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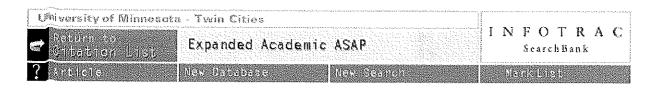
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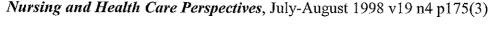














Nursing and service learning: the Kobyashi Maru. Joy Ciaccio; Glenda C. Walker.

**Abstract:** Service learning leads to reprogramming in academia and there is a change from traditional methods for both faculty and students. Risks must be taken. Nursing students are engaged in experiential learning, the precursor of service learning, but they can benefit, as can the faculty and the community, from a service learning project. Stephen F. Austin State University's Division of Nursing set up such a program.

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IN THE STAR TREK MOVIE The Wrath of Khan, the starship Enterprise is on a training mission with a group of Star Fleet cadets and young officers. The trainees are presented with a scenario for which there is no solution. The purpose of the exercise is to teach what it is like to fail, even when everything is done "by the book." At the conclusion of the scene, after the ship's bridge is in disarray and everyone on board is supposedly dead, Captain Kirk walks onto the bridge. It is revealed that he is the only Star Fleet officer ever to have solved the riddle of the exercise, the Kobyashi Maru. [paragraph] Captain Kirk solved the problem by breaking the rules and refusing to believe that he could not win. If he had engaged in traditional sequential thinking to solve it, he would have failed, but he did not use traditional methods. Rather, he reprogrammed the training computer so that it was possible to win.

Reprogramming also occurs when service learning is applied in academia. There is a switch from habitual teaching and learning methods, and faculty and students are challenged to take risks, to step out of traditional modes of thinking.

Origins of the Concept Interest in integrating community service into collegiate education has blossomed since the publication in 1980 of Transition of Youth to Adulthood. This report, sponsored by the National Commission on Youth, recommended that service to one's community and nation be used a means to bridge the gap between youth and adulthood (1). Several important steps followed.

In the mid-1980s, Campus Compact was formed as a vehicle for encouraging volunteer service among undergraduates. This group, a coalition of approximately 400 college and university presidents, is dedicated to helping students develop the values and skills of civic responsibility through involvement in public service (2). In 4990, President Bush signed the National and Community Service Act, which responds to urgent issues facing communities across the nation, including education, human services, public safety, and the environment. The act established the Federal Corporation for National and Community

Service, which, among other functions, funds grants to the states to implement community service projects. To qualify for Federal funds, each participating state must establish a commission on national service to oversee the projects (3).

There are several definitions of service learning, each with its own points of emphasis. However, all definitions stress providing a service to the community while learning. Service learning focuses on citizenship, skills, and values and involves active learning --drawing lessons from the experience gained while performing service work (3).

Service Learning and Nursing It would be tempting to view nursing education as a form of de facto service learning. After all, nurses do provide a service, so the educational methods used to facilitate learning in nursing schools should already constitute service learning. This view is faulty, even in such traditional clinical placements in community health nursing courses as a client's home or a community-based clinic (4).

The most widespread method of teaching nursing concepts is to present theoretical knowledge in a lecture or classroom setting, followed by application in a clinical setting. This is termed experiential learning. It is the parent of service learning -- not its equivalent.

Service learning begins with experiential learning, but extends beyond it and includes an emphasis on revitalizing the community. It must include reflection on activities performed and lessons learned during the service experience (5).

This type of learning has value that has been quantified. With traditional lecture-based methodologies, we retain 10 percent of what we hear, 15 percent of what we see, and 20 percent of what we see and hear. With service learning, retention increases to 60 percent of what we do, 80 percent of what we do with guided reflection, and 90 percent of what we teach or give to others (5).

Service learning helps accomplish the task of teaching students how to learn by providing real-life meaningful experiences that, by their very nature, force students to think critically. In service learning, students encounter events that conflict with their assumptions and challenge their understanding, causing them to become perplexed, which is often the beginning of learning (5). Service learning also exposes students to life as lived by their clients. Interactions with clients within the environment and community can help develop civic responsibility and serve as education for citizenship.

The Nuts and Bolts How does a faculty implement service learning projects within a curriculum? First, consider the courses being taught and determine how community service projects might be helpful in enriching student learning. Consider goals and motives and review course objectives that may be accomplished through service learning. To prevent a project from being viewed as something tacked on to the course, alter the syllabus to reflect the change and talk about the project from the first day of class. This type of commitment conveys to the learner the seriousness with which you view service learning.

Work with students to develop relevant learning objectives for their service experiences. To be truly successful, student objectives are closely linked with the academic course objectives. Students may need assistance in focusing on the learning they achieve while performing the service, but reflection is the most important step. It cannot be assumed that learning will automatically result as the service is performed. Guided journals, essays, class presentations, and other expressive methods may be used to ensure that learning takes

place.

Faculty evaluation of the learning outcomes is the final step in implementing a project. The outcome of the experience must be evaluated as any other academic product would be (5).

Service learning projects constitute a large part of the curriculum in the Division of Nursing at Stephen F. Austin University, the result of a journey that began by changing the culture of the nursing program. Culture is defined as the way of life of a human society, transmitted from one generation to the next. It represents the totality of socially transmitted behavior patterns, knowledge, arts, beliefs, values, institutions, and other products of human work and thought.

The first cultural change that took place in the Division of Nursing was in ourselves. As a faculty, we had to develop a shared vision of present and future knowledge and values. We asked and answered these questions:

- 1. What is the knowledge base needed for the present and future, especially with regard to community health nursing? Are the traditional home visit and immunization clinic sufficient? Do students need to broaden their horizons by looking at the assessment of aggregate populations, the design and implementation of a service project, and its evaluation?
- 2. What are our values and attitudes with respect to collegiality and teamwork? We had to question ourselves about our ability to work as a team by actually sharing clinical hours for service learning projects and allowing clinical hours from one course to count toward those of another that had complementary objectives.
- 3. What are our values toward teamwork and collegiality if we do not encourage it and facilitate its growth within our students? Can higher level students, such as those in Leadership and Management courses, supervise students in the fundamentals? Can faculty function as on-site facilitators of learning and relinquish some control?
- 4. If we value concepts such as risk taking, critical thinking, and altruism, how can we model that for our students? If we will not take the risk of a large service project, how can we ask our students to take a path we are unwilling to take?

A Blueprint for Service Creating a service learning culture became fairly easy after completion of the first project in the Division of Nursing, Joining Hands for Healthy Children, held in November 1993. Later, in September 1995, Learn and Serve America, a subdivision of the Corporation for National Service, was established on campus. Since then, numerous projects have been supported by the Center for Service-Learning and Eldercare at the University.

Joining Hands for Healthy Children provided the blueprint for subsequent projects. It began with a needs assessment of the surrounding community, which revealed a large, under-immunized population, mostly children. Faculty teaching in the final year of the program and students in their final semester designed and implemented this project for the underserved within the service area. To promote attendance, the project was held in the University gymnasium in the hours immediately preceding a women's basketball game.

Various committees were formed. The Faculty Executive Committee, consisting of the

Director and the Leadership instructor, provided guidance and facilitated the project. The Student Executive Committee consisted of an elected chairperson and co-chairperson (who received the first and second highest number of votes), an appointed co-chair, a secretary, and the heads of all other committees. The other committees dealt with publications and marketing, food and entertainment, finances and supplies, transportation, and staffing.

Strategic activities for the project included forming committees; marketing the project to the public, the University, and the Division of Nursing (essential to bring about cultural change within the division); and financing the project, which involved establishing a budget, raising money, and making purchases. The target population was reached through a media blitz -- fliers, television and radio, and a billboard -- advertising "A Health Fair, Free Food, and a Basketball Game."

Numerous positive outcomes resulted. Five hundred adults and families were provided with immunizations and health screenings. Positive tuberculosis results were found in several people who were referred to the local community health center.

Donations of money, food, and services were received, including dinners supplied by local poultry producers and food stores, vans for transportation to the site, door prizes and toys, and costumes for entertaining the children. Volunteers were on hand to watch children as their parents were occupied during the health screenings. Collaborative ties were developed across the University. The athletic department donated tickets to the basketball game, fraternities and sororities sent volunteers, the Spanish Club furnished translators, and the Speech Department provided hearing screening tests.

Maintaining Partnerships The partnerships that developed during the Joining Hands program have served as the basis for subsequent programs. Joining Hands for Healthy Hearts focused on training in cardiopulmonary resuscitation (CPR). Three hundred people attended and 175 received training in adult CPR. Other services offered were blood pressure screenings, blood glucose and cholesterol screenings, information on healthy living, vision screenings, body fat determination, and even a chair massage. Joining Hands for Healthy People, held in March 1997, featured immunizations and a blood drive in addition to CPR training and health screening.

Both the Healthy Hearts and Healthy People projects involved divisionwide student participation. Students from all four semesters had responsibilities. Prenursing students set up and took down equipment. First semester students conducted blood pressure screenings. Second semester medical-surgical and psychology students performed mental health surveys and cholesterol and blood glucose checks using equipment donated by hospitals. Third semester students in obstetrics and pediatrics performed immunizations and pediatric screenings. Students in their fourth semester managed the projects.

A different type of service learning project, the Dino Van, is shared by the Division of Nursing and the local volunteer fire department. It is a refurbished, military-style ambulance that is used for various service learning projects, most recently as a traveling clinic for children from which students conduct primary and secondary health care.

The Benefits of Service Learning The faculty, the community, and certainly the students benefit from service learning. The community gains from the provision of human resources to meet specific needs. In addition, a renewed sense of community develops, along with a spirit of civic responsibility that replaces dependence on government programs and altruism

by experts. Many students commit to a lifetime of volunteering after this experience, creating a democracy of participation.

The faculty benefits because service learning enriches and enlivens teaching. In addition, as faculty connect the community with the curriculum, there is a greater awareness of the relationship between current societal issues and academic areas of interest.

Most importantly, the students benefit. Their course material is enriched. Students see the relevance and importance of academic work in real life experience. They gain in self-esteem as they make a difference through active and meaningful contributions to their communities. Their critical thinking skills are enhanced as are their interpersonal and human relations skills.

The words of Marian Wright Edelman provide an apt conclusion: "We were taught that the world had a lot of problems; ...that we were able and obligated to struggle and change them; ...that extra intellectual and material gifts brought with them the privilege of sharing with others less fortunate and that service is the rent each of us pays for living. It is the very purpose of life and not something you do in your spare time" (6, pp. 6-7). "

## References

- (1.) Markus, G. B., Howard, J. P. E, & King, D. C. (1993). Integrating community service and classroom instruction enhances learning: Results from an experiment. Educational Evaluation and Policy Analysis, 15, 410-419.
- (2.) Kupiek, T.Y. (Ed.). (1993). Rethinking tradition: Integrating service with academic study on college campuses. Denver, CO: Campus Compact, Education Commission of the States.
- (3.) The Corporation for National and Community Service. (1993). The National and Community Service Trust Act of 1993: A summary. Washington, DC: Congressional Research Service.
- (4.) Hale, A. (1997). Service-learning within the nursing curriculum. Nurse Educator, 22(2), 15-18.
- (5.) Watson, J. B., Church, C., & Darville, S. (1996). Training manual for eldercare service-learning faculty: Eldercare Learn and Serve Project. Nacogdoches, TX: Stephen E Austin State University.
- (6.) Edelman, M.W. (1994). The measure of our success: A letter to my children and yours. Boston: Beacon Press.

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