Chair Report for the Professional Affairs Committee

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PREAMBLE/CHARGE
The AACP Bylaws state that the Professional Affairs Committee (PAC) is to study issues associated with professional practice as they relate to pharmaceutical education, and to establish and improve working relationships with all other organizations in the field of health affairs. The Committee is also encouraged to address related agenda items relevant to its Bylaws charge and to identify issues for consideration by subsequent committees, task forces, commissions, or other groups. In 2000, AACP President Victoria F. Roche, reflecting AACP’s documented interest in service-based education and commitment to underserved communities, published an article in the American Journal of Pharmaceutical Education.

1Committee members: Barbara F. Brandt, (Minnesota); Kristin A. Casper (Ohio State); Sharon E. Connor (Pittsburgh); Lawrence W. Davidow (Kansas); Carolyn Ford (Hampton); Patricia R. Lind (Minnesota); Sarena D. Seifer (CCPH) Liaison Member. Am. J. Pharm. Educ., 65, 19S-25S(2001).
communities, charged the Committee to explore ways to instill in professional students the value of action-oriented caring for disadvantaged and underserved populations.

- To develop specific strategies and identify resources (either already in existence in higher education or that should be developed by AACP) to assist member colleges and schools in sharing experiences, practices and/or resources in the development of service-learning programs, particularly those that involve underserved or disadvantaged populations.
- To identify programs or services (either already in existence in higher education or that should be developed by AACP) to assist member colleges and schools in sharing experiences, practices and/or resources in the development of service-learning programs, particularly those that involve underserved or disadvantaged populations.

The PAC and the staff liaison, participated in a telephone conference call on September 13, 2000 for the purpose of reviewing and clarifying the charge and sharing preliminary views on the subject, at particular, the PAC discussed at some length the issue of service, how schools approach the issue and how service-learning bridges the gap between clinical learning and volunteerism. At the conclusion of the call, committee members agreed that deliberations would focus specifically on issue of service-learning as an opportunity to meet the expressed charge. The PAC subsequently convened on October 21-22, 2000, in Washington, DC, to address its charge in detail.

POLICY STATEMENT

AACP will support member schools and colleges in their efforts to develop pharmacy professionals committed to their communities and all the populations they serve, by facilitating opportunities for the development and maintenance of strong community-campus partnerships.

BACKGROUND

“Pharmacy is a profession built around the concept of caring. Like other professional attitudes, caring must first be modeled for students by faculty and practitioners, and then inculcated into their professional psyche. This may be best accomplished by the provision of experiences throughout the curriculum which introduce students to situations that clearly demonstrate the difference they can make in people’s lives by providing high quality professional service and by sincerely caring about them and their quality of life. Nowhere is the need for caring more acute than in underserved populations, who face obstacles to health due to impoverishment, homelessness, cultural or language barriers to care, or simply a lack of qualified caregivers to see. It should be our goal to instill a sensitivity for the needs of the underserved and a desire to be a part of the health care solution for the disadvantaged in each and every graduate of our Schools and Colleges.” President Victoria F. Roche, April 2000, from her charge to the Professional Affairs Committee.

There are broad health care issues that can impact the profession of pharmacy’s ability to provide comprehensive pharmaceutical care. Issues such as the increasing number of uninsured Americans(1-3) the rise of health disparities(4,5), access to care, and the rising cost of prescription medication(6,7) are very serious problems that are plaguing our health care system today. The growing number of uninsured patients will decrease the quality of care that can be delivered, decrease the access to care, and increase the cost to provide care. The significant prevalence of health disparities also affirms the poor health status of many Americans especially those belonging to specific ethnic subpopulations. As the number of these ethnic groups increases over the next decade, the burden of poor health status will become more widespread throughout our society, thus adversely impacting the health status of America. The increasing cost of prescription medications can also adversely affect health outcomes and increase health care costs especially in the elderly population.

The United States government through the NIH has instituted a national initiative, entitled Healthy People 2010(8), to address many of the health issues plaguing our nation today. Healthy People 2010 is a comprehensive plan that focuses on health promotion and disease prevention. This initiative contains 467 objectives designed to serve as a road map for improving the health of all people in the United States during the first decade of the 21st century. It challenges individuals, communities, and professionals to take specific steps to ensure that everyone enjoys good health, as well as long life. Its two major overarching goals are to increase the quality and years of healthy life and to eliminate health disparities. The first goal is to help individuals of all ages increase life expectancy and improve their quality of life. The second goal is to eliminate health disparities among different segments of the population.

ACADEMIC/COMMUNITY PARTNERSHIPS AND SERVICE-LEARNING

Since the early 1990s, health professions school faculty have increasingly acknowledged that experiential education needs to move from hospitals and tertiary medical centers into ambulatory care settings and the “community”. This movement was, for a large part, in response to the changing health care system environment that placed greater emphasis on cost containment. However, as noted above, the United States demographics were also changing to include a larger proportion of the population who for a variety of reasons experience health disparities and lack access to the health care system. Additionally, as faculty acknowledged that students needed to become competent in health promotion and disease prevention skills, community-based education has gained greater acceptance.

The use of the term “community-based education” (CBE) can be confusing because it has both specific and general meanings. The concept of CBE is more than placing students in the community with a practitioner exclusively to develop clinical and practice competence. CBE is generally considered to include educational activities and services that grow out of the assets and needs of both the community and educational institutions. CBE requires true, sustained partnerships between the community and educational institutions and is developed uniquely based upon the individual community. Within this framework, students, in collaboration with skilled campus-based and community-based faculty, experience the situation firsthand to learn to provide competent preventive and clinical care within the context of the community’s specific cultural, demographic and geographic variables. Often faculty are not clinicians but other health professionals and lay community members(9).

In the last decade, a number of foundation- and government-funded national initiatives promoted the development and evaluation of academic/community partnerships(10). The service-learning movement in health professions education grew out of this educational context and philosophy.

Service-learning is generally described as a structured learning experience with explicit learning objectives that combines performing service in the community with preparation, reflection and discussion. A number of definitions for health professions and higher education have been offered by the Pew Health Professions Commission in their Health Professions Schools in Service to the Nation (HPSISN) Final Report (Gelman, 1998)(11), the Alliance for Service-Learning in Education Reform (ASLER, 1995)(12), and the National and Community Service Trust Act adopted by the Corporation for National Service (CNS, 1993)(13). After reviewing these definitions and surveying the current literature on service-learning, the PAC committee has developed and accepted the following definition for service-learning as appropriate for pharmacy education:

Service-Learning is a form of experiential learning that:

• meets the actual needs of the community;
• establishes a relationship between the community and the academic institution;
• helps foster civic responsibility or the development of a sense of caring for others;
• is integrated into the required academic curriculum;
• provides structured time to reflect on the service experience;
• enhances what is taught in school by extending student learning beyond the classroom and into the community;
• attempts to balance the service that is provided and the learning that takes place.
Based upon the literature and the consensus definition, the PAC noted that the achievement of the intent of service-learning requires a significant commitment of time and resources by faculty, students and community partners. Educational activities that benefit all parties are not impossible, but difficult, to attain. In discussions the committee members acknowledged that many colleges of pharmacy already encourage and require their students to interact within community settings and with underserved populations in a variety of ways. Program examples include student-organized community outreach projects, clinical experiential rotations developed in public/indigent health clinics and required service-learning courses, and community service activities in social service agencies. The PAC acknowledged that all of these activities do not meet the strictest service-learning definition, but in many cases are worthy student learning experiences. Therefore, rather than discrediting or discouraging such “service-learning” activities as academically unsound, the PAC members encourage pharmacy schools to continue such activities while striving to achieve the ultimate goals of service-learning as defined.

The Professional Affairs Committee agreed that colleges of pharmacy should develop a campus-community partnership continuum of individual courses and school-wide programs that require increasingly more commitment and collaboration with the community. The continuum can range from volunteerism, community-outreach projects, clinical experiential rotations, and service-learning courses. The concept of a continuum is important because any one form of campus-community partnership may not fully benefit the student or the community. Community outreach programs and volunteerism can provide students with an understanding of population-based needs but often do not enable the student to experience the challenges faced by individual patients. On the other hand, clinical experiential rotations provide students with specific patient-centered, clinical experiences but alone do not cover the breadth of possible experiences in prevention within a culture. Additionally, communities can be overwhelmed by an onslaught of students needing required community hours to fulfill academic credit. These types of situations can lead to considerable community resentment toward the educational institution.

In many instances, it may not be very difficult to convert an existing program into a service-learning course. For example, many schools require students complete a certain number of community-service hours. While these programs may be beneficial to the community, they cannot truly be defined as service-learning because they do not provide a structured learning experience. Nor, do they engage the community in a mutually beneficial partnership. To convert such a program to a service-learning course would require students to consult with faculty to define specific learning objectives prior to beginning the service work. To achieve deep and meaningful learning, students must then reflect upon the service provided and discuss their experiences with classmates and/or an instructor. The community members and clinicians must be actively involved to complete the partnership. This integration of service-learning into the academic curriculum, rather than as a separate experience, is essential to balance the service provided with its stated learning objectives.

**ADVOCATING FOR INCORPORATING SERVICE-LEARNING INTO PHARMACY EDUCATION**

While the literature on service-learning in K-12, higher education and health professions education is growing, the number of publications focusing on its use in pharmacy education is still relatively small. During deliberations, the PAC members discussed the service-learning literature and their own personal experiences incorporating service into their teaching. Based upon the discussion, the committee identified the following reasons to support incorporating service-learning into pharmacy school curricula:

1. The AACP Center for the Advancement of Pharmaceutical Education (CAPE) convenes a panel biennially to define changing curricular outcomes for the entry-level Doctor of Pharmacy degree program. In defining the CAPE outcomes, the panel has recommended that in addition to professional competencies pharmacy schools should integrate general abilities such as social and contextual awareness, social responsibility, valuing and ethical decision making and social interaction into school curricular programs. Service-learning is an educational methodology that can be used to move these concepts beyond abstraction in the classroom to concrete understanding in real-life situations. Learning general ability concepts in the classroom in combination with observation and work in the community and continuous reflection upon the experiences are excellent tools for mastering general abilities.

2. As access to clerkship sites continues to become more competitive, community agencies can offer another avenue for experiential education. Well-designed service-learning activities in free clinics, community health centers, migrant health centers, homeless clinics, school-based clinics can offer students excellent opportunities to develop many of the CAPE professional practice-based and population-based outcomes.

3. Service-learning provides students the opportunity to learn the spirit of caring for patients, populations, and communities. When service-learning methodology consistent with the definition is used, faculty members and community representatives can role model caring and collaborative behaviors and support student development.

4. As students move into service-learning activities, faculty can teach population-based and public health principles and community awareness.

5. Pharmacists are professionals who work in the community. Students can learn community commitment through service-learning incorporated into the pharmacy curriculum. Service-learning activities engage student awareness that cannot be learned in the classroom. For example, as students make decisions regarding Pharmaceuticals for uninsured and underinsured populations in social service agencies, they must confront real-life cost and budgetary realities.

6. Well-planned and supported service-learning efforts are excellent ways for higher education institutions and colleges can strive to “engage with the community.”

7. The literature suggests that graduates who were actively involved in the community during school are strong supporters of their academic institution, including financial giving to their schools.[14]

8. The American Council on Pharmaceutical Education accreditation standards adopted June 1997 require early pharmacy practice experiences and continuous patient contact in addition to the advanced pharmacy practice experience. Service-learning activities in community agencies can be used to meet these new requirements.

9. Service-learning is an educational method for pharmacy students to engage in similar activities as other health professions students. Primary care specialties such as nursing, family medicine, and physician assistants have worked and studied in the community for years. The focus on health promotion and disease prevention and the issues of health disparities access are consistent with other “caring” professions. As a result, these community-based, service-learning activities can foster interdisciplinary practice and teaching not possible in the classroom setting.

**ASSESSMENT OF SERVICE-LEARNING**

While service-learning appears to be a logical method to teach students to address health disparities and access issues, faculty are concerned about academic rigor and want to understand its effectiveness. A growing body of evidence based upon three national studies supports service-learning effectiveness in achieving student learning outcomes. Eyler and Giles, in “Where’s the Learning in Service-Learning?” report the results of two major studies on service-learning: “Comparing Models of Service-learning” funded by the Fund for the Improvement of Post-Secondary Education (FIPSE) and a study funded by the Corporation for National Service(15). The FIPSE study combines extensive survey data collection from over 1500 students from 20 colleges and universities, with intensive student interviews of sixty-six students at six colleges before and after the service semester. In the Corporation for National Service study, Eyler and Giles interviewed 67 students in seven colleges and universities to determine the impact of reflection on learning. A third national study, conducted by the Health Professions Schools in Service...
to the Nation (HPSISN) project, a multi-site, multi-year program, evaluated service-learning specifically in health professions education(11). A sample of the research findings, illustrating service-learning benefits, are presented below.

In surveys of students who have participated in service-learning activities, one of the most consistently reported outcomes is that students tend to increase their tolerance for diversity and reduce negative stereotypes. Positive findings include: viewing clients in the community more positively after service, realizing that community populations are similar to self, developing a greater appreciation of other cultures, and increasing sensitivity to diversity, and developing a greater comfort in working with people different than self. Students also report that service-learning helped them to develop leadership skills, improved communication skills, helped them develop feelings of responsibility toward other people, and increased feelings related to faculty(16).

In assessing learning as a result of participation in service-learning, students do as well academically as those who learn exclusively in traditional classroom settings. However, many students report that the learning in service-learning is different. In the HPSISN project, nearly all students who had no prior experience with service-learning found it to be a “transforming and motivating experience that would affect their professional conduct and career choices”(11). When comparing course grades in service-learning and non-service-learning educational experiences there is no documented difference in achievement(17). In the Eyler and Giles study, a majority (58 percent) of the students reported that they learned more in service-learning educational experiences in comparison to traditional courses(18). This contrast is likely attributed to the fact that “higher-order thinking and problem-solving skills grow out of direct experience, not simply teaching; they require more than a classroom activity. They develop through active involvement and real-life experiences in workplaces and the community”(19).

In evaluating program characteristics of service-learning projects to determine what makes certain models more effective than others, the authors found that the quality of service placement is a significant predictor of personal development, interpersonal skill development, student learning, and close personal connection to faculty members. According to Eyler and Giles, a quality service placement is one that challenges students by allowing them to be actively involved, do a wide variety of tasks, and have important levels of responsibility. Other important characteristics include academic linkage with application, oral and written reflection, and the opportunity for students to work with people from circumstances different than their own and on projects that met community identified needs(20).

**TWO SERVICE-LEARNING EXAMPLES IN PHARMACY EDUCATION**

Sharon Connor, a member of the 2000-2001 PAC, shared two models of integrating service-learning into pharmacy school programs. At the University of Pittsburgh students have the opportunity to provide care for the underserved and offer community service as part of courses throughout the four professional years in pharmacy school. The most frequently used educational method is service-learning. All first and second year students are required to participate in service-learning; the third and fourth professional year students may elect to participate. The students begin with a broad overview in the first year of how service applies to being a pharmacist. In the second year, students begin their therapeutics and physical assessment courses and are eager to apply their skills. The homeless clinic sites offer the opportunity for experiencing practice in real life. In the third year students complete projects that directly impact the pharmaceutical needs of the community. In the fourth year, students use the knowledge, skills and experience obtained in previous years to provide service as well as help facilitate first, second and third year students’ service-learning experiences.

During the first professional year in the Experiential Learning I and II courses, students are assigned to a service site in this two-semester course. The class allows students to gain cultural competence, apply ethical principles to practice and practice their communication skills. They participate as active volunteers to help community organizations fulfill their missions. The methods of learning are participation in community service and direct patient care; interdependent learning through interactions with preceptors, community providers, course instructors, and peers; large group classroom interactive sessions and small group pharmacy student discussions, and independent and directed readings.

In the second professional year during Experiential Learning III or IV, students are required to attend a clinic for patients who are homeless or underserved. The primary method of learning is participation in provision of care at clinic sites and reflection. Students during the third professional year have the option of taking a three-credit elective course, Pharmaceutical Care to Underserved Populations. The methods of learning are discussions with interdisciplinary student groups, community mentors and instructors; independent learning through directed readings and completion of projects; and participation in patient care and community service. In the Fourth Year, students may do a one-month ambulatory care rotation at the homeless and underserved population clinics. The methods of learning are participation in the provision of pharmaceutical care at clinics and discussion/reflection sessions and assigned readings.

The University of Utah College of Pharmacy has also incorporated service-learning into the curriculum. The various campus schools work closely with the University of Utah’s Lowell Bennion Community Service Center to match students with community sites. During the first professional year in Social Foundations of Pharmacy Practice, all first professional year students are required to participate in this three-credit service-learning course. The format of the course is problem-based and student centered. The methods of learning are participation in community service, reflection sessions and small-group discussions and writing position papers. In the third professional year students learn about providing pharmaceutical care in a four-credit community practice course. The students gain an understanding of over-the-counter drugs, herbal medicine and ancillary products. The methods of learning are working at sites such as a senior living centers, clinics and food pantries and writing documentation reports, summary reports and a final reflection paper(21-23).

**PROGRAM SUCCESS: MORE THAN THE ENTHUSIASM OF ONE OR TWO INDIVIDUALS**

As noted, research demonstrates that service-learning is an effective teaching/learning methodology in a number of ways. And, the PAC advocates the use of service-learning to meet a number of programmatic and student learning outcomes. But, how can a service-learning program truly be successful? Often service-learning is the passion of one or two individuals in a college of pharmacy, and the sustainability of the program is compromised unless the supporting infrastructure is in place and compliance with a number of key factors is assured. The key factors can be defined as understanding service-learning, monetary support for program development, commitment at the college and institutional level, compatibility with the institution’s rewards and advancement system, and efficient utilization of available resources.

The incorporation of service-learning into a pharmacy program must begin with proper knowledge and working definitions of service-learning as it applies to the individual institution. This process of “learning” about service-learning may be facilitated through an institute such as those sponsored by the Community-Campus Partnerships for Health. These institutes introduce the faculty and administrators to the theory of service-learning, offer suggestions for curriculum development, address appropriate methods to assess service-learning, and discuss the formation of community partnerships that provide the necessary environment for service-learning experiences.

Once service-learning has been defined and is understood by faculty and administrators, successful programs often begin with funding from external sources. Examples of specific resources that may offer assistance for the commencement of service-learning programs are included at the end of this manuscript. Once a commitment to service-learning has been made, successful programs have incorporated a number of different techniques that proactively address the challenges to service-learning that often hinder its sustainability. Initially, the college faculty must support the idea of incorporating service-learning into the curriculum and modify the mission statement of the college to reflect this support.

In addition, the university opinion of service-learning should be explored and resources available in other colleges should be defined and
utilized if appropriate. An example of this technique would be the development of a department or committee with members from a number of colleges that facilitates and fosters community partnerships and is supported at the university level. Through this committee, faculty support can be gained, opportunities for external funding can be identified, and annual service-learning institutes or programs at the university level can foster the sharing of information and demonstrate the continued support for college-driven service-learning programs and courses. In addition, this type of university support can encourage the collaboration of multiple colleges (medicine, pharmacy, and nursing for example) to facilitate the use of interdisciplinary teams that may share common goals, objectives, and community partners.

Perhaps the most challenging obstacle to service-learning is the existence of multiple demands on faculty time that limits resources and hinders the sustainability of excellent programs and courses. In order for faculty to benefit from the incorporation of service-learning, the provision of service must be incorporated in the traditional method of rewards and advancement that focuses on teaching and research. This link to teaching and research can be accomplished with the use of measured outcomes that are valued by the university as progress toward the accepted goal of community service. These measured outcomes can be incorporated into teaching methodology and can be presented to pharmacy colleagues as scholarly works. In addition, pilot programs can result in the gathering of preliminary data that can be utilized to secure additional external funding.

As a means to begin new programs or support the success of existing programs, colleges of pharmacy may elect to hire a service-learning coordinator. This person would function in the capacity of support for other faculty members who are attempting to incorporate service-learning into existing course or those who may be interested in beginning a new course. This coordinator would facilitate the sharing of information between faculty members who are utilizing service-learning and assist with the development of measurable outcomes that would be favorably recognized at the institutional level. In addition, the coordinator could assist with the development or continued advancement of community partnerships. These community partnerships often take much time and effort to develop and sustain, but the dedicated coordinator could act as a liaison for the community partners. In addition, the coordinator would have the knowledge of institution, community, and national resources that could be used to promote service-learning. This knowledge and coordination would help to prevent the duplication of activities by multiple faculty members or colleges at the same university. Finally, this coordinator could make educated decisions about the need for additional resources such as student assistants, community volunteers, and other possible participants that could facilitate the continued success of the colleges’ service-learning programs.

For every college of pharmacy, service-learning programs should be approached in terms of resources available and overall goals of the program. Assessment of these two factors will help faculty members set realistic goals and allow colleges of pharmacy to successfully incorporate service-learning into their curricula.

CONCLUSION

In response to President Roche’s charge, the Professional Affairs Committee supports the emerging educational methodology of service-learning as inculcating the values of caring and community consistent with the delivery of pharmaceutical care to underserved populations. Over the past decade, the growth and quality of service learning has been supported by a number of grants, publications, resources, meetings, and organizations in higher education. The PAC encourages pharmacy schools to make use of this increasing knowledge to incorporate service learning into pharmacy curricula.

Acknowledgement. This paper is dedicated in memory and honor of Bob Chalmers, an early proponent of service-learning in pharmacy and mentor of many faculty members on the issues in this report.

References


(13) Corporation for National Service (CNS), “National and Community Service Trust Act” Title 42, Chapter 129 (http://www4.law.cornell.edu/uscode/42/ch29.html)


(16) Ibid., pp. 22-34.

(17) Ibid., pp. 61-63.

(18) Ibid., p. 59.


APPENDIX. NATIONAL RESOURCES FOR SERVICE-LEARNING AND COMMUNITY-CAMPUS PARTNERSHIPS

This resource list is a “work in progress.” If you are aware of helpful resources that are not listed here, please let us know. Please email your suggestions to Rose Coroneos at rosecor@u.washington.edu or fax them to Rose’s attention at 206-616-9415.

ORGANIZATIONS

Community-Campus Partnerships for Health
http://futurehealth.ucsf.edu/ccph.html

Community-Campus Partnerships for Health is a nonprofit organization that fosters partnerships between communities and higher educational institutions, including service-learning partnerships. CCPH’s organizational members include community agencies, health departments, colleges, universities, health professional schools, government and philanthropy. CCPh members include community leaders, academic administrators, faculty and students. They are working toward a number of shared goals, including:

• Incorporating service-learning into the education of all health pro-
fessionals
• Recognizing and rewarding faculty for community-based teaching, research, service
• Developing partnerships that balance power and share resources among partners
CCPH sponsors conferences, training institutes, a Mentor Network of trainers and consultants, to assist communities and higher educational institutions in developing and sustaining partnerships. CCPH also publishes resource guides, articles and online resources, including the biweekly online newsletter Partnership Matters.

Invisible College
http://www.selu.edu/orgs/ic/
Invisible College is a national organization dedicated to service-learning. Members include university faculty and staff, community partners, and students working toward a common goal of increasing the practice of service-learning across the United States.

National Society for Experiential Education (NSEE)
http://www.nsee.org/
NSEE is a national resource center that promotes experienced-based approaches to teaching and learning. The Web Page includes background information on the organization, membership information and ordering options for its publications.

Break Away
http://www.alternativebreaks.com/
Break Away’s Mission is to promote service on the local, regional, national and international levels through break-oriented programs which immerse students in often vastly different cultures, heighten social awareness and advocate life-long social action. Break Away envisions a not too distant future, where quality alternative breaks will be as much a part of the college experience as going to class. Students will walk away with a redefined sense of community and a lifetime commitment to social action. Available resources include: training, technical assistance, website with examples and links to resources.

Campus Compact
www.compact.org
Campus Compact is the only national higher education organization whose primary purpose is to support campus-based public and community service. The Campus Compact network includes 22 state-based Campus Compacts, and the Campus Compact National Center for Community Colleges based at Mesa Community College in Arizona. In addition to the work done at the national level, these affiliates serve as key liaisons to school systems, and higher education, community-based and government organizations, as well as provide area member colleges and universities with hands-on assistance, workshops, and conferences.

Campus Outreach Opportunity League
www.cool2serve.org
A non-profit organization that helps college students start, strengthen, and expand community service programs on their campuses.

Council for Independent Colleges (CIC)
www.cic.edu
Two separate CIC initiatives promote service-learning in higher education.

ON-LINE CLEARINGHOUSES AND RESOURCES

Service-Learning Home Page
http://csf.colorado.edu/sl/
The purpose of this site is to serve as a virtual guide to, and library of, service-learning. It’s primary focus is service-learning in higher education. The primary components of the site are a Guide to College and University Service-Learning Programs, Courses and Syllabi the Service-Learning Discussion Group archives the Guide to Service-Learning Organizations, Networks, Venues and Resources the online library of Service-Learning Syllabi (by discipline).

The National Service-Learning Clearinghouse
http://www.nscsl.coled.umn.edu/
Home of the National Service-Learning Cooperative Clearinghouse adjunct ERIC Clearinghouse on Service-Learning. The site contains searchable databases on current events, past events, literature and programs. Resources include frequently asked questions, a listServ, bibliographies, monographs, newsletters, state reports, videos, publications list.

EPICENTER-Effective Practices Information Center
http://www.nationalservice.org/resources/epicenter/
Epicenter, the Effective Practices Information Center, is an online database of effective practices for national service programs.

UCLA Service-Learning Clearinghouse
http://www.gseis.ucla.edu/slc/
The UCLA Service-Learning Clearinghouse Project is housed in the UCLA Graduate School of Education and Information Studies Department, within the Higher Education Research Institute. Funded by the Corporation for National Service and the University of Minnesota National Service-Learning Clearinghouse, the UCLA Service-Learning Clearinghouse Project’s mission is to provide resources and support to Learn and Serve America Higher Education grantees and subgrantees, as well as the higher education service-learning field at large. This web site contains information and resources focusing on Faculty Issues, K-12 Partnerships, Assessments and Evaluation, Training and Technical Assistance, and Service-Learning Research.

On-Line Resources
CAMPUS COMPACT: 4TH OF JULY PRESIDENT’S DECLARATION, CAMPUS ASSESSMENT
http://www.compact.org/advancedtoolkit/defining.html
COMMUNITY-CAMPUS PARTNERHIPS FOR HEALTH: PRINCIPLES OF PARTNERSHIP
http://futurehealth.ucsf.edu/ccph.html
NATIONAL ASSOCIATION OF STATE UNIVERSITIES AND LAND GRANT COLLEGES: REPORT ON THE ENGAGED INSTITUTION
http://www.nasulgc.org/publications/publications.asp
UNITY COLLEGE: BENCHMARKS FOR AN ENGAGED CAMPUS
http://www.unity.edu/ServiceLearning/default.htm
UNC-CHAPEL HILL: REPORT ON EDUCATION FOR CIVIC RESPONSIBILITY
http://www.unc.edu/chan/intclim/chapV.htm
EVERGREEN COLLEGE: THE ENGAGED CAMPUS REPORT AND RECOMMENDATIONS
http://www.evergreen.edu/user/csldtf/report.html
MIDDLEBURY COLLEGE: BENCHMARKS FOR THE ENGAGED CAMPUS
http://www.middlebury.edu/~vcc/definition.htm
UNIVERSITY OF MARYLAND: ESTABLISHING BENCHMARKS FOR THE ENGAGED CAMPUS
http://www.inform.umd.edu/CSP/engagedcampus.html
METROPOLITAN UNIVERSITY: THE ENGAGED CAMPUS
http://www.metrostate.edu/ccbl/CCBLengCmp.htm
UNIVERSITY OF UTAH: BUILDING AN ENGAGED CAMPUS - A FOUR YEAR PLAN TO STRENGTHEN COMMUNITY PARTNERSHIPS AND SERVICE-LEARNING AND ENCOURAGE COMMUNITY-BASED SCHOLARSHIP
http://www.saff.utah.edu/ennion/plan.htm
TRAINING AND TECHNICAL ASSISTANCE

RESOURCES

CCPH Mentor Network
http://fliturehealth.ucsf.edu/ccph.html
Community-Campus Partnerships for Health’s Mentor Network of trainees and consultants is available to provide service-learning presentations, faculty development workshops, strategic planning and other resources to assist health professional schools and faculty in implementing service-learning. For more information or to schedule a training, contact Jennet Lee at 415-476-7081 or ccpph@itsa.ucsf.edu

CCPH Introductory and Advanced Service-Learning Institutes, Discipline-focused Service-Learning Institutes
Participants work with mentors and colleagues from across the country. National experts in service-learning pedagogy and health professions faculty who have incorporated community service into their courses share program models and reflect with institute participants on the integration of community service, scholarship and teaching. A unique and effective aspect of the Institute’s approach is inclusion of the mentoring model—participants work in small groups and as individuals with mentors to further shape their own action plans for developing service-learning curricula. Past institutes drew faculty from medicine, dentistry, nursing, pharmacy, public health, physician assistant, pre-health professions and social work programs.

AAHE-Campus Compact Consulting Corps
www.aah.org
The AAHE-Campus Compact Consulting Corps was established to assist colleges and universities in becoming more effective proponents of social and civic engagement. Designed to serve as a major disciplinary and regional resource to service-learning faculty and engaged campuses, the Corps will provide on-campus technical assistance and professional development for interested institutions. Members of the Corps are available for consultation beginning October 2000. For more information or to schedule training contact Teresa Antonucci, AAHE program manager, at (202) 293-6440, ext. 783, or tantonucci@aahe.org.

JOURNALS FOR PUBLISHING ARTICLES ON SERVICE-LEARNING

Michigan Journal of Community Service Learning
http://www.umich.edu/~oesl/MJCSL/
The MJCSL is a national, peer-reviewed journal for college and university faculty and administrators, with a 26-member editorial board drawn equally from both the University of Michigan and from other institutions of higher education around the country. The Michigan Journal addresses two goals: first, to provide a venue to intellectually stimulate educators around the issues pertinent to academic service-learning and second, to provide a venue to publish scholarly articles specifically for a service-learning audience. As a side benefit, the journal brings academic legitimacy to academic service-learning.

Journal of Public Service and Outreach
http://www.uga.edu/~jps/index_2.html
The first interdisciplinary journal “dedicated to the third mission of the academy,” Covering topics such a service-learning, economic development and urban outreach.

ELECTRONIC DISCUSSION GROUPS

CCPH service-learning listserv. To subscribe, email to ccpph@itsa.ucsf.edu
CCPH membership listserv. For CCPH members only. To subscribe, send an email to ccpph@itsa.ucsf.edu
Service-learning listserv. To subscribe, send the message: subscribe service-learning to: majordomo@csf.colorado.edu

FUNDING

Corporation for National Service
AmeriCorps program
http://www.nationalservice.org/partners/become/americorps.html

Learn and Serve America: Higher Education
http://www.cns.gov/learn/index.html
Learn and Serve America supports service-learning programs in schools and community organizations that help nearly one million students from kindergarten through college meet community needs, while improving their academic skills and learning the habits of good citizenship. Learn and Serve grants are used to create new programs or replicate existing programs, as well as to provide training and development to staff, faculty, and volunteers.

AWARDS

Faculty Awards
www.neche.org
Ernest A. Lynton Award for Faculty Professional Service & Academic Outreach
This annual award recognizes a faculty member who connects his or her expertise and scholarship to community outreach. The recipient of the award will be selected according to the following criteria: 1) demonstrates sustained effort in outreach and professional service; 2) utilizes innovative and imaginative approaches; 3) has an institutional impact (through teaching, program development, faculty and student participation); and 4) can show evidence of external success (through scholarly output, community impact and/or student learning). The award is presented at the American Association for Higher Education’s (AAHE) Annual Forum on Faculty Roles and Rewards.

Thomas Ehrlich Award
The recipient of the Thomas Ehrlich Faculty Award for Service-Learning receives $2,000 and national recognition at the Invisible College Gathering. Presidents may nominate one full-time faculty member from his or her institution whose work in service-learning meets the following criteria:

Evidence of innovative ways of employing a reflective teaching methodology to connect community and public service experience with academic study.
Published community-based action research, scholarship on the pedagogy of service-learning, or research on the impacts of service-learning on students, campuses, or communities.
Demonstrated leadership that promotes service-learning on one’s campus, within higher education, or in one’s discipline, and efforts aimed at redesigning curriculum and faculty development.

Nancy Nickman, professor at the University of Utah College of Pharmacy, is a past recipient of this award.

Student Awards
Secretary’s award for health innovations
www.aacn.nche.edu
The U.S. Department of Health and Human Services (HHS), in collaboration with the Federation of Associations of Schools of the Health Professions (FASHIP), gives annual awards to innovative student-led health promotion or disease prevention projects. The Secretary’s Award for Innovations in Health Promotion and Disease Prevention recognizes forward-thinking proposals by health professions students and generates creative strategies for addressing goals outlined in HHS’ Healthy People 2010: Understanding and Improving Health. Now in its 19th year, the annual award honors entries from students across the country enrolled in FASHIP-member colleges or universities who are studying allied health, chiropractic, dentistry, health administration, health education, medicine, nursing, optometry, osteopathic medicine, podiatric medicine, pharmacy, public health, and veterinary medicine.

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