and understanding of health policy, depending on the nature of the service activity. This suggests that positive impact on these variables depends on deliberate efforts to create service opportunities that incorporate attention to these factors. Students in non-course based or in clinical service situations still reported positive effects on variables of involvement with community, commitment to service and career choice; however, these students often had prior inclination to a service orientation.

In summary, the service learning experiences had a substantial impact on students' sense of self, as provider of health services, and as community participant. The value of these experiences as integral parts of the curriculum was demonstrated, and there was a clear message that experiences designed as "add-on" activities will have diminished benefit because of the other curricular demands placed on these students. Individuals planning service learning experiences need to take into account the overall academic programs of these students, and ensure that the community based work is integrated in a seamless fashion.

3. To what extent have faculty embraced service learning as an integral part of the mission of health professions education?

HPSISN sites that are actively led by faculty who take visible and direct hands-on responsibility for the project are making the most progress toward program goals. Sites that rely

upon administrative staff to do most of the project management are less successful. This need for faculty involvement is associated with the evidence that service learning is adopted and sustained by additional faculty when they see respected colleagues acting not only as advocates but also as active participants and role models. Many faculty still are confused about the distinction between service learning and other community-based experiential placements. The difficulty appears to lie in distinguishing the concept of service to address community needs and respond to community assets, as compared with addressing clinical problems through provision of health services.

Sites that provided regular and sustained faculty development activities were more successful in implementing program goals. A major challenge to sustaining HPSISN programs will be to extend faculty participation beyond those who are the early adopters, and to prevent these individuals from experiencing burnout. Many faculty choose to engage in service learning in their courses because of their own belief structures and the values of the institution. The opportunity to engage in interdisciplinary teaching through service learning was also an incentive for the involvement of some additional faculty.

A strong and unexpected finding was that faculty and program leaders highly valued the new collegial relationships with other faculty that developed through joint participation in service learning activities. Personal satisfaction with their own professional work was reported to be greatly increased through involvement in service learning; many referred to excitement with career renewal and redirection, new directions for scholarship, and new professional networks with other faculty and community members. Others found that the HPSISN project and involvement in service learning created a linkage between their professional lives and their personal commitment to service and volunteerism.

Greater impact was observed at sites where individual faculty developed strong and lasting relationships with community partners, and had responsibility for recruiting partners and sustaining communications. In sites where strong campus service learning centers existed and were involved in HPSISN-related recruitment and communication, individual faculty involvement in partner relations was still essential for a positive impact. Commitment to service was largely a predetermined orientation based on personal value systems; however, sustained engagement in service learning was seen in situations where faculty observed student transformation as a result of course-based service learning activities.

4. As a result of the HPSISN grant, how has the institution's capacity to support service learning in the health professions changed?

While there is a general understanding that service learning is expanding nationally from a primarily liberal arts orientation to integration into many professional degree programs, many HPSISN program staff and faculty describe ongoing difficulties with the curricular traditions of health professions education and the constraints that frustrate them in fully realizing their service learning objectives. In each of the health professions, one or more institutions have devised creative approaches to overcome curricular constraints; others have not and are still struggling to overcome these barriers. The difference seems to be associated with faculty involvement, commitment of academic leadership, and institutional commitment to service learning (both within and outside of the health professions education programs).

Most institutions have a significant number of faculty and administrators who still struggle to differentiate between service learning and volunteerism, and between service learning and community-based clinical experiences. Sites that do not readily articulate the definition of service learning promulgated by HPSISN are having more difficulty meeting their objectives for this project. If project activities are sustained at these institutions, they likely will be sustained as compartmentalized efforts that do not expand to involve more students or faculty, due in part to this continuing confusion over concepts.

Among institutions that are using the HPSISN grant to implement authentic course-based service learning activities, the project shows greater potential to expand and be sustained. An unanticipated finding was that many of these sites offered evidence that the implementation of curricular-based service learning through HPSISN was being linked to and strengthening other campus change initiatives. In these cases, site visits revealed that the institutions' faculty and administrators had worked together to make a conscious choice to pursue the HPSISN grant program because of its relevance to large organizational change objectives.

HPSISN goals were most advanced at institutions where there is a broad-based commitment to service learning across the institution and a campus infrastructure to support and foster service learning. The strength of institutional commitment among academic leadership and commitment to service learning outside of health professions education was strongly associated with positive effects on all other variables regarding institutional capacity. These two variables evidently reflect evidence of an overall institutional sense of the relevance of service to mission and to the educational experience. These institutions have the capacity to provide a positive environment that fosters deliberate investment of resources, sustained course-based service learning, broad campus involvement, plans for resource allocation and acquisition, and overall orientation to teaching and learning.

5. What impact does service learning in the health professions have on the participating community partners?

The partners recognize that they are receiving unique services that would probably otherwise not be available or affordable to them, but they also realize that the need is greater than the student and faculty capacity. Therefore, mutuality and satisfaction are expressed in ways other than increased service capacity, especially in terms of respect, understanding, and communications. Partners see themselves in teaching roles when working with students, and are most satisfied when the institution acknowledges and rewards that role. Partners feel a responsibility for preparing future professionals who understand community problems and are prepared to take ownership for using their skills to help meet needs. This objective is more important to most partners than any sense that needs will be substantially met by the specific service learning project.

Partners became more aware of institutional assets and limitations, and gained an appreciation of the institution's attitude toward community needs and recognition of community resources. However, most partners also found that the institutions operate in bureaucratic ways that do not foster interdisciplinary cooperation -- seen as essential to addressing community needs. The institutions are described as compartmentalized, political, and fragmented. Few partners indicated that working with service learning students was an excessive burden on themselves or their organization. This seems to be attributable to the attention given to advance effort to cement mutual agreements and orientations. Many partners reported that service learning students had an impact on them with regard to insights about their organizational operations. Partners were often impressed by student wisdom, experience, and creativity.

Consistently across all sites, partners reported that they placed the highest value on a trusted and direct relationship with a faculty member who made the commitment to know and understand their organization and their context. Most university-community partnerships in the HPSISN projects are based on existing personal/social relationships. These direct relationships are associated with a positive impact on the variables regarding ongoing relationships, sense of participation, and satisfaction. These findings strongly suggest the need for faculty to invest the time with community organizations as a basis for these partnerships.

The most significant reported impact of the partners' involvement in the HPSISN project was the serendipitous opportunity to network with other community organizations with similar or

complementary objectives and services. The institution served as a convener and thereby had an indirect impact on community capacity. Strong sustained partnerships are essential to the future success of service learning initiatives. Such partnerships need to begin through an individual connection, but will perhaps be easier to sustain if they are not totally dependent on one individual from each participant in the partnership. Areas for continued effort clearly should address how to build and sustain these partnerships, and how to continue to validate the important role the community partners play in health professions education.

Evaluation of Program Operations

A preliminary evaluation of program operations was conducted, and is contained within the full evaluation report. Grantees are overwhelmingly positive about the quality of interactions they have had with the program leaders, and credit their individual and collective commitment and enthusiasm with carrying the HPSISN program forward and sustaining its continued development. A rigorous assessment strategy for assessing overall program operations will be used in the second year evaluation.

Progress toward HPSISN Overall Objectives

In general, we believe that substantial progress has been made towards these objectives in the two years of the program. There is still opportunity for more accomplishment in the third year of the program, but program participants should be proud of their progress overall. Some of the key findings with respect to the achievement of program objectives are as follows:

- The services provided are clearly community-oriented, and illustrate the wide range of communities eager to collaborate with health professions education programs.
- Perhaps the greatest highlight of all of the information collection over the past year has been the interactions with community partners, and the ability to hear their stories about the nature of their involvement in service learning.
- An issue at some sites is that these activities have not been integrated into the required curriculum; attention will need to be paid to this integration being accomplished to the extent possible during year three so that sites will have truly met the program objectives.
- There is still considerable need across the grantees as an entire group to devote more attention to building student and faculty awareness and understanding of barriers to health services access and to the various determinants of health and illness -- other than the obvious issues of health insurance and clinical disease status.
- Student leadership development has occurred at some grantee sites as a regular part of grant activities. Faculty serving in key roles with HPSISN grantees have certainly developed their leadership skills.
- CCPH is now positioned to assume the role of facilitating the network of health professions schools on an ongoing basis. It is important that HPSISN grantees be recognized for the achievements they have made in implementing service learning, and that they play a central role in CCPH activities.
- A service learning infrastructure has certainly been created at each of the 19 grantee sites. Issues of sustainability beyond the grant period will also require attention in year three.

The second year of evaluation activity will produce considerable additional evaluative data which will be valuable in making the case that service learning is a credible educational method for health professions education; hopefully this report will be a positive first step in sharing that knowledge.

V. PLANS FOR 1997-1998 EVALUATION

In year three our primary strategy is to continue to work with grantees to help them collect the information necessary to prepare a comprehensive case study that "tells their HPSISN story". This will include various group and individual consultations, review of progress reports, advice on evaluation methods, and close working relationships to discuss, review and edit each site's case study. We also intend to structure a more formal, yet not too cumbersome, series of reflection sessions with the program directors. Therefore we intend to set up three specific reflective opportunities with the individual site directors over the year with two goals: the first is personal development of reflection skills, and the second is to facilitate reflection which will assist in the preparation of the case study.

We are considering the potential benefits of a relatively comprehensive series of end-of-program surveys of project directors, faculty, students, administrative staff, and community partners at each of the participating sites. We will also continue to use the mechanism of telebriefings as appropriate to communicate information to all grantees simultaneously. We anticipate that the HPSISN grantee workshop in Pittsburgh in April 1998 will focus on the completion of the case studies, plans for dissemination and agreements on strategies, and specific actions to sustain the HPSISN network.

Program staff and the evaluation team are currently discussing mechanisms for dissemination of findings. There has been, and will continue to be, substantial learning from this program, and this should be shared widely so that others may benefit from this learning and may begin or enhance their own service learning experiences. There should be many opportunities for dissemination, and it would be ideal to create a culture of sharing so that many participants may benefit from being responsible for these dissemination activities.

Finally, we intend to develop a formalized assessment strategy to conduct an end-of-program assessment of the program operations and administration, which we will report upon in our final report.

Recommendations in Response to Identified Challenges and Concerns

The 1997-1998 year for HPSISN should have one major objective: fostering institutionalization and sustained efforts in service learning at the grantee institutions. To that end, the evaluation team recommends that HPSISN program staff use several strategies to encourage visibility, networking and interinstitutional learning.

1. Sustain monthly communications between HPSISN program staff and site directors/faculty.
2. Increase familiarity with individual site strengths and weaknesses as evident in the third year of effort; provide feedback to site staff.
3. Make specific recommendations to sites for opportunities to work together or to share information to improve performance and sustainability.
4. Provide additional consultation to those sites where there is a continuing struggle with the differentiation between service learning and community-based experiential clinical training, in order to help build and sustain local understanding of service learning.
5. Continue to share experiences across sites on issues such as: student and partner orientations; communication mechanisms (such as newsletters); methods of providing affiliation benefits to partners; examples of faculty rewards for engagement in service learning and related

scholarship; mechanisms for connecting health professions service learning to other service learning initiatives on campus; facilitation of networks of community partners.

6. Build upon the learning of those sites that have been successful in interdisciplinary programs, and share these experiences widely across the HPSISN network.
7. Devote effort to identifying successful initiatives in developing student and faculty understanding of barriers to health services, financing, policy, and the multiple determinants of health and illness, and disseminate these initiatives to HPSISN grantees (providing additional faculty development if necessary).
8. Communicate with campus administrative leaders regarding institutionalization; develop a plan to share HPSISN outcomes with administrators.
9. Assist sites in public relations efforts; seek venues for publicizing project findings.
10. Promote networking through e-mail listserv; invite purposeful discussions on issues or suggest reflection activities.
11. Identify mechanisms for long-term tracking of alumni of service learning experiences, to determine what impact there is on career tracks and personal/professional engagement in community service.
12. Disseminate opportunities for scholarly presentation and publication, and facilitate collaboration among grantees in pursuing these opportunities.
13. Plan a celebration and recognition of HPSISN sites and program achievements as a highlight event of the 1998 CCPH conference (reception, poster session, plenary, or other activity). This should include both a private celebration for those directly involved in the HPSISN program, and a public event honoring and recognizing the grantees.

Conclusion

The evaluation team wishes to acknowledge the support and active participation of faculty, staff, students and partners at each of the HPSISN sites, as well as that of the HPSISN program staff. We could not have completed our work to date without this engagement and interest in our work. We have learned a considerable amount about service learning in health professions education during this past year, and know that there will be much more learning in the year ahead. We look forward to continuing to work with the HPSISN network in the third and final year of its program activity.

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**Table 1
HPSISN Grantees (1996-1997)**

Grantee	Proposed Student Disciplines	Proposed Project Focus
Georgetown University	Allopathic medicine, Nursing, Pharmacy	School-based health education, health promotion and disease prevention in an underserved African-American community
George Washington University and George Mason University	Allopathic medicine, Physician assistant, Nurse practitioner, Public health	School-based health education, health promotion and disease prevention in several communities of Washington, DC, Maryland and Virginia
Loma Linda University	Nursing, Public health, Allopathic medicine, Dentistry, Social work, Pharmacy	Primary care and case management in an underserved Hispanic community
Northeastern University	Nursing, Allopathic medicine, Dentistry	Education and prevention of domestic violence, family support
Ohio University	Osteopathic medicine, Health administration	School-based health education, health promotion and disease prevention in rural underserved communities
Regis University	Nursing, Nurse practitioner	Education and prevention of teenage pregnancy, alcoholism, family violence
San Francisco State University	Nursing, Nurse practitioner	School-based health education and mentoring of Hispanic youth
University of Connecticut	Allopathic medicine, Public health, Dentistry	Family health promotion and disease prevention
University of Florida	Allopathic medicine	Family health promotion and disease prevention, case management
University of Illinois	Public health, Nursing, Dentistry, Pharmacy	School-based health promotion and teenage pregnancy prevention, education and prevention of family violence in an African-American community
University of Kentucky	Nursing, Pharmacy, Allopathic medicine, Dentistry, Physician assistant	Access to health care for homeless women and children
University of North Carolina	Allopathic medicine, Nursing, Nurse practitioner, Dentistry	Health promotion/disease prevention and primary care for poor and homeless
University of Pittsburgh	Allopathic medicine, Nursing, Pharmacy	Health promotion/disease prevention and primary care for homeless men/ families
University of Scranton	Nursing, Nurse practitioner	HIV/AIDS education and health promotion, education about end-of-life decision-making for the terminally ill
University of Southern California	Nursing, Dentistry	Oral health care for underserved urban minority children and families
University of Utah	Nursing, Nurse practitioner, Allopathic medicine, Physician assistant	Health promotion/disease prevention for homeless and underserved families
University of Utah and Purdue University	Pharmacy	Companionship of homebound elderly, health education for the elderly on medication use and drug interactions
Virginia Commonwealth University	Nursing, Nurse practitioner, Public health, Allopathic medicine	HIV/AIDS outreach, education, support, case management and home care
West Virginia Wesleyan College	Nursing, Fitness, Nutrition	Health education, health promotion/disease prevention in a rural underserved community

HEALTH PROFESSIONS SCHOOLS IN SERVICE TO THE NATION

1996 - 1997 EVALUATION REPORT

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August, 1997

The Health Professions Schools in Service to the Nation (HPSISN) program challenges health professions educational institutions to integrate community service into curricula and to promote student understanding of the social responsibility and public purposes of their chosen profession. With support from The Pew Charitable Trusts and the Corporation for National Service, the HPSISN program began in 1995 with 20 demonstration sites, which were funded to integrate service learning into professional programs of study for entry into the full range of health professions.

The integration of service learning into health professions education has become an increasingly important issue as national trends in health services delivery have shifted to community-based settings and managed care models. These new policies, practices and settings for health services professionals are changing career paths and the knowledge base required for serving communities and populations. New career patterns and evolving delivery environments necessitate changes in educational preparation so that future professionals are competent and able to work in these settings.

Service learning has been suggested as an educational method that may have the potential to reform health professions educational curricula in ways that reflect the changing environment. The HPSISN program offers a multi-site test of service learning as a method for curricular reform in health professions education. In addition, the program offers a significant opportunity to examine the impact of service learning on students, faculty, communities and institutions across a wide array of types of universities and of community settings.

I. ROLE OF EVALUATION IN HPSISN

The HPSISN program leadership determined during the first year of program operations that there was a need to conduct a comprehensive evaluation of the program; such an evaluation was not included in the original program design. In the Spring of 1996, HPSISN contracted with an evaluation team based at Portland State University (PSU) to design and implement an evaluation. The team is directed by Sherril Gelmon, Dr.P.H., Associate Professor of Public Health at PSU and Senior Fellow with the Center for the Health Professions at the University of California at San Francisco. The project co-director is Barbara A. Holland, Ph.D., Associate Vice-Provost; other team members are Amy Driscoll, Ed.D., Director of the Center for Community-University Partnerships; Beth A. Morris, M.P.H., graduate research assistant (1996-1997); and Anu F. Shinnamon, graduate research assistant (1997-1998).

The evaluation of the HPSISN program was designed to meet multiple purposes. First and foremost, the evaluation is intended to assess the viability of service learning as a pedagogy in health professions education and its implications for contributing to ongoing curriculum reform. The HPSISN program (see Appendix 1) has specific objectives regarding the impact of service learning on communities, participants (faculty and students), and institutions. The evaluation plan, therefore, needed to assess these program objectives. It was designed to consider issues of effectiveness as well as assess the impact on those who are engaged in service learning activities through university-community partnerships. Through this approach, the potential of the HPSISN program as a large-scale experiment testing service learning in health professions education could be realized.

Much of the potential of HPSISN as a program and the challenge of its overall evaluation is driven by the large number of project sites, and by their variety and diversity in size, mission, history, community context, student and program mix, etc. The structure of the HPSISN program involves multiple sites and multiple constituencies at each site. To evaluate fully the ramifications of a commitment to integration of service learning into the curriculum, the experiences and impact of each site and constituency needed to be factored into the evaluation plan.

The HPSISN grantees during 1996-1997 are listed in Table 1. While the program began with 20 sites, one site dropped out at the end of the first year. The participating institutions represent a range of institutional characteristics -- urban and rural in their focus, large research institutions as well as smaller institutions, some incorporate academic health centers, several with religious missions, and several where the health sciences are centered away from the rest of the campus. The health professions programs represented include allopathic medicine, dentistry, fitness, health administration, nursing, nurse practitioner, nutrition, osteopathic medicine, pharmacy, physician assistant, public health, and social work. Many grantees hoped to develop interdisciplinary educational programs.

The 1996-1997 evaluation considered the work of HPSISN at the remaining 19 locations. All of the sites operated within a set of common program goals; therefore the evaluation plan was designed to focus on collection of common data factors necessary to fulfill the evaluation design and to develop the projected interim and final assessments of HPSISN. However, the 19 sites exhibited considerable variation in their project focus, organization context, and sophistication with evaluation methods. To accommodate site diversity while also ensuring collection of common data, the design avoided mandating single evaluative tools across all sites. Rather, the intent was to provide a portfolio of reliable evaluation instruments from which sites could select methods that complemented their own local evaluation strategies. Sites could also develop their own evaluation instruments. Each site was required to develop an evaluation plan that reported its unique experience in a common format.

Overall, the role of evaluation in the HPSISN program is one of testing the applicability of the service learning pedagogy in health professions education. The interpretation of the diverse experiences of multiple sites will produce evidence regarding the impact of service learning on multiple constituencies, and will provide the basis for recommendations of principles of good practice for service learning. The development of impact data is particularly important in order to explore the educational value of service learning, and to enable project participants to tell their stories and share their experiences in a manner that can be widely disseminated.

**Table 1
HPSISN Grantees (1996-1997)**

Grantee	Proposed Student Disciplines	Proposed Project Focus
Georgetown University	Allopathic medicine, Nursing, Pharmacy	School-based health education, health promotion and disease prevention in an underserved African-American community
George Washington University and George Mason University	Allopathic medicine, Physician assistant, Nurse practitioner, Public health	School-based health education, health promotion and disease prevention in several communities of Washington, DC, Maryland and Virginia
Loma Linda University	Nursing, Public health, Allopathic medicine, Dentistry, Social work, Pharmacy	Primary care and case management in an underserved Hispanic community
Northeastern University	Nursing, Allopathic medicine, Dentistry	Education and prevention of domestic violence, family support
Ohio University	Osteopathic medicine, Health administration	School-based health education, health promotion and disease prevention in rural underserved communities
Regis University	Nursing, Nurse practitioner	Education and prevention of teenage pregnancy, alcoholism, family violence
San Francisco State University	Nursing, Nurse practitioner	School-based health education and mentoring of Hispanic youth
University of Connecticut	Allopathic medicine, Public health, Dentistry	Family health promotion and disease prevention
University of Florida	Allopathic medicine	Family health promotion and disease prevention, case management
University of Illinois	Public health, Nursing, Dentistry, Pharmacy	School-based health promotion and teenage pregnancy prevention, education and prevention of family violence in an African-American community
University of Kentucky	Nursing, Pharmacy, Allopathic medicine, Dentistry, Physician assistant	Access to health care for homeless women and children
University of North Carolina	Allopathic medicine, Nursing, Nurse practitioner, Dentistry	Health promotion/disease prevention and primary care for poor and homeless
University of Pittsburgh	Allopathic medicine, Nursing, Pharmacy	Health promotion/disease prevention and primary care for homeless men/ families
University of Scranton	Nursing, Nurse practitioner	HIV/AIDS education and health promotion, education about end-of-life decision-making for the terminally ill
University of Southern California	Nursing, Dentistry	Oral health care for underserved urban minority children and families
University of Utah	Nursing, Nurse practitioner, Allopathic medicine, Physician assistant	Health promotion/disease prevention for homeless and underserved families
University of Utah and Purdue University	Pharmacy	Companionship of homebound elderly, health education for the elderly on medication use and drug interactions
Virginia Commonwealth University	Nursing, Nurse practitioner, Public health, Allopathic medicine	HIV/AIDS outreach, education, support, case management and home care
West Virginia Wesleyan College	Nursing, Fitness, Nutrition	Health education, health promotion/disease prevention in a rural underserved community

II. THE EVALUATION MODEL

The HPSISN evaluation builds upon a case study approach developed for assessment of service learning at Portland State University (PSU). Service learning was integrated at PSU throughout a new general education program implemented in 1993, which sought to link the university's urban mission to students' educational experience through curricular activities that integrate the community and the university. The newness of this approach to service learning and its wide impact required an exploratory and formative assessment. In order to both assess strategies and create an ongoing culture of evidence around service learning in the curriculum, the model had to ensure the collection of data that could provide feedback for continuous improvement and offer sufficient breadth to serve the diverse forms of service learning across the curriculum. The design also needed to honor PSU's commitment to mutually beneficial community partnerships by integrating the community's perspective on service learning experiences.

The mission and educational objectives underlying the design of the PSU model are similar to the educational missions of many health professions education programs. The PSU model employs a design that assesses the impact of service learning on each of four constituencies: community, students, faculty and institution. For each constituency, variables were developed to reflect the areas where impact might be expected. Multiple indicators were identified for each of these variables to define the data needed to measure the impact on the variable.

The similarity in service learning orientation to the HPSISN program made the PSU model readily adaptable to HPSISN evaluation needs. The research questions, evaluation purposes, key variables and indicators were modified to reflect the nature of health professions education and to support the goals of the HPSISN program. The HPSISN project research questions are:

1. How has the HPSISN project affected university-community partnerships with respect to service learning in health professions education?
2. Through the HPSISN program, how has the introduction of service learning into health professions education affected the readiness of students for a career in the health professions?
3. To what extent have faculty embraced service learning as an integral part of the mission of health professions education?

4. As a result of the HPSISN grant, how has the institution's capacity to support service learning in the health professions changed?
5. What impact does service learning in the health professions have on the participating community partners?

Tables 2 through 6 present the five research questions, the purpose of asking the question, the phenomena to be studied, and the lists of variables ("what will we look for?"), indicators ("what will be measured?"), and suggested methods ("how will it be measured?"). These methods include those used by the evaluation team directly, as well as those used by the individual grantees. As described in subsequent sections, this report is a synthesis of multiple methods of data collection administered in multiple formats at a number of points in time. Since our focus is on the overall impact of the program, no attempts have been made to separate findings by method or by source; rather, the strategy is to aggregate the data submitted by the grantees, and then integrate these findings with the primary data collected by the evaluation team.

The evaluation model is based on the collection of data that track a set of relevant impact variables and build toward the development of profiles of the individual grantees and the overall HPSISN program. In addition to building upon the PSU model, we also considered evaluation methodologies employed in other in health professions education demonstration projects, and adapted relevant methods. These other initiatives included the W.K. Kellogg Foundation's Community Partnerships in Health Professions Education project, the Bureau of Health Profession's Interdisciplinary Generalist Curriculum project, and the Institute for Healthcare Improvement's Interdisciplinary Professional Education Collaborative. By benchmarking our evaluation strategy against others already in process, we were able to build upon previous learning and offer the HPSISN sites the benefit of previously tested methods.

The HPSISN evaluation plan incorporates a framework to capture common data that characterizes overall impact and explanatory factors related to the role of service learning in health professions education. This framework respects and acknowledges the unique approaches, conditions, and cultures of the 19 separate sites.

TABLE 2
Research Question #1

How has the HPSISN project affected university-community partnerships with respect to service learning in health professions education?

Purpose: To understand the influence of service learning on the nature and scope of university-community partnerships.

Phenomena to be studied: Nature of university-community partnerships:

- role of community partners in service learning
- involvement of community partners in service learning
- university-community interactions
- nature of services provided

What will we look for?	What will be measured?	How will it be measured?
Establishment of university-community relationships	Number of community partners; Duration of partnerships	Survey, interview
Involvement of community partners	Number of service learning leaders designated by partners; Perceptions regarding interaction between partners and institution	Survey, interview, focus group
Role of community partners	Contribution of community partners to program design and decision-making	Survey, interview, focus group
Levels of university-community interaction	Institution's attention to community-identified priorities	Survey, interview, focus group
Capacity to meet unmet needs	Types of services provided; Number of clients served	Survey, interview, focus group
Communication between partners and university	Nature of relationship; Form and patterns of community involvement in university processes	Survey, interview, focus group, direct observation
Nature of partnership	Kind of activities	Interview, syllabus
Awareness of university	Knowledge of programs, activities	Interview, activity logs, focus group

TABLE 3
Research Question #2

Through the HPSISN program, how has the introduction of service learning into health professions education affected the readiness of students for a career in the health professions?

Purpose: To evaluate the effectiveness of service learning as a developmental approach to preparing health professions students for careers in the current policy, economic, social and cultural environments of health services delivery.

Phenomena to be studied: Increase in students' knowledge of community health issues, level of involvement in service learning, and personal capacity for service:

- knowledge of community needs assessment
- knowledge of barriers to health care
- knowledge of socioeconomic, environmental and cultural determinants of health and illness
- understanding of distinction between service learning and experiential clinical training
- service learning leadership roles assumed by students
- intentions toward service following completion of program
- personal and professional development

What will we look for?	What will be measured?	How will it be measured?
Type and variety of student service learning activity	Content of service learning activities	Survey, interview, syllabus review
Awareness of community needs	Knowledge of community conditions and characteristics	Survey, interview, focus group, journal
Understanding of health policy and its implications	Understanding of local health policy and its impacts; Linkage of experience to academic learning and content	Survey, interview, focus group, journal
Awareness of socioeconomic, environmental and cultural determinants of health	Perception of unmet health needs; Changes in awareness of links between community characteristics and health	Survey, interview, focus group, journal
Development of leadership skills	Attitude toward involvement	Survey, interview, focus group, direct observation
Commitment to service	Level of participation over time; Plans for future service	Survey, interview, focus group, journal
Career choice (specialization)	Influence of service learning on career plans	Survey, interview, journal
Sensitivity to diversity	Quality of student-community interactions; Attitude toward community; Reaction to clients with low health knowledge	Survey, interview, focus group, direct observation, journal
Involvement with community	Quality/quantity of interactions; Attitudes toward involvement	Survey, interview, focus group, journal
Personal and professional development	Changes in awareness of personal capacity, communication skills, self-confidence	Interview, focus group, journal

TABLE 4
Research Question #3

To what extent have faculty embraced community-based service learning as an integral part of the mission of health professions education?

Purpose: To ascertain the level of commitment of faculty to the inclusion of service learning in health professions education.

Phenomena to be studied: Incorporation of service learning into curriculum and professional pursuits:

- integration of service learning activities into required curriculum
- understanding of distinction between service learning and experiential clinical training
- expanding scholarly work to include a service learning component
- leadership roles assumed by faculty
- knowledge of and commitment to community

What will we look for?	What will be measured?	How will it be measured?
Role in service learning implementation	Number of faculty implementing service learning; Number of courses with service learning component	Survey, syllabus analysis
Understanding of community needs	Ability to characterize community conditions and needs	Survey, interview, focus group
Awareness of socioeconomic, environmental and cultural determinants of health	Perception of unmet health needs; Changes in awareness of links between community characteristics and health	Survey, interview, focus group, journal
Development of leadership skills	Perceptions of role as a service learning facilitator	Survey, interview, focus group, direct observation
Commitment to service	Attitude toward involvement; Level of participation over time; Plans for future service	Survey, interview, focus group, journal, vita
Sustained and expanding engagement in service learning	Placement of service learning in curriculum (introductory, advanced, etc.); Integration of service learning into other course components	Survey, interview, focus group, syllabus analysis
Nature of faculty/student interaction	Time spent on service learning components; Student mentoring	Survey, interview, focus group, direct observation
Nature of faculty/community interaction	Relationship to community partners	Survey, interview, focus group, direct observation
Scholarly interest in service learning	Influence of service learning on articles, presentations, committee/conference participation, grant proposals	Survey, interview, vita
Value placed on service learning	Ability to distinguish service learning and clinical experiences	Survey, interview, focus group, journal
Understanding of barriers to community health services delivery	Knowledge of community history, strengths, problems	Survey, interview, focus group
Teaching methods and skills	Use of methods; Implementation of new methods	Interview, direct observation, journal
Professional development	Attendance at seminars, workshops	Interview, journal, vita

TABLE 5
Research Question #4

As a result of the HPSISN grant, how has the institution's capacity to support service learning in the health professions changed?

Purpose: To establish the extent to which institutions are involved in service learning activities and the factors which contribute to sustained commitment.

Phenomena to be studied: Broadening scope of institution mission to include service learning:

- involvement in national service learning network
- establishment of service learning infrastructure
- extent to which barriers to service learning have been addressed
- integration of service learning activities into required curriculum

What will we look for?	What will be measured?	How will it be measured?
Departmental involvement	Number of faculty involved in service learning coursework; Establishment of departmental agenda for service	Survey, focus group
Commitment among academic leadership	Pattern of recognition/rewards; Involvement in national service learning network	Survey, interview
Investment of resources in support of service learning	Evidence of investment in organizational infrastructure to support service learning; Investment in faculty development related to service learning	Survey, interview
Image in community	Nature of institution/community communications; Role and scope of community-university service learning advisory group; Perception of contribution of service learning to meeting unmet needs; Media coverage	Survey, interview, focus group, institutional records
Overall orientation to teaching and learning	Focus/content of professional development activities; Number of faculty involved in service learning; Focus/content of dissertations and other major student projects	Survey, interview, analysis of records
Relationship of service learning to clinical training	Nature of service learning activities integrated into required curriculum	Survey, interview, focus group
Commitment to service learning outside of health professions education	Number of non-HPE faculty involved in service learning coursework; Relationships with other academic departments or institutions regarding service learning	Survey, interview, focus group
Resource acquisition	Contribution levels; Targeted proposals; Awards for service	Survey, interview, institutional reports

TABLE 6
Research Question #5

What impact does service learning in health professions education have on the participating community partners?

Purpose: To determine the effect of partnership with the institution and attendant service learning activities on community partners.

Phenomena to be studied: Improvements in community service:

- extent to which unmet health needs have been addressed
- economic benefits
- social benefits

What will we look for?	What will be measured?	How will it be measured?
Establishment of ongoing relationships	Number and duration of partnerships	Survey, interview, focus group
Changing perceptions of unmet needs	Changes in goals of service learning activities; Changes in overall program structure and function	Interview
Capacity to serve community	Number of clients served; Number of students involved; Variety of activities	Survey, interview
Economic benefits	Cost of services provided by faculty/ students; Funding opportunities	Survey, interview
Social benefits	New connections/networks; Increase in level of volunteerism	Survey, interview, focus group
Sensitivity to diversity	Comparison of partners' descriptions of community health concerns/needs	Interview, focus group
Nature, extent and variety of partnerships	Level of community participation in service learning advisory groups	Interview, focus group
Satisfaction with partnership	Changes in partner relationships; Willingness to give both positive and negative feedback	Survey, interview, focus group
Community's sense of participation	Level of community-faculty- institution communication; Changes in self-image, confidence, and knowledge of service learning programs; Willingness to participate in evaluation activities	Survey, interview, focus group
New insights about operations/ activities	Changes in goals, activities, operations	Interview
Identification of future staff	Actual hiring	Survey, interview

III. 1996-1997 EVALUATION ACTIVITIES

The evaluation for 1996-1997 consisted of the following activities, as specified in the scope of work. All specified activities have been undertaken by the evaluation team during this first year of the project evaluation.

1. Review of Existing Literature and Other Documentation

The evaluation team sought to develop a baseline understanding of the 19 project sites through a critical review and analysis of original grant applications and initial progress reports in June 1996. The team continually reviewed the relevant service learning and health professions education literature, as well as documents from other educational initiatives which could inform the design of the HPSISN evaluation. The team received and reviewed copies of the August 1996 progress reports submitted by the grantees.

2. Regular Communication with Grantees

Individual telephone conversations were conducted with each project director during July and August of 1996, using a standard interview protocol (see Appendix 2). Program staff continued to maintain regular contact with project directors, and referred specific queries to the evaluation team as necessary. The team had increased contact with local directors in conjunction with site visit planning, and as a result of these visits additional conversations often occurred (via telephone or e-mail). A structured telephone conversation was again conducted in July and August of 1997 in order to answer any questions about the upcoming progress report, and to have a preliminary discussion about project plans for the third year of the grant.

3. Redesign of Required Semi-Annual Progress Reports to Collect Data Required to Build Individual and Collective Case Study Reports

In its early work in the summer of 1996, the evaluation team proposed to the HPSISN program staff that the required progress reports be revised to increase their utility to the grantees and to build toward a final report for each site in a case study format. This recommendation was

reinforced during the initial telephone interviews, when many of the program directors expressed discontent with the existing progress report framework. By reframing the progress reports as reflective as well as reporting opportunities, and by viewing them as incremental steps toward a final case study, the evaluation team hoped to overcome the directors' discontent and raise the perceived value of these reports. The individual and cross-site case studies would then form the framework for the overall project evaluation. Staff accepted this proposal, and the team developed a case study format with the advice of an evaluation advisory group to document the experiences of each of the 19 sites (see Appendix 3).

4. Establishment of Expert Evaluation Advisory Committee

An expert evaluation advisory committee was established in the summer of 1996 to offer guidance and feedback on various evaluative instruments. The members of the committee are listed in Appendix 4. The committee was particularly helpful in the early stages of the development of the evaluation prospectus, offering feedback from their own experiences and helping the HPSISN team to avoid some stumbling blocks which others had previously encountered. Unfortunately, each member of the advisory committee was extremely busy with other commitments and could offer little time; as a result, once the evaluation plan was in place, the team relied on selected members of the committee on an intermittent basis for advice, rather than attempting to continue to convene the entire committee. All committee members did express an interest in being kept informed of findings and further developments in the evaluation strategy.

5. Review of Each Site's Evaluation Plan and Instruments and the Development of Unique Instruments as Needed

In early December 1996, a complete evaluation prospectus and revised format for progress reports was distributed to the sites. It was made clear that subsequent progress reports would be designed to build incrementally to the final case study. A teleconference in December 1996 with the evaluation team, program staff, and site directors provided an opportunity to address questions and provide clarifications on the evaluation model. While some directors felt that the proposed

protocol was going to increase their reporting burden, in general the directors were receptive to the protocol and expressed the belief that this new format would be of greater value to them than the previous progress report format. Many welcomed the opportunity to begin (or advance) a formalized evaluation strategy.

The new progress report protocol was implemented for the report submitted in February, 1997 (see Appendix 5). This included a set of tables based upon the previously articulated research questions, variables, and indicators; completion of these tables assisted sites in formulating their evaluation plans and specifying data collection and interpretation strategies. While data collection methods were suggested for each set of variables and indicators, the evaluation design was structured to avoid mandating single evaluative tools across all sites. This strategy accommodated the diversity across sites while ensuring collection of common data to provide evidence on achievement of the common program goals. Sites could develop their own evaluative methods, or could select methods from a portfolio of reliable evaluation instruments that complemented the local evaluation strategies. Sites were asked to include in their progress report copies of any evaluation instruments they used so that these could be shared across sites.

The February 1997 progress reports were reviewed by program staff and the evaluation team, who identified areas for special attention with individual grantees as well as with the entire group. A new protocol, drawing upon other areas of the case study format, was prepared and circulated in May 1997 for preparation of the report due in August 1997 (Appendix 6). These reports will again be reviewed by staff and the evaluation team.

6. Evaluation Visits to Each Site

A protocol for site visits was developed in the summer of 1996, and was distributed to all HPSISN sites to guide planning for the site visit (see Appendix 7). Site visits were conducted between October 1996 and April 1997. While the site visits were framed as “evaluation” visits, it was determined by the evaluation team and the program staff that the most effective use of the site visits was to make joint site visits. A member of the evaluation team was the leader on each site

visit; in almost every case, a senior HPSISN program staff also participated in the visit. These joint visits offered grantees a chance to discuss their activities in an integrated fashion, rather than attempting to unrealistically separate program questions from evaluation questions. Observers from program and evaluation staff, as well as related programmatic initiatives, attended selected site visits with the local site's permission. During each visit, meetings were arranged with project leadership, academic administration, faculty, students, community partners, and other key players.

The visits were useful for both the grantees and the visitors for building additional knowledge about HPSISN specifically, and about service learning in health professions education in general. The visits also helped to establish and/or further develop working relationships between participants at each site and the program and evaluation staff.

7. Survey of HPSISN Applicants

HPSISN program staff were eager to learn more about the progress of institutions that had applied for HPSISN grants but had not been funded. Did service learning continue to evolve without the HPSISN support? What lessons could be learned about the state of development of service learning in health professions education in general? To answer these questions, the evaluation team undertook a survey of all applicants to the program. Of the 85 applicants (this includes the eventual grantees), 44 responded (a 52% response rate), of whom 13 were grantees. The range of disciplines represented, and the nature of service learning activities, was similar to that reflected in the HPSISN grantees. There is a clear commitment to the relevance of service learning as part of health professions education, and a need to continue to work across higher education to overcome some of the barriers so that it may be more readily integrated as appropriate. A full report of the survey findings is being prepared under separate cover.

8. Participation in Annual Grantee Conferences

Initially, the evaluation team met program directors at the April 1996 conference at a special meeting organized by HPSISN staff; the team presented the PSU model there as an introduction to

the evaluation, and heard questions and concerns from site participants. The evaluation team also assisted program staff by facilitating focus groups with program directors, students and community partners. Since many of the sessions at this conference were presented by HPSISN grantees, the evaluation team was able to quickly build its knowledge of the scope and specific directions of many of the grantees.

The evaluation team planned and delivered a full day workshop on evaluation methods to HPSISN grantees prior to the 1997 CCPH conference, as an activity to promote skill development in evaluation for grantees as well as to foster a sense of collaboration among the network of grantees. A by-product of the HPSISN evaluation has been to help to advance the evaluation skills of grantees. While it is not possible for the evaluation team to serve as evaluation consultants to individual sites, the workshop was designed to address that developmental objective as well as to advance the quality of grantee responses to the evaluation model. HPSISN grantees each received a complimentary copy of a pre-release edition of a workbook of service learning assessment tools, developed by the Portland State service learning evaluation team.

The evaluation of the workshop was very positive. Participants were particularly appreciative of the hands-on consultation time with the evaluation team to learn more about specific evaluation methods and how to apply them at their own sites. The feedback from the day identified areas where individuals would like more assistance, as well as areas where grantees need to have more conversations (in particular about sustainability of the HPSISN network). A final strategy was for individuals to write a memo to themselves outlining what they intended to work on when they returned home after the conference. These ideas were summarized, along with the workshop evaluation, and were circulated to all grantees within a few weeks of the workshop.

The HPSISN evaluation team also made several presentations during the CCPH conference on both the HPSISN and PSU evaluation models, and received substantial positive feedback from conference participants who expressed a need for more information on evaluation. It also presented results of the survey of HPSISN applicants (mentioned in #7 above) to document a perspective on the state of implementation of service learning in health professions education. As

at the 1996 conference, the evaluation team facilitated focus groups with program directors, students and community partners, using standardized focus group protocols which had been developed in consultation with program staff.

9. General Technical Assistance to Grantees within the Scope of the Evaluation

The members of the team have attempted to offer technical assistance on an as-needed basis to individual grantees during the past year, but the scope of the contract has not permitted the commitment of time for the extensive consultation that some grantees might have preferred. The site visits, and subsequent follow-up communications, offered an excellent opportunity to provide on-site technical assistance. Similarly, the April 1997 CCPH conference was a productive venue for both group and individual consultations. Throughout the year, there have been direct queries to the evaluation team members; as well, periodic communications (usually via e-mail) have been forwarded to the evaluation team by the program staff. Every effort has been made to be responsive to the questions and needs of individual sites.

10. Assessment of the HPSISN Program Office's Performance

Close working relationships have developed between the program staff and the evaluation team, which have facilitated periodic feedback on the program office's performance to senior staff. In particular, some structured feedback was provided in January 1997 prior to a retreat of program staff, and the evaluation team has also been able to convey feedback from sites in an anonymous and non-threatening manner. While there was some concern expressed initially by some observers that the joint site visits by the evaluation team and program staff would obscure evaluative findings, in fact these visits served to provide additional opportunities for the evaluation team to discuss program operations with staff, convey observations and comments from sites, and jointly brainstorm potential solutions and responses to issues and challenges facing the program. As this developed, program staff were able to offer observations to enrich the evaluation, and evaluation team members were able to offer observations to enrich the program -- a mutually beneficial and reciprocal communication strategy. The evaluation team leaders conducted focus groups with the

site directors during the April 1997 CCPH conference, and these discussions included some feedback on program operations. A synthesis of these findings is presented later in this report.

The program staff and evaluation team held a one-day working meeting in the summer of 1997 to review the first year evaluation report and to make plans for the second year. It is intended that similar structured face-to-face meetings will be held over the next year.

11. Development of an Evaluation Report

As stated above, several efforts have been undertaken to build the evidence to support this evaluation report -- telephone interviews, other personal communications, site visits, progress reports, evaluation plans, focus groups, and review of documentation. This report is intended as a first year perspective on evaluative work completed to date; the complete evaluation, and detailed synthesis of findings with recommendations for the future, cannot be completed until the end of the second year of the evaluation (and the conclusion of the HPSISN program).

12. Presentations at Professional Meetings to Disseminate Work

Throughout the year, the evaluation team participated in activities of dissemination; presentations specific to the HPSISN evaluation were made at the following:

- Second International Scientific Symposium on Improving Quality and Value in Health Professions Education, New Orleans, December 1996
- Community-Campus Partnerships for Health Annual Conference, San Francisco, April 1997

In addition, the PSU team presented its service learning evaluation methodology at a number of conferences, and included a description of the HPSISN evaluation in the following:

- Conference on Faculty Roles and Rewards, American Association of Higher Education, San Diego, January 1997
- Assessment and Quality Conference, American Association of Higher Education, Miami, June 1997
- Summer Faculty Institute on Service Learning in Health Professions Education, Leavenworth, WA, July 1997

Two presentations on the evaluation of HPSISN have been accepted for presentation in the upcoming year, both of which will take place in November 1997. The first is a workshop on evaluating service learning in medical education at the annual meeting of the Association of

American Medical Colleges, and the second is a presentation on service learning in public health education at the annual meeting of the American Public Health Association. The evaluation team is preparing an abstract for submission to the Conference on Faculty Roles and Rewards of the American Association of Higher Education (AAHE), and plans to continue to work with the program staff on other abstracts for presentation.

13. Publication in Professional Journals and Other Venues

Throughout the year, the evaluation team was attentive to the need to begin to disseminate the evaluation methodology, instruments, and early observations as soon as possible. The evaluation prospectus (December 1996) was requested by a number of individuals outside of the HPSISN program and was disseminated; the team authored a manuscript applying the HPSISN evaluation model to evaluation of service learning in medical education for an upcoming AAHE monograph on service learning in medical education; and work is underway on a manuscript reporting the findings of the survey of HPSISN applicants. As mentioned above, the HPSISN evaluation team were among the authors of a handbook of service learning assessment instruments, published by Portland State University. Several other potential publication opportunities have been identified and will be pursued by the evaluation team and program staff over the next few months.

IV. FINDINGS FROM 1996-1997 EVALUATION

Our findings are presented below in three sections: 1) a summative view of patterns across the sites organized by the research questions; 2) comments on program operations; and 3) progress toward HPSISN overall goals. These findings are a synthesis of all data collected (by both the grantees and the evaluation team), and in all cases are data-driven and documented.

Summative Findings Across the Sites

Data for the 1996-1997 evaluation were collected through telephone interviews, site visits, focus groups, other observation opportunities, review of pre-existing documentation, and the bi-annual progress reports from the 19 project sites. Data were analyzed according to the five research questions that frame the evaluation project, and the key variables that were developed as measurable elements of each question.

1. How has the HPSISN project affected university-community partnerships with respect to service learning in health professions education?

Data from faculty, students and community partners consistently pointed to the importance of student preparation and orientation prior to involvement in service learning activities. There was strong evidence that student orientations were substantially more effective when community partners were participants in designing and delivering the orientations.

University-community relationships were especially strengthened at institutions where partners were offered specific campus roles and responsibilities such as adjunct appointments, participation in faculty meetings, participation in student reflection sessions and involvement in evaluation/ assessment activities. A genuine sense of reciprocity was found to be associated with a commitment to sustained and expanding partnerships, and tended to lead to the recruitment of new partners and/or additional partnerships between existing community partners and other university departments. Partners were particularly receptive to the offer of benefits which were a major addition to their operations, while actually "costing" the university little -- such as access to e-mail, donation of old computer equipment, library access, use of campus facilities such as meeting space or fitness centers, etc. At campuses where partner involvement was limited to participation in an advisory group, university-community relationships tended to be stable and apparently similar to the status of communication prior to the project.

Offering community partners specific active roles in service learning courses is also associated with an improved community understanding of the university. Partners seemed to gain more realistic views of what the university, its faculty and its students can and cannot do to

respond to community issues or problems. Institutions that ensured that partners were well-oriented to the goals of HPSISN courses and activities were most effective in sustaining strong partner relationships that supported goals for impact on students and community. Evidence of this increased understanding extended to partners being able to describe realistic expectations for what students and the university can deliver and accomplish within the context of a few service learning courses. Mutuality of planning efforts was associated with realistic expectations and high satisfaction with outcomes.

In other sites, community partners expressed a concern that the university was not communicating enough with them and that they, the partner, could have done a better job of serving student learning needs if there had been better communication and orientation to service learning between the university and the partner. Most of these partners were willing to devote the additional time and effort in advance in order to enhance the benefit of these experiences.

Sites making substantial progress toward goals demonstrated effective and active communications with community partners, especially with the community-based supervisors working with students as opposed to just with partner organization leaders.

The involvement and role of community partners, and communication between partners and university, were most revealing of the level of interaction of community and campus, and were most often associated with data suggesting satisfaction and sustainability. Clearly, the HPSISN project was seen to have a positive impact on the community's awareness of the university. While tracking the number, duration and type of university-community relationships seems descriptive only, these variables and indicators were useful as reflections of institutional differences and for characterizing community expectations. They were also strong measures for assessing institutional progress toward project goals regarding HPSISN partnerships.

In summary, the HPSISN program has clearly had an impact on university-community partnerships. There are some clear lessons identified for establishing new partnerships and for sustaining and further developing existing relationships. Key to this is a sense of mutuality, and of shared responsibility for both the partnership and the work that is undertaken under its auspices.

2. Through the HPSISN program, how has the introduction of service learning into health professions education affected the readiness of students for a career in the health professions?

All sites have strongly identified the importance of student preparation and orientation to HPSISN project activities as essential to successful achievement of career goals for students as future professionals. In addition, some sites have realized that many students arrive with real-life experiences and prior service experience that are assets to the service learning efforts of HPSISN, and have given students stronger roles in designing and delivering service activities. Students are often the major force advocating for service learning courses.

In those sites that have been successful in implementing and sustaining interdisciplinary service learning activities, objectives for interdisciplinary respect, collaboration and understanding were being achieved. The curricular component of the interdisciplinary learning experience was seen as essential to achieving the effect of mutual understanding and building team commitment. Interdisciplinary approaches also tended to foster expanded and sustained service learning efforts because of the development of a network of involved and committed faculty and students. As is being observed in other health profession education programs that are interdisciplinary, significant challenges are encountered but faculty and students tend to agree that the interdisciplinary experiences are particularly rich.

Students uniformly report that service learning is both professionally and personally enriching. A few said that it was "extra work" and a drain on their time, but they did recognize that service learning had legitimate value and connection to their professional preparation. There was some concern about how service learning activities are graded -- in particular when students in the same academic activity are placed in a number of different settings, and may be doing differing amounts of work and with different challenges. These variations raise issues of equity in assessment of performance, and need to be carefully monitored by faculty. Students might also be more positive if they better understand the nature of the service learning experience, which will require faculty more clearly articulating the purposes, needs, outcomes, resources, etc. related with individual service learning experiences.

The majority of students who felt that service learning was a valued part of their curriculum were individuals who had been involved in prior service learning experiences or had personal value structures that support a commitment to the community. Prior experience with service learning seems to explain an unexpected finding: students who participated in voluntary service learning activities were inclined to say that service learning should be optional rather than required. This was because they were concerned that students who were “forced” to do service learning might not take it seriously and would not do a good job. In programs where service learning was required, students were inclined to say that it should be required for all students in health professions because of the transformation they experienced. Most often, students preferred that it not be required because if the requirement can detract from the positive aspects of the experience; however, they acknowledged that without the requirement, too few might participate because of other curricular demands, and therefore would not discover the value and impact of the experience. Where students had no prior experience with service learning, almost all found that it was a transforming and motivating experience that would affect their professional conduct and career choices.

The differences between voluntary and required experiences were somewhat ameliorated at sites where students had a wide variety of choices or a high degree of personal control over the design of their service learning experiences. Choice is also important when considering issues such as safety, comfort, preferences, and beliefs -- which are often challenged by service learning, but nonetheless need to be considered. Additionally, students most valued service learning, whether voluntary or required, if it had strong and obvious connections to their professional program, and if they believed it would make them more successful in their career or provide more career options. In these situations, however, greater faculty supervision and involvement was essential to ensure uniform quality and effort. The dilemma of voluntary versus required service is under constant discussion among service learning educators. In the context of the HPSISN program where service is expected to be integrated with curricular learning objectives, achievement of program goals is greatest where service learning is viewed as the educational method, rather

than an activity that has been added on to an already full curriculum. This integration eliminates the need to structure “voluntary” (and therefore additional and extra-curricular) service learning experiences. It is not clear that the extra-curricular experiences achieve the HPSISN goals by themselves.

It was particularly impressive that students not only reported a greater awareness of community needs and issues, but also realized that they had much to learn from the community. Many spoke of community partners and clients as teachers from whom they learned a great deal about the non-clinical aspects of their lives and problems.

A critically important finding was that the transformational impact of service learning on students was far more evident at HPSISN sites where the service learning was truly course-based, required, and did not involve an exclusive focus on community-based clinical work. Students were strongly affected by working with individuals in non-clinical settings where they could learn about the daily context of individuals' lives, and experience the complex and fragile network of support services on which they depend. This awareness of the challenges of ordinary life experienced by potential clients led to the greatest transformation of student views of the role of service in their profession. Service learning in clinical settings can be valuable but is almost always overwhelmed by issues of clinical skill development and application.

In addition, these students in health professions programs were eager to be out of the classroom and engaged in an activity that had a purpose and gave them some sense of responsibility and worth. Students involved in course-based service learning could make the linkage between service and course content, and articulated satisfaction with the chance to be involved in a community and not just be an isolated student. These students also felt that they gained awareness of people from circumstances different from their own, which helped them to understand community needs and services. These effects were especially evident where service learning courses had specific learning objectives connected to course content.

Where the service learning HPSISN-funded activity was optional and not course-based, fewer students and faculty participated, and fewer students could identify a linkage between the

activity and their professional education and preparation. They were more likely to say that they valued the activity because it matched their own beliefs that valued volunteerism as an extra activity. In other words, they had already adopted the values of service and saw the HPSISN activity as a way to fulfill that need outside the curriculum. They also appreciated the activity as a way to learn about community support services. While this is admirable and should not be discouraged, this kind of service is not the integrated learning experience envisioned by HPSISN.

Students are extremely concerned about continuity, even more than faculty or community partners. Strong attachments are made to individual clients, and students crave assurance that the institution and community will sustain the effort. In addition, students are extremely concerned about the quality of the experience for themselves and for the clients. They are quick to identify experiences that are shallow or not well planned to accomplish something specific.

In all cases, students valued reflection activities related to their service experiences, especially when community partners were involved as facilitators of the reflection sessions. In some cases, students organized their own reflection sessions when the institution did not. The understanding of personal changes was often attributed to reflection -- whether through journals, focus groups, or other methods of expression that helped students to articulate their thoughts on their service learning experiences.

Students involved in course-based service learning with specific course objectives were positively affected on all variables identified for this question. There was some variability across sites on development of awareness of determinants of health, sensitivity to diversity, and understanding of health policy, depending on the nature of the service activity. This suggests that positive impact on these variables depends on deliberate efforts to create service opportunities that incorporate attention to these factors. Students in non-course based or in clinical service situations still reported positive effects on variables of involvement with community, commitment to service and career choice; however, these students often had prior inclination to a service orientation.

No attempts have been made to document the patterns of service learning implementation across the various health disciplines or to delineate any causal relationships; the small study

population does not make such conclusions feasible. In the second year evaluation report we hope to be able to draw some thematic observations by discipline, institutional context and/or pedagogy, but the data at this point do not allow such conclusions to be made in a valid manner.

In summary, the service learning experiences had a substantial impact on students' sense of self, as provider of health services, and as community participant. The value of these experiences as integral parts of the curriculum was demonstrated, and there was a clear message that experiences designed as "add-on" activities will have diminished benefit because of the other curricular demands placed on these students. Individuals planning service learning experiences need to take into account the overall academic programs of these students, and ensure that the community based work is integrated in a seamless fashion.

3. To what extent have faculty embraced service learning as an integral part of the mission of health professions education?

HPSISN sites that are actively led by faculty who take visible and direct hands-on responsibility for the project are making the most progress toward program goals. Sites that rely on administrative staff to do most of the project management are less successful. However, it should be noted that some of these "administrative" individuals are extremely engaged in the community (often because of their own professional background), and have been integral in the accomplishments of their respective sites. The commitment of faculty viewed as leaders appeared to be more relevant in making progress towards HPSISN goals than the position of this leadership in the university's academic hierarchy.

This need for faculty involvement is associated with the evidence that service learning is adopted and sustained by additional faculty when they see respected colleagues acting not only as advocates but also as active participants and role models. The HPSISN grant has legitimized service learning for many faculty, but for others the involvement of respected faculty leaders was as important in making their decision to participate. In some universities, other complimentary efforts in service learning or health professions education change have helped to validate the work of the HPSISN grant, and have been valuable in the acceleration of the adoption of service

learning. These efforts include internal grant programs to support service learning, integration of community-based learning for other components of the curriculum, and revision of promotion and tenure guidelines to give greater emphasis to community-based teaching and scholarship.

Faculty involved in leading HPSISN projects reported that they had to invest considerable time in helping other faculty learn more about service learning. Many faculty still are confused about the distinction between service learning and other community-based experiential placements. The difficulty appears to lie in distinguishing the concept of service to address community needs and respond to community assets, as compared with addressing clinical problems through provision of health services. This is a challenge for many health professions educators, since they are used to providing “service” but this service is always driven by a medical problem (and usually one of disease) that can be treated by a health professional, rather than by a health problem that may relate to prevention and wellness, for which the “treatment” may involve many kinds of community resources beyond just the health professionals.

Sites that provided regular and sustained faculty development activities were more successful in implementing program goals. A major challenge to sustaining HPSISN programs will be to extend faculty participation beyond those who are the early adopters, and to prevent these individuals from experiencing burnout. Many faculty choose to engage in service learning in their courses because of their own belief structures and the values of the institution. The opportunity to engage in interdisciplinary teaching through service learning was also an incentive for the involvement of some additional faculty.

Faculty involvement in direct communication with community partners is the most important element to sustaining community partner involvement; this involvement ironically presents a challenge to fostering faculty adoption of service learning in that most HPSISN institutions do not directly reward faculty for time and effort spent on community interactions. Some campuses, however, reward faculty for service learning through recognition of the role of teaching, where service learning is viewed as an innovative and appropriate teaching technique.

Faculty were dramatically affected in their own confidence in their teaching methods and skills where service learning was authentically implemented, as opposed to continuing traditional community-based clinical experiences. The transformation of students had a similar transforming and rejuvenating effect on faculty. A strong and unexpected finding was that faculty and program leaders highly valued the new collegial relationships with other faculty that developed through joint participation in service learning activities. Personal satisfaction with their own professional work was reported to be greatly increased through involvement in service learning; many referred to excitement with career renewal and redirection, new directions for scholarship, and new professional networks with other faculty and community members. Others found that the HPSISN project and involvement in service learning created a linkage between their professional lives and their personal commitment to service and volunteerism.

The level of change for faculty was quite diverse across the sites. As discussed above, faculty were fairly uniformly affected in their teaching methods and skills related to service learning, and in the effect of service learning on faculty/student interaction. Faculty roles in service learning implementation varied according to the design of HPSISN site goals and understanding of service learning as a course-based activity. Understanding of community needs, nature of faculty/community interaction, understanding of barriers to health delivery, and awareness of determinants of health varied according to the way that campuses structured interactions with partners; greater impact was observed at sites where individual faculty developed strong and lasting relationships with community partners, and had responsibility for recruiting partners and sustaining communications. In sites where strong campus service learning centers existed and were involved in HPSISN-related recruitment and communication, individual faculty involvement in partner relations was still essential for a positive impact.

Commitment to service was largely a predetermined orientation based on personal value systems; however, sustained engagement in service learning was seen in situations where faculty observed student transformation as a result of course-based service learning activities. Scholarly interest in service learning was rarely observed except for faculty most directly involved in

HPSISN projects; however, other faculty bemoaned the lack of outlets to publish and present scholarship on service learning in their fields. A greater engagement in scholarly work may be seen over a longer period of time. The values placed on service learning and professional development were strongly associated with each other, and with the faculty's role in service learning implementation. Faculty need developmental opportunities and direct experience with service learning course components to understand the differences from clinical experiences, and to support sustained engagement in service learning.

4. As a result of the HPSISN grant, how has the institution's capacity to support service learning in the health professions changed?

While there is a general understanding that service learning is expanding nationally from a primarily liberal arts orientation to integration into many professional degree programs, many HPSISN program staff and faculty describe ongoing difficulties with the curricular traditions of health professions education and the constraints that frustrate them in fully realizing their service learning objectives. In each of the health professions, one or more institutions have devised creative approaches to overcome curricular constraints; others have not and are still struggling to overcome these barriers. The difference seems to be associated with faculty involvement, commitment of academic leadership, and institutional commitment to service learning (both within and outside of the health professions education programs).

The HPSISN grant was seen as giving higher status to service learning in the health professions on campus, especially as a means to increase the interest of other faculty. The grant offered a framework for developing a shared language and conceptual agreement on the role of service learning, resulting in more credibility for service learning. Status was also derived from the grant recipients' selection to participate in a national network and demonstration project, and the association with both The Pew Charitable Trusts (and indirectly the Pew Health Professions Commission) and the Corporation for National Service.

The sites are highly variable in their understanding of the classic definition of service learning. Most institutions have a significant number of faculty and administrators who still

struggle to differentiate between service learning and volunteerism, and between service learning and community-based clinical experiences. In some cases, HPSISN site staff also continue to use definitions of service learning that demonstrate an ongoing confusion, especially in regard to the distinctions between service learning and community-based clinical experiences. Sites that do not readily articulate the definition of service learning promulgated by HPSISN are having more difficulty meeting their objectives for this project. If project activities are sustained at these institutions, they likely will be sustained as compartmentalized efforts that do not expand to involve more students or faculty, due in part to this continuing confusion over concepts.

Among institutions that are using the HPSISN grant to implement authentic course-based service learning activities, the project shows greater potential to expand and be sustained. An unanticipated finding was that many of these sites offered evidence that the implementation of curricular-based service learning through HPSISN was being linked to and strengthening other campus change initiatives. This effect was especially evident at institutions where campus leaders and key administrators were well-acquainted with HPSISN project goals and activities. In these cases, site visits revealed that the institutions' faculty and administrators had worked together to make a conscious choice to pursue the HPSISN grant program because of its relevance to large organizational change objectives.

HPSISN goals were most advanced at institutions where there is a broad-based commitment to service learning across the institution and a campus infrastructure to support and foster service learning. While in some instances a campus office of service learning was a valuable resource for the HPSISN grantees, in many other sites there was little if any contact with this office -- often because the office was related primarily to undergraduate general education while the HPSISN grantee was engaged in health professions education within the academic health center. HPSISN goals were more clearly in line with institutional mission at those institutions with clearly articulated values that promote service, whether by virtue of religious affiliation, location, or historical commitment to local communities. This seemed to affect the HPSISN grantee positively through validation, evaluation, professional development, and publicity/recognition.

There was considerable variability across the institutions regarding attention to and investment in faculty development. Regular and multiple offerings of developmental activities, were associated with broader faculty participation and faculty acceptance of service learning as a valid learning tool.

The strength of institutional commitment among academic leadership and commitment to service learning outside of health professions education was strongly associated with positive effects on all other variables regarding institutional capacity. These two variables evidently reflect evidence of an overall institutional sense of the relevance of service to mission and to the educational experience. These institutions have the capacity to provide a positive environment that fosters deliberate investment of resources, sustained course-based service learning, broad campus involvement, plans for resource allocation and acquisition, and overall orientation to teaching and learning. The relationship of service learning to clinical training varies widely, as discussed above. Institutions engaged in course-based service learning achieve the most positive impact on image in the community; the only apparently negative impact was offered by partners as past examples of poor coordination by the campus of various service efforts, leading to duplication, gaps, or lack of follow-through.

In considering institutional impact, it is essential to take into account the considerable variation in institutional characteristics seen across the 19 grantees, and to recognize the multiple and often conflicting demands placed upon faculty, students, community partners, and institutional administrators. However, the relevance of service learning as a means for institutions to engage more actively with their communities cannot be underestimated, and the grantee institutions will face continuing challenges to continue to build these community relationships.

5. What impact does service learning in the health professions have on the participating community partners?

In almost all cases, partners strongly indicated that community need is far greater than the capacity of the campus service learning effort. The partners recognize that they are getting unique

services that would probably otherwise not be available or affordable to them, but they also realize that the need is greater than the student and faculty capacity. Therefore, mutuality and satisfaction are expressed in ways other than increased service capacity, especially in terms of respect, understanding, and communications. The university is able to help the partner increase its capacity to serve while students are present, but there is no evidence yet that this leads to a sustained increase in capacity for service provision over the long term. Partners expect faculty and students to respect and understand the way their organizations must operate. When communications are seen as truly two-way, the partners feel they have as much obligation and commitment to the partnership as they expect from the institution. Yet at the same time the partners have recognized that the language they use is not necessarily the same as the language of the universities, and there needs to be effort devoted to ensure that communication is clear.

Partners see themselves in teaching roles when working with students, and are most satisfied when the institution acknowledges and rewards that role. Partners feel a responsibility for preparing future professionals who understand community problems and are prepared to take ownership for using their skills to help meet needs. This objective is more important to most partners than any sense that needs will be substantially met by the specific service learning project.

Our findings revealed a strong effect on partners regarding awareness of the university; this had both positive and negative components. Partners became more aware of institutional assets and limitations, and gained an appreciation of the institution's attitude toward community needs and recognition of community resources. However, most partners also found that the institutions operate in bureaucratic ways that do not foster interdisciplinary cooperation -- seen as essential to addressing community needs. The institutions are described as compartmentalized, political, and fragmented. Partners found that the burden of coordinating partnerships across disciplines often fell on them because university contacts were unaware of each other or unwilling to coordinate their work. They viewed these efforts at overcoming barriers as undue burdens, and at times expressed the desire that the university take more active responsibility to resolve these issues.

Few partners indicated that working with service learning students was an excessive burden on themselves or their organization. This seems to be attributable to the attention given to advance effort to cement mutual agreements and orientations. However, some partners who had only minimal communications with the institution expressed mild cynicism about the partnership, saying that the experience was mostly for the benefit of the faculty and students, and did little to help the organization or clients and created additional work for the partner. Many partners reported that service learning students had an impact on them with regard to insights about their organizational operations. Partners were often impressed by student wisdom, experience, and creativity. They seemed satisfied that students were prepared to serve diverse constituents. In some cases, it seemed that partners learned more about the diversity of students from the institution, overcoming about previously held stereotypes.

Consistently across all sites, partners reported that they placed the highest value on a trusted and direct relationship with a faculty member who made the commitment to know and understand their organization and their context. Most university-community partnerships in the HPSISN projects are based on existing personal/social relationships. These direct relationships are associated with a positive impact on the variables regarding ongoing relationships, sense of participation, and satisfaction. Where relationships are less direct and are more coordinated through one or two faculty or staff on behalf of others, partners speak more vaguely about program benefits and often seem reluctant to say much that is negative or specific. This may reflect a lack of familiarity with campus goals and/or a dependent relationship on one or more campus individuals whom the partner does not wish to hurt in any way. These findings strongly suggest the need for faculty to invest the time with community organizations as a basis for these partnerships.

The most significant reported impact of the partners' involvement in the HPSISN project was the serendipitous opportunity to network with other community organizations with similar or complementary objectives and services. This positive impact on the variable of social benefits was seen in meetings and focus groups with partners which often featured extensive conversations

among partners who were sharing information and discussing other collaborative options. The institution served as a convener and thereby had an indirect impact on community capacity. This is a role that institutions might wish to adopt on an ongoing basis -- providing a benefit for them and for their partners.

In addition, some partners, especially the larger and more sophisticated partner organizations, reported that participation in HPSISN gave them data and assets that assisted them in leveraging other funds or acquiring other grant resources. Thus, there was positive impact on the variable of economic benefits. The duration of the study was not sufficient to collect data on the study variable regarding identification of future staff. In many cases, partners recognized that they brought assets and strengths to the partnership, but felt that the university did not recognize these, relying on a need rather than an asset approach. Almost all partners were eager to be called upon to share their expertise and to be considered as experts and teachers in some situations, rather than only as recipients of service.

Strong sustained partnerships are essential to the future success of service learning initiatives. Such partnerships need to begin through an individual connection, but will perhaps be easier to sustain if they are not totally dependent on one individual from each participant in the partnership. Areas for continued effort clearly are how to build and sustain these partnerships, and how to continue to validate the important role the community partners play in health professions education. It is easy for partners to look at each other and say "I am doing you a favor", but the goal should be to instead express the benefits that accrue from the partnership.

Evaluation of Program Operations

Any comments on program operations must begin by acknowledging the tremendous accomplishments that have been made in a short time by a very small staff. Grantees are overwhelmingly positive about the quality of interactions they have had with the program leaders (Sarena Seifer and Kara Connors), and credit their individual and collective commitment and enthusiasm with carrying the HPSISN program forward and sustaining its continued development.

As in any program, there are always opportunities for improvement. The following comments are derived from feedback from site directors as well as observations; for each, we offer some potential ways to address these comments. A rigorous assessment strategy focusing on program operations was not put into place during this year, since the focus was on providing the infrastructure for grantees to develop their own evaluation strategies; however, a more methodical and detailed assessment of overall program operations will be used in the second year evaluation.

1. HPSISN versus CCPH Identity

Program staff have devoted considerable effort to involve and inform HPSISN grantees as the staff have developed the new organization called Community-Campus Partnerships for Health (CCPH). However, there remains concern among some of the grantees about a perceived loss of identity of HPSISN. There is public confusion about the domains of the two groups, and some sentiment that the HPSISN grantees have been “used” as a springboard for the establishment of CCPH and are now being left behind. The HPSISN program has been critical as a foundation for the establishment of CCPH, and this needs to be emphasized to the grantees. It will be important during the final year of the HPSISN program to continue to reinforce the valuable role that the grantees can play in CCPH and other venues because of their experience and learning through the HPSISN program, and to ensure that grantees are encouraged to promote themselves as leaders in service learning in health professions education. HPSISN staff should also offer similar recognition and encouragement directly to the grantees. The opportunities for grantees to gain recognition for their work through presentations and publications should also be encouraged.

2. Timing of Requests

Some grantees perceive that program staff from time to time use a “hurry up and wait” or “rush at the end” strategy -- imposing short time frames for reporting, and then not providing feedback. Staff should continue to be attentive to the multiple obligations most of the site directors have, and devote efforts to ensuring that requests for information, reporting, or other time-sensitive activities be provided with adequate lead time.

3. Communication between Program Staff and Grantees

Similarly, there is some concern about the variable levels of communication from the program staff -- at times frequent and perceived as almost intrusive, while at other times very distant, separate and "hands off". This no doubt varies among the grantees. Staff had established a pattern of regular personal communication with each program director to ensure regular communication, and are encouraged to continue this for the sake of periodic updates, as well as to reinforce the staff's continued interest in each project site.

4. Staff Roles and Responsibilities

Since multiple staff are now involved in the HPSISN program and there are other staff becoming involved in CCPH activities, there is a developing sense of confusion among the grantees about who is the source of what kind of information -- sometimes further reinforcing point #1 above about the HPSISN vs. CCPH confusion. In general, program directors were accustomed to communications with the two original HPSISN staff, but expressed some confusion as other staff in various locations assumed roles with HPSISN or CCPH. As these individuals began to communicate from time to time with the sites, confusion mounted as to a) their roles, b) their affiliations, and c) their scope of authority. As well, staff's "personal identifiers" (such as voice mail messages and e-mail signature lines) have been modified to include the new CCPH organization, which at some grantee sites caused considerable unrest about "what had happened to HPSISN?". While staff have carefully explained the establishment and mandate of CCPH to the grantees and extended invitations to participate in development activities in particular, it would be worthwhile for the two senior staff to continue to invest time in the very near future in re-establishing personal trust with the grantees around the importance of HPSISN and clarification of their staff leadership roles. When other individuals are in contact with site directors, they should be careful to emphasize what their affiliation is with HPSISN or CCPH, and the specific nature of the work they are doing. This should help to minimize any further confusion and/or disenfranchisement among the HPSISN grantees.

Senior HPSISN staff should also be cognizant of the potential confusing message that may be sent to funders and other stakeholders by the perceived abandonment of the HPSISN identity, and should work to maintain this at least through the completion of the grant program. While CCPH materials document its relationship to HPSISN, HPSISN participants and supporters have expressed some “brand loyalty” which indicates a need for continued recognition throughout the remainder of the HPSISN program.

5. Program Management Expertise

Early in the program there was concern about the apparent inexperience of program staff in management of programs such as this -- and the fact that each new event had a steep learning curve for staff as well as site directors. These concerns have always been expressed with the comment that staff has learned rapidly and is extremely competent; the concerns exist, nonetheless, that some parts of the program may have moved forward more smoothly had staff had greater prior experience with this sort of multi-site project management. This concern now is one of the past to a large extent, but should still be noted so that senior staff can anticipate in advance any barriers they may be able to project and can then draw upon others with relevant experience to assist them.

6. Delay of Initiation of Evaluation Activities

Now that sites are actively engaged in evaluative activities, there has been an expression of regret that no formal, structured evaluation activity was in place in year one of the program. Some feel that the evaluation team from PSU was “thrust” upon them mid-stream -- and while they now welcome the work of the team, in some cases it may have come too late, as activities were already in place and were not easily adaptable to the evaluation strategy. This situation occurred despite the fact that other grant proposals were prepared to fund evaluation and were discussed with the grantees, and that some preliminary evaluation efforts were conducted during the 1995 and 1996 grantee meetings (prior to the appointment of the PSU evaluation team). This is clearly a lesson for future projects, where a structured evaluation lead by experienced evaluators should be in place from the beginning of the project, and project participants should play active roles in evaluation throughout the life of the project.

7. Sustainability of the HPSISN Network for the Future

Program staff have committed considerable effort since the beginning of the program to build relationships among grantees in order to facilitate information-sharing and networking. Similarly, staff have been very generous in the provision of other sources of information, contacts, local resources, etc. The use of electronic mail has been particularly valuable for efficient sharing of such information. At both the 1995 and 1996 meetings of grantees, efforts were made to bring the grantees together to seed further collaborative relationships and build the foundation of a sustainable network of health professions service learning leaders.

At the April 1997 grantee workshop, there were explicit efforts to further build a sense of a network among the grantees; since then, many grantees have expressed regret that more effort was not devoted to this networking and across-site collaboration earlier in the program. While staff may have believed that the annual meeting of grantees could serve to foster this, an improvement for the future would be to actively facilitate cross-site relationships from the beginning of the program. In hindsight, many grantees may not have been ready to make connections with other grantees in the first year of their programs -- being consumed with the day-to-day challenges and opportunities facing them in their own work, and therefore not seeing networking as a high priority at that time. In many cases sites are focused on their own issues, and are unable to identify the potential collaborators in a network without the assistance of an external party such as the program staff. There is still an opportunity for staff to work with the grantees to create a self-sustaining network, and grantees will welcome any efforts staff can offer to help put this network in place. It is also highly desirable that the April 1998 CCPH conference showcase the HPSISN grantees, thus offering them recognition and publicly identifying the HPSISN network as one of the core components in the future work of CCPH.

8. Conclusions about Program Operations

In general, program directors are pleased with the program operations and with their interactions with staff. It is highly likely that the experience of managing the HPSISN program will enable program staff to address issues such as these from the beginning of similar programs in

the future. However, it is always useful to remember that this project is just one of many activities underway at each site, and that attention must always be given to keeping competing (and perhaps conflicting) demands at a minimum while enhancing the positive aspects of participation in a national program such as this. Such attentiveness and constant “customer service” can play a major role in overcoming objections or discontent among program participants.

Progress toward HPSISN Overall Objectives

The HPSISN program objectives are presented in Appendix 1. In general, we believe that substantial progress has been made towards these objectives in the two years of the program. There is still opportunity for more accomplishment in the third year of the program, but program participants should be proud of their progress overall. Some of these objectives are being addressed through efforts now centered within CCPH; the discussion below highlights our perceptions of achievement of objectives to date. The original HPSISN objectives are presented in italics; our observations are in regular typeface.

A. Community Impact

- 1. To create new or strengthen existing partnerships between sites and community organizations which address unmet health needs.*

A substantial number of partnerships have been created at each site. In general, these are addressing unmet health needs, and are providing efforts to address issues that otherwise might not be addressed.

- 2. To provide community-oriented, culturally appropriate health and social services in the defined communities participating in the service learning programs of 20 health professions schools.*

The services provided are clearly community-oriented, and illustrate the wide range of communities eager to collaborate with health professions education programs. There is some concern at some of the sites about the extent to which these activities are culturally appropriate, reflecting the continuing need to identify carefully designed activities to enhance the cultural competency of both students and faculty. It would be worthwhile to devote some energy in year three to ensuring that all of the sites have access to such learning materials, and to emphasizing the importance of integrating this material into the curriculum before students begin work in communities.

3. *To enhance the community's meaningful role and involvement in service learning.*

Perhaps the greatest highlight of all of the information collection over the past year has been the interactions with community partners, and the ability to hear their stories about the nature of their involvement in service learning. Sadly, some of the institutions do not seem to recognize the incredible richness of experience the community can offer to the educational programs. Therefore a useful activity during year three will be to continue to assist project leadership at the various sites in learning how to cultivate and establish partnerships, and in sharing successful experiences which actively engage the community in service learning in a meaningful and reciprocal way.

B. Participant Impact

1. *To engage students and faculty at 20 health professions schools in service learning activities as part of the required curriculum.*

Students and faculty at the grantee sites have become engaged in service learning. An issue at some sites is that these activities have not been integrated into the required curriculum; attention will need to be paid to this integration being accomplished to the extent possible during year three so that sites will have truly met the program objectives.

2. *To increase the knowledge of students and faculty at 20 health professions schools in the following areas:*

- *community needs assessment*
- *financial and other barriers to health care access*
- *socioeconomic, environmental and cultural determinants of health and illness*

This is the one objective where there appears to be the greatest deficiency. In some cases, students are prepared with some skills in community needs assessment, but more effort could be devoted in almost every site to developing skills in both the traditional public health approaches to needs assessment and to the community development approaches to asset mapping and resource identification. Similarly, there is still considerable need across the grantees as an entire group to devote more attention to building student and faculty awareness and understanding of barriers to health services access and to the various determinants of health and illness -- other than the obvious issues of health insurance and clinical disease status. This need is true of health professions education in general; there is an opportunity for HPSISN to provide some leadership by testing methods by which students and faculty will increase their knowledge in these three main areas, and develop the complementary skills and expertise to be able to address these issues.

3. *To provide leadership development opportunities for students and faculty engaged in service learning.*

Student leadership development is being addressed through HPSISN at present; HPSISN grantees could identify many student leaders to help shape these activities, as well as identifying others who could benefit from this program. Student leadership development has occurred at some grantee sites as a regular part of grant activities. Faculty serving in key roles with HPSISN grantees have certainly developed their leadership skills; additional leadership development might be a goal for year three of the grant to ensure that the project leadership across the sites has the skills and expertise to continue to champion service learning and to be effective change agents over the long-term in their respective institutions and disciplines.

C. Institutional Impact

1. *To create a national network of at least 400 health professions schools involved in service learning activities which will serve to strengthen the service learning infrastructure in health professions schools and assist schools new to service learning in developing service learning programs.*

This objective is being addressed through the HPSISN-sponsored 1996 conference, the creation of CCPH, and the 1997 HPSISN and CCPH sponsored conference. CCPH is now positioned to assume this role of facilitating the network on an ongoing basis. It is important that HPSISN grantees be recognized for the achievements they have made in implementing service learning, and that they play a central role in CCPH activities.

2. *To strengthen and expand service learning infrastructure within 20 health professions schools, consisting of at a minimum of a service learning advisory committee, service learning coordinator and faculty development program, enabling each school to integrate service learning into at least two required courses in the curriculum.*

A service learning infrastructure has certainly been created at each of the 19 grantee sites. A challenge for year three of the grant program will be to ensure that each of the minimum criteria (advisory committee, service learning coordinator, faculty development program, integration into at least two required courses) has been accomplished. Issues of sustainability beyond the grant period will also require attention in year three.

3. *To directly address three major institutional barriers to integrating and sustaining service learning in health professions education:*
 - *the need for evaluation data to establish service learning as a credible educational method*
 - *the need for outlets for scholarly activity in service learning*
 - *the need to distinguish between service learning and the experiential clinical training that typically occurs in health professions education.*

The second year of evaluation activity will produce considerable additional evaluative data which will be valuable in making the case that service learning is a credible educational method for health professions education; hopefully this report will be a positive first step in sharing that knowledge. The need exists for scholarly activity to share this learning, and it can be hoped that CCPH can harness some of the energy created through HPSISN to begin dissemination of scholarship on service learning by the individual grantees. The issue of distinguishing between service learning and experiential clinical training has been discussed previously in this report; there is still much work to be done in this area, and this should receive considerable attention in the final year of the HPSISN program.

In addition to these specific objectives, the grantees have emphasized the value and benefits of participating in a national demonstration program and having affiliation with others in a national network -- both for their own learning and as a point of leverage within their own institutions. They have also praised the benefits of learning and networking at the various national conferences, and welcome the chance to learn from each other as well as from non-HPSISN grantees who are

making contributions to the knowledge base on the application of service learning in health professions education. While some viewed the site visits as a burden to organize, nearly all grantees expressed positive sentiment about the site visits once they were completed, noting that the visit of a project management/evaluative team helped to raise the profile and visibility of the individual program on the campus, creating opportunities for leverage and the opportunity to convey some messages to senior leaders about the importance of the service learning activities. Finally, there has been overwhelming praise for the access to information resources -- via directories, the listserv, the frequent email communications, and the staff who have been very responsive to project directors' requests for information and referrals.

V. PLANS FOR 1997-1998 EVALUATION

In the sections below, we offer comments in three areas: 1) the evaluation team strategy for 1997-1998; 2) recommendations to program staff in response to identified challenges and concerns; and 3) preliminary thoughts on dissemination plans.

Evaluation Team Strategy

In year three our primary strategy is to continue to work with grantees to help them collect the information necessary to prepare a comprehensive case study that "tells their HPSISN story". This will include various group and individual consultations, review of progress reports, advice on evaluation methods, and close working relationships to discuss, review and edit each site's case study. Table 7 presents a timeline of activities for year three; this does not include the additional activities under the new CCPH/CNS grant for working with the mentor/mentee sites, or for consultation, as specific timing of these activities has not yet been set out. We do not anticipate that there will be funding to make a complete set of site visits again; however, if individual sites request consultation, and these can be arranged in a mutually convenient way with local institutional support, we are prepared to make such visits in order to provide on-site consultation.

TABLE 7
Timeline for 1997-1998

1997

Mid-September: Draft of reflection protocol for site directors

Late September to early October: Individual reflection session -- email, telephone, or in writing -- with each program director (anticipating third and final year)

October: Telebriefing for program directors, program staff and evaluation team, to discuss first year evaluation findings, schedule for case study development, format, content, consultation, April grantee workshop

October and ongoing: Develop and implement protocol for evaluation of program office operations

November to January: Structured individual consultation with program directors to assist with case study preparation

1998

February 15: Draft of case study due from each project site (replaces regular progress report)

February: Follow-up reflection session (progress through year; case study process; post-grant sustainability of efforts)

Mid-March to April: Provide individual feedback on case study (from evaluation team to program directors)

Late March: Draft of end-of-program survey for HPSISN participants for review by program staff and advisory committee

April: Grantee workshop in Pittsburgh on evaluation methodology and completion of case study; conduct focus groups at Pittsburgh conference with program directors, faculty, students and community partners; make presentations on evaluation methodology and findings at CCPH conference

Spring: Present evaluation methodology and lead sessions at regional CCPH conferences

May: Continuing consultation on case study as requested

May: End of program surveys administered to HPSISN faculty, students, community partners, institutional administrators

June 15: Final site case studies due from each project site

July: Final reflection session with individual sites (HPSISN experience overall, next steps)

September 30: Draft final evaluation report

Fall 1998: deliver final report, including 1) an assessment aggregated across the program grantees to determine the overall impact of the program, 2) an assessment of the HPSISN program office's performance, 3) summary of findings and 4) draft of principles of good practice for the implementation of service learning in health professions education

studies, and in conducting some sort of systematic evaluative activities to collect the necessary data. Should sites not be able to complete the case study, it will be difficult to include their "story" in the individual descriptions of the HPSISN experiences.

We also intend to structure a more formal, yet not too cumbersome, series of reflection sessions with the program directors. It has become clear that there is much discussion about the use of reflection, but that many faculty have never actually learned how to lead, let alone participate in, reflective activities. Therefore we intend to set up three specific reflective opportunities with the individual site directors over the year with two goals: the first is personal development of reflection skills, and the second is to facilitate reflection which will assist in the preparation of the case study. This activity will be conducted primarily by e-mail so that the project directors may readily share it with other faculty and staff; should individuals prefer to conduct these sessions via phone or fax, this will be arranged.

We are considering the potential benefits of a relatively comprehensive series of end-of-program surveys of project directors, faculty, students, administrative staff, and community partners at each of the participating sites. To be successful, we will need the cooperation of the sites to obtain complete mailing information for potential participants. We believe there could be substantial benefit from these surveys, but need to undertake further discussions before determining a final course of action.

We will also continue to use the mechanism of telebriefings as appropriate to communicate information to all grantees simultaneously. We anticipate that the HPSISN grantee workshop in Pittsburgh in April 1998 will focus on the completion of the case studies, plans for dissemination and agreements on strategies, and specific actions to sustain the HPSISN network. We also hope to play an active role in the CCPH conference, presenting both evaluation results and strategies, in particular in response to the feedback from the 1997 conference on the need for more information on evaluation.

Finally, we intend to develop a formalized assessment strategy to conduct an end-of-program assessment of the program operations and administration, which we will report upon in our final report.

Our experience this year has revealed that there are effective means of communicating with the grantees, and that in general they are eager to share experiences, seek consultation, and offer suggestions for improvement. We intend to continue to cultivate these working relationships over the next year.

Recommendations in Response to Identified Challenges and Concerns

The 1997-1998 year for HPSISN should have one major objective: fostering institutionalization and sustained efforts in service learning at the grantee institutions. To that end, the evaluation team recommends that HPSISN program staff use several strategies to encourage visibility, networking and interinstitutional learning.

1. Sustain monthly communications between HPSISN program staff and site directors/faculty.
2. Increase familiarity with individual site strengths and weaknesses as evident in the third year of effort; provide feedback to site staff.
3. Make specific recommendations to sites for opportunities to work together or to share information to improve performance and sustainability.
4. Provide additional consultation to those sites where there is a continuing struggle with the differentiation between service learning and community-based experiential clinical training, in order to help build and sustain local understanding of service learning.
5. Continue to share experiences across sites on issues such as: student and partner orientations; communication mechanisms (such as newsletters); methods of providing affiliation benefits to partners; examples of faculty rewards for engagement in service learning and related scholarship; mechanisms for connecting health professions service learning to other service learning initiatives on campus; facilitation of networks of community partners for information exchange.
6. Build upon the learning of those sites that have been successful in interdisciplinary programs, and share these experiences widely across the HPSISN network.
7. Devote effort to identifying successful initiatives in developing student and faculty understanding of barriers to health services, financing, policy, and the multiple determinants of health and illness, and disseminate these initiatives to HPSISN grantees (providing additional faculty development if necessary).

8. Communicate with campus administrative leaders regarding institutionalization; develop a plan to share HPSISN outcomes with administrators.
9. Assist sites in public relations efforts; seek venues for publicizing project findings.
10. Promote networking through e-mail listserv; invite purposeful discussions on issues or suggest reflection activities.
11. Identify mechanisms for long-term tracking of alumni of service learning experiences, to determine what impact there is on career tracks and personal/professional engagement in community service.
12. Disseminate opportunities for scholarly presentation and publication, and facilitate collaboration among grantees in pursuing these opportunities.
13. Plan a celebration and recognition of HPSISN sites and program achievements as a highlight event of the 1998 CCPH conference (reception, poster session, plenary, or other activity). This should include both a private celebration for those directly involved in the HPSISN program, and a public event honoring and recognizing the grantees.

Dissemination Plans

Program staff and the evaluation team will need to discuss the many opportunities for dissemination, and to invite input from the grantees. There has been, and will continue to be, substantial learning from this program, and this should be shared widely so that others may benefit from this learning and may begin or enhance their own service learning experiences. HPSISN can learn from other national initiatives in establishing operating procedures to ensure that members of the HPSISN grantee network are not competing with each other for dissemination opportunities, and that there is clear delineation of authorship and responsibility for sharing certain information. It is essential that there be respect and trust among the network members with regard to dissemination. A recommended strategy would be that where a national perspective is presented, program staff and/or evaluation team members participate; where local experiences are being told, local participants should take the lead but may wish to involve someone from the national level in order to offer this perspective. There should be many opportunities for dissemination, and it would be ideal to create a culture of sharing so that many participants may benefit from being responsible for these dissemination activities.

Final publications will depend, to a certain extent, on the quality of the individual case studies. There has been some discussion of a book about HPSISN; further investigation is necessary, and it will be essential that grantees play an active role in the preparation of the content that describes the local experiences.

Program staff and the evaluation team are already conducting an ongoing environmental scan of opportunities for dissemination, and will continue to submit abstracts for presentation at various professional meetings throughout the upcoming year. Whenever feasible, individuals from grantee sites will be invited to participate. Finally, we will continue to monitor opportunities identified through the new coalition of national initiatives in health professions education reform, so that the HPSISN experience may be shared with this network and its participants.

Conclusion

The evaluation team wishes to acknowledge the support and active participation of faculty, staff, students and partners at each of the HPSISN sites, as well as that of the HPSISN program staff. We could not have completed our work to date without this engagement and interest in our work. We have learned a considerable amount about service learning in health professions education during this past year, and know that there will be much more learning in the year ahead. We look forward to continuing to work with the HPSISN network in the third and final year of its program activity.

August 1997

For further information, contact:

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or

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APPENDIX 1

HPSISN PROGRAM OBJECTIVES

A. Community Impact

1. To create new or strengthen existing partnerships between sites and community organizations which address unmet health needs.
2. To provide community-oriented, culturally appropriate health and social services in the defined communities participating in the service learning programs of 20 health professions schools.
3. To enhance the community's meaningful role and involvement in service learning.

B. Participant Impact

1. To engage students and faculty at 20 health professions schools in service learning activities as part of the required curriculum.
2. To increase the knowledge of students and faculty at 20 health professions schools in the following areas:
 - community needs assessment
 - financial and other barriers to health care access
 - socioeconomic, environmental and cultural determinants of health and illness
3. To provide leadership development opportunities for students and faculty engaged in service learning.

C. Institutional Impact

1. To create a national network of at least 400 health professions schools involved in service learning activities which will serve to strengthen the service learning infrastructure in health professions schools and assist schools new to service learning in developing service learning programs.
2. To strengthen and expand service learning infrastructure within 20 health professions schools, consisting of at a minimum of a service learning advisory committee, service learning coordinator and faculty development program, enabling each school to integrate service learning into at least two required courses in the curriculum.
3. To directly address three major institutional barriers to integrating and sustaining service learning in health professions education:
 - the need for evaluation data to establish service learning as a credible educational method
 - the need for outlets for scholarly activity in service learning
 - the need to distinguish between service learning and the experiential clinical training that typically occurs in health professions education.

APPENDIX 2

TELEPHONE INTERVIEW PROTOCOL, 1996

Name of Person Interviewed: _____

Program: _____

Date of Interview: _____

Interviewer: _____

Introduction [5 minutes]

Hello. [Background:] We've read your files -- application, modifications to the application further to Sarena's questions prior to awarding of grant, first two progress reports, and associated materials. We do not have hard copy of these materials.

We have not yet designed the evaluation protocol. The point of our document review and of this phone call is to develop a background understanding of all grantees, and use that information to then draft an evaluation protocol for the HPSISN program.

The scope of our work is the evaluation of the overall program. Our work is not intended to replace the evaluation work you have already planned (or are in the midst of planning), but rather is intended to complement such work and provide information which is consistent and comparable across all 20 grantees. Our intent is not to add to the burden of evaluation, but rather to build on your existing efforts. Therefore, if you have any evaluation instruments or protocols which you have not shared (i.e. provided at Boston conference), please get copies to us within a week so that we can refer to them. Feel free to send any other descriptive reports or materials which you would like to; remember, we will be reviewing documents submitted to HPSISN office so you needn't also send them to us.

NOW, We'd like to ask you some questions.

1. In a few sentences, describe what the focus of your project is. In other words, what are you doing? How does this differ from what you originally proposed (in particular, from where you anticipated you would be at this point and where you actually are)? [5 minutes]

- nature of project
- which students are involved (disciplines and level)
- what are they doing
- where are they doing this
- number of iterations completed
- faculty development

2. Briefly describe the "service learning" component of this project [10 minutes]

- what makes this "service learning" (probe: what is your definition of service learning?)
- how does this differ from what you were doing before (i.e. in service or in experiential learning)

3. How have your relationships with your community partners evolved in the context of this project? (Don't describe the relationships; describe the evolution.) [5 minutes]

4. What have been the major project successes you have had to date? What factors have facilitated these successes? [2 minutes]

5. What have been the major barriers and challenges you have encountered? For each, how have you overcome them, or how do you anticipate overcoming them in the future? [2 minutes]

6. What university structures support your efforts in service learning? [probes about institutional leadership, undergraduate service learning office, new faculty and promotion guidelines, etc.] [2 minutes]

7. What is the future of service learning in your program? at your institution? Do you believe that the initiatives begun under the HPSISN grant will be sustained? Will they expand? Why? [whether yes or no] [2 minutes]

[Where they have either Health of the Public [UNC and Pitt] or IHI and Kellogg [GW] or Kellogg and California Wellness projects [Loma Linda]: How does the HPSISN initiative relate to these other programs?]

8. What is the role of your advisory board? [5 minutes]

- do you have one
- what is it doing in general
- what is its role in evaluation
- provide terms of reference if they exist

9. What is your evaluation framework? (remind them we have reviewed what was submitted in Boston) [10 minutes]

- instruments, methods, techniques (indicate what is self-developed and what is from others; for latter, get reference)
 - student evaluation (reflection, journals, focus groups, interviews, surveys, etc.)
 - faculty evaluation (reflection, journals, focus groups, interviews, surveys, etc.)
 - community partner evaluation (focus groups, surveys, interviews, etc.)
 - client evaluation (satisfaction, interviews, surveys, etc.)
 - number of times administered/conducted (each) [when and by whom...]
- What seems to be giving you the most useful data/information?

10. What suggestions would you like to offer to assist us in designing the evaluation framework? What would help you? What would complement existing local activities? What would be extremely burdensome? What would you prefer to do??? [5 minutes]

11. What sort of technical assistance do you feel you need (general or with evaluation)? [2 minutes]

12. What other comments do you have? [2 minutes]

Also: [5 minutes]

1. Appoint evaluation coordinator -- tell us now if you haven't done so already; if not today, we would like this name within a week.
2. Recommend people for advisory committee.
3. We will be joining Sarena/Kara on the site visits this year, and that will be an opportunity for some in-person discussion about evaluation issues. In advance of the visits, you will see the site visit protocol so that you will know what we are interested in discussing. You will not need to submit any additional written material to us prior to the site visits in the context of the evaluation. Also, we are only available for evaluation work within the context of our contract with HPSISN, and are not able to provide additional technical assistance within this scope. If you are interested in more evaluation assistance, we can discuss this as a separate arrangement.

Thank you; feel free to contact us at any time. You will be hearing from us in the near future with an overview of the evaluation methods.

APPENDIX 3

CASE STUDY FORMAT

Note: This report is to be completed by June 1998. This document describes the structure of the final case study report format. Some of the information is already available through prior reports. Other data and changes will be collected in stages through remaining progress reports.

Project Overview

1. In one or two paragraphs, describe the focus of your HPSISN project. In other words, what did you do? How does this differ from what you originally proposed? Some of the points you might address include: nature of project (include goals and objectives); which students are involved (disciplines, level, and numbers); nature of student activity (length of required experience with agency, kind of service provided); number of iterations completed; faculty development activities; names and titles of key faculty and administrative personnel involved in the HPSISN project
2. Briefly describe the "service learning" component of this project. What is your definition of service learning? How does this differ from what you were doing in the area of service or in experiential learning before HPSISN?

Community Partnerships

3. Describe all your community partnerships, including: names of agencies and key contacts (name, title and phone number); how/why was partner selected/recruited; nature of service provided by the agency; role(s) played by the partner in HPSISN project; HPSISN project's impact on unmet needs within the community served by the agency; assessment, if any, of partner satisfaction with service learning project activities
4. How did your relationships with your community partners evolve during the HPSISN project?

Project Performance

5. Please describe the progress you made over the three year project towards achieving your project objectives. Please address each of your objectives specifically, with reference to students, faculty, the institution, and community partners.
6. If there were any major changes in your project (activities, resources [human, fiscal, or physical], other support) since your initial proposal, please describe these. Please indicate how these changes affected your project plans and activities.
7. Briefly list and describe (or append) materials you produced as a result of the HPSISN grant. In particular, describe how and when these were used and what future application they may have. Examples might include: syllabi, other teaching materials (printed, electronic, or other media); faculty development workshop handouts; newsletters.
8. Please describe the activities of your advisory board including: terms of reference (operating policies and procedures); membership (names, titles, agencies); frequency of meetings; scope of activities in general (planning, advisory, decision-making, etc.); role in evaluation.

Project Performance (continued)

9. What factors facilitated your progress toward achieving your objectives? How did you identify these facilitators? How can you continue to employ them in the future?
10. What were the major barriers and challenges you encountered? For each, did you overcome them and how, or how do you anticipate overcoming them in the future?

Evaluation Framework

11. What has been your philosophy of evaluation of your HPSISN project? What are the student, faculty, client, and community partner contributions to evaluation goals and strategies?
12. What methods provided you with the most useful data/information? For what purpose? Please describe or instruments, methods, techniques used. What uses will evaluation findings have for future program planning and management?
13. Please complete Table 1 of evaluation variables and indicators to describe your evaluation activities. Refer as needed to the HPSISN Evaluation Prospectus (December 1996), ensuring that you indicate your selected mechanisms for responding to each of the required variables.
14. Please complete Table 2 to describe what you found from your evaluative work for each of the specified variables.

Sustainability

15. What university policies, services, funds or programs supported your efforts in service learning? What will be required in the future?
16. What is the future of service learning in your academic unit? At your institution in general? Do you believe that the initiatives begun under the HPSISN grant will be sustained? Will they expand? Why? What will be needed?
17. If there are other complementary health professions education reform initiatives underway at your university, how does the HPSISN initiative relate to these other programs?

HPSISN Project Identity

18. Describe the value for your site of being a participant in the national HPSISN demonstration project. Please be very specific (e.g., networking, opportunities to present/publish, prestige, local leverage and influence, access to program or evaluation strategies, validation, sustainability, etc.).

Concluding Comments

19. What advice or most important lessons learned would you give to another institution seeking to initiate service learning in your discipline?
20. What do you think have been the most significant impacts of service learning on your community partners? What will be your future relationship with existing or additional partners?
21. Please provide any concluding summative comments which you feel enhance your case study.

APPENDIX 4

EVALUATION ADVISORY COMMITTEE MEMBERSHIP

Deborah Gardner, George Mason University (HPSISN Grantee)

Dwight Giles, Ph.D., Vanderbilt University

Mary Ann Jacobi-Gray, RAND

Rebecca Henry, Ph.D., Michigan State University

Stewart Mennin, Ph.D., University of New Mexico

Nancy Nickman, Ph.D., University of Utah (HPSISN Grantee)

APPENDIX 5

PROGRESS REPORT FORMAT 2/15/97

NOTE: This Progress Report Protocol replaces the previous form used for all prior Progress Reports.

Project Overview

1. If work has progressed according to the plans you have previously set out, please skip this question and begin with Question #2.

If there are any updates since your last progress report with respect to the following, please provide these. How does your current work differ from what you originally proposed? Some of the points you might address include:

- nature of project (include goals and objectives)
- which students are involved (disciplines, level, and numbers)
- nature of student activity (length of required experience with agency, kind of service provided)
- number of iterations completed
- faculty development
- names and titles of key faculty and administrative personnel involved in the HPSISN project
- new community partnerships

Project Performance

2. Please describe the progress you have made over the past six months towards achieving your project objectives. Please address each of your objectives specifically, with reference to students, faculty, the institution, and community partners.

3. If there have been any major changes in your project (activities, resources [human, fiscal, or physical], other support) since your last progress report, please describe these. Please indicate how these changes affect your project plans and activities.

4. Briefly list and describe (or append) materials you have produced as a result of the HPSISN grant. In particular, describe how and when these are being (or are planned to be) used. Examples might include:

- syllabi
- faculty development workshop handouts
- newsletters
- teaching materials (printed, electronic, or other media)

Evaluation Framework

5. What has been your philosophy of evaluation of your HPSISN project to date? What are the student, faculty, client, and community partner contributions to the evaluation goals and strategies?

6. What methods have provided you with the most useful data/information? For what purpose? Please describe or append samples of instruments, methods, techniques used to date or planned.

Evaluation Framework (continued)

NOTE: Based on the information provided in the following two tables, we will develop, as needed, appropriate tools for use by grantees in conducting your local evaluations and responding to all variables.

Completion of these tables is likely to be an iterative process. Please respond to them as completely as possible now. In future progress reports, you will only be asked to add updated, new, or changed information.

7. TABLE 1.

Using Table 1, please provide your plan for evaluation activities over the next 18 months. Refer as needed to the HPSISN Evaluation Prospectus (December 1996) for definitions of variables, and indicate your selected mechanisms for responding to each of the required evaluation variables. In completing the table, please indicate what information you have now, what information you plan to collect and how, and where you need assistance with this evaluative work in the future. You will only have to complete this table once. Future Progress Reports will request information on changes or on items that were left blank.

8. TABLE 2.

Using Table 2, please describe what you have found to date from your evaluative work for each of the specified variables. In future progress reports you will only be asked to report updates (new data), changes, or to fill in blank spaces.

Relationships to Other Projects

9. If there are other complementary health professions education reform initiatives underway at your university, how does the HPSISN initiative relate to these other programs?

HPSISN Project Identity

10. Describe the value of being a participant in the national HPSISN demonstration project. Please be very specific (e.g., networking, opportunities to present/publish, prestige, local leverage and influence, etc.).

11. Please describe some specific examples of how the national project has supported your local work.

Ongoing Technical Assistance

12. What sort of general or specific technical assistance do you feel you need from the program office to assist you over the remainder of the HPSISN project? (e.g., on-site consulting, access to resources, notice about grant opportunities, program management expertise, etc.)

Budgetary Revisions

13. If you wish to make any changes in your approved program budget, please describe these. Please refer to the HPSISN Terms of Award Acceptance and Additional Award Conditions for project guidelines.

APPENDIX 6

PROGRESS REPORT FORMAT 8/15/97

NOTE: This Progress Report Protocol replaces the previous form used for all prior Progress Reports. Please submit FIVE complete copies of your progress report, as well as your financial report to the HPSISN program office in San Francisco no later than August 15, 1997.

Please provide brief and very specific responses to the progress report questions, and append all relevant support materials. You will see that some items require a specific format of response, and some are open-ended. In all cases we are trying to encourage reporting that responds to local characteristics as well as assisting you to provide the information necessary for us to establish some standardized reporting at the national level. Some items are new to the progress report, and others ask you to provide updated information.

Project Performance

1. Please describe briefly the progress you have made over the past six months towards achieving your project objectives, describing the specific activities undertaken. Please address each of your objectives specifically, with reference to students, faculty, the institution, and community partners.
2. Describe the program accomplishment during this reporting period that you are most proud of.
3. If there have been any major changes in your project (activities, resources [human, fiscal, or physical], other support) since your last progress report, please describe these. Please indicate how these changes affect your project plans and activities.
4. Briefly list and describe (or append) materials you have produced as a result of the HPSISN grant in the past six months. In particular, describe how and when these are being (or are planned to be) used. Examples might include syllabi, faculty development workshop handouts, newsletters, and/or teaching materials (printed, electronic, or other media).
5. What factors are facilitating your progress toward achieving your objectives? How did you identify these facilitators? How can you continue to employ them in the future?
6. What are the major barriers and challenges you are encountering? For each, did you overcome them and how, or how do you anticipate overcoming them in the future?

Evaluation Framework

7. Refer to your progress report of February 15, 1997. On a copy of the previously submitted Table 1, please provide an update to describe your evaluation activities. Alternatively you may complete a new Table 1 (appended) if that is easier for you. Refer as needed to the HPSISN Evaluation Prospectus (December 1996), ensuring that you indicate your selected mechanisms for responding to each of the required variables.
8. Please complete (or update) Table 2 to describe what you have found from your evaluative work in the past six months for each of the specified variables.
9. What methods of evaluation and assessment are providing you with the most useful data/information? For what purpose and uses? Please describe or append instruments, methods, techniques used.

Evaluation Framework (continued)

10. What uses will evaluation findings have for future program planning and management?

Sustainability

11. At the present time, what do you believe is the future of service learning in your academic unit? At your institution in general?

12. Do you believe that the initiatives begun under the HPSISN grant will be sustained? Will they expand? Why? What will be needed?

HPSISN Project Identity

13. Describe the value for your site of being a participant in the national HPSISN demonstration project. Please be very specific (e.g., networking, exchanging information with other HPSISN sites, seeking consultation, opportunities to present/publish, prestige, local leverage and influence, access to program or evaluation strategies, validation, sustainability, etc.).

14. What would you like the HPSISN network to be in the future? How would you like to see it continuing in the future (recognizing that funding ends in 1998)? Please be very specific with your suggestions.

Concluding Comments

15. What advice or most important lessons learned would you give to another institution seeking to initiate service learning in health professions education?

16. What do you think have been the most significant impacts to date of service learning on your community partners? What will be your future relationship with existing or additional partners?

Ongoing Technical Assistance

17. What sort of general or specific technical assistance do you feel you need from the program office to assist you over the remainder of the HPSISN project? (e.g., on-site consulting, access to resources, notice about grant opportunities, program management expertise, etc.)

Budgetary Revisions

18. If you wish to make any changes in your approved program budget, please describe these. Please refer to the HPSISN Terms of Award Acceptance and Additional Award Conditions for project guidelines. Please submit your financial report with this progress report.

Thank you very much!

Remember, reports are due August 15, 1997.

APPENDIX 7

SITE VISIT PROTOCOL

The site visit protocol consists of three parts:

- site visit goals
- proposed site visit schedule
- questions for discussion.

Site Visit Goals

1. To build a stronger relationship between the site visit team and grantees.
2. To learn more about each demonstration site through in-person discussion, including assessing the role and level of participation of faculty, students, and community partners in the grantees' program.
3. To develop an understanding of each project's progress toward their own program objectives as well as the overall HPSISN program objectives.
4. To gain greater knowledge about each institution's commitment to community partnership-building, service-learning and the sustainability of the HPSISN-funded program.
5. To reflect and discuss program accomplishments and challenges in order to develop a plan to guide future program activity.
6. To identify enabling and inhibiting factors as well as early lessons learned that could be rapidly shared with other sites.
7. To identify issues for further discussion and/or technical assistance among grantees (via e-mail, in-person, or teleconference).
8. To provide an opportunity for discussion of the overall program evaluation plan and its applicability at the local level.

Proposed Site Visit Schedule

Project leadership Program Director SL Coordinator	9:00a - 10:00a
Campus leadership Department Chair Dean Provost Campus SL experts	10:00a - 10:45a
Break	10:45a - 11:00a
Faculty involved in HPSISN program Teaching Community work Research Evaluation	11:00a - noon
Break	noon - 12:15p
Community partners	12:15p - 1:30p (lunch)
Students involved in HPSISN program	1:30p - 2:30p
Break	2:30p - 3:00p
Project / campus leadership & key faculty	3:00p - 3:30p
Private meeting of project director and evaluation representative (if needed)	3:30p - 4:00p
Project / campus leadership (wrap-up)	4:00p - 4:30p

Questions for Discussion

Following is a set of questions we would like answered during the course of the site visit. These questions are intended to provide you with a sense of potential discussion content. Some questions may not be relevant to your particular group.

1. We would like to know why you got involved in the HPSISN program.
2. Describe the campus environment for service learning:
 - prior to your involvement in the HPSISN program
 - now
3. We would like to know more about your community partners.
 - Who are they? (#, agency name, agency name rep and title, etc.)
 - Describe their level of involvement in shaping the program.
 - Describe their level of involvement in decision making.
 - What successes related directly to community partners can you report? Contributing factors?
 - What barriers have presented themselves? Solutions?
4. We would like to know more about the students participating in the program.
 - Who are they? (#, academic year, degree track, etc.)
 - Describe their level of involvement in shaping the program.
 - Describe their level of involvement in decision making.
 - What successes related directly to students can you report? Contributing factors?
 - What barriers have presented themselves? Solutions?
5. Regarding service learning / the program itself
 - What have you gotten out of your involvement with HPSISN?
 - How do you see your role in service learning in the future?
 - How would you like this program to develop? What is your future vision of the program?
 - What resources will be required to meet this future vision?
 - How have you managed resistance to change / the incorporation of sl into the curriculum?
Solutions?
 - Program successes and contributing factors.
 - Program barriers and solutions.
6. Describe your evaluation plan.
 - What are you measuring? Why?
 - What do you hope to learn as a result of your evaluation efforts? What are your evaluation goals?
 - What evaluations have you conducted on your own?
 - What evaluation tools that we have provided have you used?
 - What can you demonstrate as results or impacts of your evaluation efforts?
 - What program improvements have occurred as a result of what you have learned?
7. Lessons learned
 - Why do you feel this work is important?
 - What recommendations would you offer others involved in this type of program?
8. Next steps
9. Observations (site visitor team's intuitive observations)
 - Inhibiting factors
 - Enabling factors