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Summary *Health services delivery is increasingly shifting to community-based settings. The competencies required of future health professionals require a shift in their educational preparation. Service learning is suggested as an educational method with the potential to reform health professions education in tandem with the changes occurring in the health services delivery. The Health Professions Schools in Service to the Nation Program (HPSISN), a US demonstration project of service learning in the health professions, examines the impact of service learning on students, faculty, communities and institutions across a wide array of universities and community settings. This paper describes the evaluation of the HPSISN program, including the evaluation model, key study questions, findings and lessons learned. The HPSISN evaluation was designed to assess the effectiveness of service learning as a pedagogy in health professions education and describe the impact of service learning activities through university–community partnerships. The evaluation model was built upon a case study approach first developed for assessment of service learning courses at Portland State University and honors the participants' commitment to mutually beneficial community partnerships. The findings illustrate the implications of service learning in the health professions and the lessons learned for education and evaluation.*

Key words: *Service learning; community service; evaluation; health professions education; community partnerships.*

As health services delivery in the USA shifts to community-based settings and managed care models, new health professionals need a different set of competencies for practice. New policies, practices and settings for health services professionals are changing career paths and the knowledge base required for serving communities and populations. These shifts necessitate changes in educational preparation so that future professionals are competent and able to work in these settings. In addition, higher education institutions, in the USA, are under increasing pressure to move out of the 'ivory tower' and to become more directly engaged in applying intellectual strength to the solution of societal problems. One method for responding has been the integration of service learning into health professions education.

Service learning is an educational method that may have the potential to reform health professions educational curricula in ways that reflect the changing health care and higher

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education environment. The work presented in this project is based on a US model where service learning is practiced as a deliberate methodology combining community service with explicit academic learning objectives, preparation and reflection (Driscoll *et al.*, 1996). Internationally, however, the practices of service learning embrace a different mission. The international profiles of service programs focus more on promoting concepts of volunteerism rather than deliberately integrating service and educational growth (Eberly, 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. One institution withdrew within one year because internal changes made the grant less appropriate to their needs; 19 sites are the context for this paper.

The HPSISN program offers a multi-site test of service learning as a method for curricular reform in health professions education. In addition, the HPSISN evaluation is, to date, the only opportunity to examine the impact, in health professions education, of service learning on students, faculty, communities and institutions across a wide array of types of universities and of community settings.

In health professions education, it can be challenging to distinguish between 'clinical training' and 'service learning'. Clinical training emphasizes the development of skills and competencies for practice in the delivery of health services. Service learning is an educational methodology that integrates community service with explicit academic learning objectives. Specifically, service learning endeavors to secure a balance between service and skill development through the practice of critical reflection. By responding to community-identified needs, the practice of service learning fosters citizenship and raises consciousness of the socio-economic influences on health. Service learning experiences may take place in clinical settings; however they are distinguished from traditional clinical training by the emphasis on addressing community needs and addressing a broader set of social issues. This paper describes a comprehensive evaluation of this program, including the evaluation model, key study questions, findings and lessons learned.

Role of evaluation

We began the process of evaluation design by reviewing the theoretical and development literature on service learning. The proponents of service learning in journals and other publications have been enthusiastic about its potential. Claims for its success include enhanced relevance of course content, changes in student attitudes, support for community projects and needs, and increased volunteerism (Erlich, 1995; Giles & Eyler, 1994a). Those same supporters also acknowledged the gaps in knowledge about the difficulty in measuring the effects of service learning. The outcomes of service learning have not been clearly conceptualized, nor is there agreement about the intent of service learning (Eyler & Giles, 1994). Another challenge to the assessment of service learning is that the benefits are spread among different constituencies: students, faculty, the community and the institution. There have been multiple projects focused on student outcomes (Bringle & Kremer, 1993; Giles & Eyler, 1994b; Hesser, 1995; Markus *et al.*, 1993), but the profession has concentrated little effort toward assessing faculty impact, and has only begun thinking about the process of assessing community impact. The issue of multiple constituencies is a major challenge to the task of assessing service learning if institutions are to effectively evaluate the full ramifications

of a commitment to integration of service learning in the curriculum (Driscoll *et al.*, 1996). This is especially important to the partnership concept embraced by the HPSISN program as the essence of its broader mission. Thus, the commitment to assessing the experiences and impact for multiple constituencies was a guiding principle of this study.

The HPSISN program leadership determined in the first year of the program that there was a need to conduct a comprehensive evaluation; 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 to design and implement an evaluation. The resulting evaluation of the HPSISN program was designed to assess the effectiveness of service learning as a pedagogy in health professions education and describe 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, and student and program mix. To fully explore the ramifications of a commitment to integration of service learning into the curriculum, the evaluation plan needed to consider the experiences and impact of each site and constituency, while also capturing evidence of service learning effectiveness across all sites.

The HPSISN grantees during 1996–1997 are listed in Table 1. The participating institutions represent a range of institutional characteristics—urban and rural in their focus, large research institutions as well as smaller institutions, some with academic health centers, several with religious missions, and several where the health sciences geographically separate 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 as a result of the grant.

All of the sites operated within a set of common program objectives (see Table 2); therefore the evaluation plan was designed to focus on collection of common data elements necessary to fulfill the evaluation design and to develop the projected interim and final assessments of HPSISN. Since the sites exhibited considerable variation in their project focus, organization context and sophistication with evaluation methods, the evaluation team avoided mandating single evaluative tools across all sites. Each site was required to develop an evaluation plan that reported its unique experience in a common format according to the common data elements.

The evaluation model

The HPSISN evaluation builds upon a case study approach that was first developed for assessment of service learning courses at Portland State University (Driscoll *et al.*, 1996). The design respects the participants' commitment to mutually beneficial community partnerships by integrating the community's perspective on service learning experiences. The model employs a design that assesses the impact of service learning on each of four constituencies as separate units of analysis: 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 research questions, key variables and indicators reflect the nature of health professions education and support the goals of the HPSISN program. A detailed description of the method can be found elsewhere (Gelmon *et al.*, 1997).

Table 1. *HPSISN grantees (1996–1997)*

Grantee	Proposed student disciplines	Proposed project focus
Georgetown University	Allopathic medicine, Nursing, Pharmacy	School-based health education and health promotion in 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
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 promotion 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, teenage pregnancy prevention, prevention of family violence
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 and primary care for poor and homeless
University of Pittsburgh	Allopathic medicine, Nursing, Pharmacy	Health promotion and primary care for homeless men/families
University of Scranton	Nursing, Nurse practitioner	Education about HIV/AIDS and end-of-life decision-making
University of Southern California	Nursing, Dentistry	Oral health care for underserved urban minority 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 on medication use
Virginia Commonwealth University	Nursing, Nurse practitioner, Public health, Allopathic medicine	HIV/AIDS education, case management and home care
West Virginia Wesleyan College	Nursing, Fitness, Nutrition	Health education in rural underserved community

The HPSISN research questions and key variables are:

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

Key variables:

- establishment of university–community relationships
- involvement of community partners
- role of community partners
- levels of university–community interaction
- capacity to meet unmet needs
- communication between partners and university
- nature of partnership
- awareness of university.

(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?

Key variables:

- type and variety of student service learning activity
- awareness of community needs
- understanding of health policy and its implications
- awareness of socio-economic, environmental and cultural determinants of health
- commitment to service
- career choice (specialization)
- sensitivity to diversity
- involvement with community
- personal and professional development.

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

Key variables:

- role in service learning implementation
- understanding of community needs
- awareness of socio-economic, environmental and cultural determinants of health
- development of leadership skills
- commitment to service
- sustained and expanding engagement in service learning
- nature of faculty–student interaction
- nature of faculty–community interaction
- scholarly interest in service learning
- value placed on service learning
- understanding of barriers to community health services delivery
- teaching methods and skills
- professional development.

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

Key variables:

- departmental involvement
- commitment among academic leadership
- investment of resources in support of service learning
- image in community
- overall orientation to teaching and learning
- relationships of service learning to clinical training
- commitment to service learning outside of health professions education
- resource acquisition.

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

Key variables:

- establishment of ongoing relationships
- changing perceptions of unmet needs
- capacity to serve community
- economic benefits
- social benefits
- sensitivity to diversity
- nature, extent and variety of partnerships
- satisfaction with partnership
- community's sense of participation
- new insights about operations/activities
- identification of future staff.

The participating sites provided data every six months through a structured progress report to track the impact variables and build cumulatively toward the development of profiles of the individual grantees and the overall HPSISN program. Since the focus has been on the overall impact of the program, no attempts were made to separate findings by method or by source; rather, the strategy was to aggregate the data submitted by the grantees, and then integrate these findings with the primary data collected by the evaluation team.

In addition to building upon the Portland State University model, we also considered evaluation methodologies employed in other 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 Professions Interdisciplinary Generalist Curriculum project, and the Institute for Healthcare Improvement's Interdisciplinary Professional Education Collaborative. By bench-marking the 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.

1996–1997 findings

The evaluation for 1996–1997 consisted of a number of activities, which are described in detail elsewhere (Gelmon *et al.*, 1997). The activities included:

- review of existing literature and other documentation
- regular communication between grantees and evaluation team

Table 2. *HPSISN program objectives*

Constituent	Objective
(A) Community impact	To create new or strengthen existing partnerships between sites and community organizations which address unmet health needs.
	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.
(B) Participant impact	To create new or strengthen existing partnerships between sites and community organizations which address unmet health needs.
	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.
	To enhance the community's meaningful role and involvement in service learning.
	To engage students and faculty at 20 health professions schools in service learning activities as part of the required curriculum.
	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 • socio-economic, environmental and cultural determinants of health and illness.
	To provide leadership development opportunities for students and faculty engaged in service learning.
(C) Institutional impact	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.
	To strengthen and expand service learning infrastructure within 20 health professions schools, consisting, 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.

- redesign of required semi-annual progress reports to collect data required to build individual and collective case study reports
- establishment of expert evaluation advisory committee
- review of each site's evaluation plan and instruments and the development of unique instruments as needed
- evaluation/consultation visits to each site
- survey of HPSISN applicants
- participation in annual grantee conferences and presentation of training workshops for grantees
- general technical assistance to grantees within the scope of the evaluation
- assessment of the HPSISN program office's performance
- development of an evaluation report
- presentations at professional meetings to disseminate work
- publication in professional journals and other venues.

Data were collected through telephone interviews, site visits, focus groups, other observation opportunities, review of pre-existing documentation, and the bi-annual progress reports

Data 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 project sites. Data were analyzed according to the five research questions that frame the evaluation project, and the key variables and indicators that were developed as measurable elements of each question. The evaluation findings have been synthesized according to the five research questions. Highlights are presented as a summative view of patterns across the sites.

(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 community 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 and use of campus facilities such as meeting space or fitness centers. 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 was 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.

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.

(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 involvement in 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 professions 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 and resources related to 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 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.

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 often are 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 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 as 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 structured 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 final 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.

(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.

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 success-ful 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 interac-tions. 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.

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 recruit-ment and communication, individual faculty involvement in partner relations was still essential for a positive impact.

(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. 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.

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?

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.

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 sustaining 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.

Summary

The evaluation findings illustrate the implications of service learning in the health professions and the lessons learned for education and evaluation. Service learning is clearly a powerful pedagogy with timely relevance to the new competencies demanded for future health professionals.

The benefits of service learning, however, can extend beyond the health professions. The findings offer additional evidence of the broad understanding of the impact of service learning and community work. The value of this method can inform curricular and institutional planning and faculty development. The experience of service learning can catalyze transformation of the learning process for students, community and faculty. The HPSISN project has demonstrated the feasibility of using service learning to engage the community as educators in true partnerships for learning and building capacity. This relationship enhances the ability of the students and faculty to serve.

The HPSISN program clearly has had an impact on university–community partnerships. There are 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.

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.

Faculty 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. 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.

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 is clearly established by this study.

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.

The evaluation approach benefited from employing multiple methods and perspectives to solicit rich evidence of impact. The use of a collaborative approach over time (for both process and outcome assessment) helped to build a comprehensive picture. Incorporating qualitative and quantitative methods with an extensive reliance on self-reflection and external assessment served as a successful strategy for capturing the uniqueness of each site across constituencies. The evaluation is now in its second year, and additional information responding to the five research questions will be forthcoming later in 1998.

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