

6-2003

Experiential Learning as Service for Others

Mary K. Canales
University of Vermont

Helen French
University of Virginia Health System Hospital

Follow this and additional works at: <http://digitalcommons.unomaha.edu/slceslgen>

 Part of the [Service Learning Commons](#)

Recommended Citation

Canales, Mary K. and French, Helen, "Experiential Learning as Service for Others" (2003). *Service Learning, General*. Paper 105.
<http://digitalcommons.unomaha.edu/slceslgen/105>

This Article is brought to you for free and open access by the Service Learning at DigitalCommons@UNO. It has been accepted for inclusion in Service Learning, General by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.



Experiential Learning as Service for Others

In the hours and days immediately after the collapse of the World Trade Center on Sept 11, 2001, when it became evident there would be few survivors to care for, nurses realized that despite their clinical skills and medical knowledge, they were powerless to help during this tragedy. Many began to question the meaning of their practice and ask themselves what they could do to serve their country and fellow citizens in this time of uncertainty. Since the Sept 11 terrorist attacks, many nurses are learning other ways to serve and translating that service into personal and professional growth.

Service to others has been intrinsic to the nursing profession since its inception. Florence Nightingale, as the founder of modern western nursing, shaped the profession as a social movement intent on reform.¹ Nightingale's liberal arts education and sense of mission drove her to search for moral activity, which she found in nursing. It was this sense of moral activity and justice that inspired her to a life of public service. Nightingale influenced legislation to improve workhouse conditions, particularly air pollution, and worked toward demonstrating a link between the effects of poverty and ill health. Her health promotion activities extended from individuals to communities, and their nature ranged from personal care to political activism.²

Experiential learning provides an avenue for educating oneself, others, and communities and can lead to involvement in efforts designed to change social systems and improve conditions

that affect a nation as a whole. For perioperative nurses who may have limited opportunities to develop personal connections with their patients, experiential learning also provides a forum for developing relationships. Through service, perioperative nurses connect personally with individuals while learning how social responsibility is related to professional practice.³ This article discusses experiential learning, links experiential learning to service, and provides a specific example of how one AORN member is making a difference in her hospital and community through her service activities.

EXPERIENTIAL LEARNING

Experiential learning has been defined as

the cyclical process wherein people view their experiences as opportunities to learn, integrate those experiences into their education, and engage in subsequent action based on the integration.⁴

ABSTRACT

Experiential learning provides an avenue for educating oneself, others, and communities and can lead to involvement in efforts designed to change social systems and improve conditions that affect a nation as a whole. This article provides an overview of experiential learning related to service and presents an example of one nurse's efforts to contribute to her community through the MERCI: Medical Equipment Recovery of Clean Inventory program at the University of Virginia Health System, Charlottesville. AORN J 77 (June 2003) 1232-1239.

Experiential learning embodies the principles of reciprocity, community partnerships, social justice, and democratic involvement, and it engages people in responsible and challenging actions for the common good.⁵ An experiential approach extends learning beyond the traditional classroom and connects learners with communities. Through the experiential learning process, it is possible for nurses to learn the values of the profession and society, integrate those values into their practice, and participate

MARY K. CANALES, RN; HELEN FRENCH, RN

Experiential education promotes individual learning and meets significant needs in the community.

in activities that create relationships and environments dedicated to fulfilling those values. Experiential education promotes individual learning and, at the same time, meets significant needs in the community.⁶

Central to this process is the active practice of reflection. "Reflection must accompany experience to result in learning."⁷ Reflective activities lead to exploration of deeply held values, the application of these values in the context of lived experience, and the development of a vision of how a more just world might look.⁸ Nurses engaged in reflective practice learn respect for individual and community values; the differences in economic systems, opportunity structures, and life experiences between themselves and their community partners; and possibilities for changing existing inequities.

Education is a continuous process, and AORN is committed to providing perioperative nurses with opportunities to pursue lifelong learning. AORN's philosophy is congruent with the American Nurses Association (ANA) code of ethics, which supports individual and collective nursing efforts that address community, national, and international initiatives to meet health needs.⁹ Experiential education provides an avenue for nurses to recognize service to the community as an integral professional responsibility.¹⁰

SERVICE

The ANA social policy statement defines service as the establishment of a caring relationship that facilitates health and healing.¹¹ In an applied discipline such as nursing, service provides a dynamic means for contributing to the mission of the profession in response to real-world problems, issues, interests, or concerns.¹² For example, in response to the Sept 11 terrorist attacks, nurse volunteers were readily available to care for the survivors, grieving family mem-

bers, and fire and rescue workers who needed first aid and support.¹³ Civic engagement during difficult times reinforces nurses' value to the communities they serve and the socially responsible mission of the profession.

For perioperative nurses who are used to the structure and confines of the surgical arena, community engagement may seem a daunting challenge. Learning how to interact with a community, identify what is important and valuable to that community, and form partnerships to make things happen are valuable skills that will benefit perioperative nurses, as well as the communities they serve.¹⁴ Such reciprocal learning is a foundation of experiential education and a key to lifelong civic engagement. The following exemplar demonstrates how one of the article's authors engages in experiential learning and makes positive contributions to the profession, local communities, and society at large through the MERCI: Medical Equipment Recovery of Clean Inventory program at the University of Virginia (UVA) Health System, Charlottesville.

EXPERIENTIAL LEARNING IN ACTION

Helen French, RN, BSN, CNOR, a perioperative nurse at the UVA Health System, has been involved in the MERCI program for 11 years. She believes that her efforts and commitment to the program stem, in part, from her childhood. French grew up hearing horror stories about the suffering individuals and families experienced while living in wartime conditions. Her father was a soldier in the Ukrainian army and fought against the Bolsheviks in the former Soviet Union. Her father and mother endured the first and second World Wars in Europe before moving to the United States in 1949 when French was five years old. The experiences of her parents and family members left an indelible impression on her and have guided her work as a nurse.

In early 1991, French's OR manager asked her to take on a project. Little did she know how the scope of the project would grow and how many people would be helped by her efforts. The OR manager informed French that the hospital's 19 ORs were generating too much regulated medical waste, which was very expensive to incinerate. It became French's project to develop a plan for dealing with this waste in a cost-efficient and safe manner. Between January 1991 and August 1992, French researched the issue of regulated medical waste to ensure the development

of a safe procurement program. She spoke with experts, read pertinent articles, and investigated existing programs. Through experiential efforts, such as meeting with experts, visiting other hospitals, and asking many questions, she learned that a large percentage of hospital waste is not infectious waste, it just is segregated improperly.

French discovered that the key problem is a lack of segregation at the point of generation, which causes staff members to consider all waste to be infectious and dispose of it in the same manner as infectious materials. Approximately two million tons of hospital waste are generated in the United States each year.¹⁵ Eighty-five percent to 90% of hospital solid waste is recyclable.¹⁶ Arguments for properly segregating all solid waste generated by a hospital have been made and supported by many individuals and organizations. The basic premise for these arguments is promoting a healthier, cleaner environment for future generations.

French coined the phrase *gold waste* to refer to the clean, unused medical supplies that currently are being thrown away or incinerated by US hospitals. Collecting such supplies not only provides an excellent and continuous waste stream audit, but it also allows useful supplies to be donated to missions, research laboratories, and whomever else the hospital chooses. French had the support of upper-level management at the UVA Health System Hospital for establishing the MERCI program. Without management support, regulated medical waste programs cannot move forward because hospitals' chief executive officers must mandate that all OR suites collect and divert clean, unused medical supplies.

French works three 10-hour days in the OR and devotes a fourth day to MERCI. Although the MERCI program is basically a no-cost program, it requires administration by a perioperative nurse for the following reasons.

- The OR is the biggest waste generator in the hospital.
- Perioperative nurses know the myriad types of OR supplies and their uses.
- Perioperative nurses are versed in infection control and quality assurance issues.

Networking. Since its inception in 1992, MERCI has collected more than 137 tons of clean medical supplies from the OR suite and various parts of the hospital. French has calculated the value of these supplies at more than \$29 million.

As gold waste was collected, French had to

Improper waste segregation at the point of generation causes staff members to consider all waste infectious.

decide how it should be dispersed. This began the next phase of the MERCI program—networking. French spends countless hours networking with people on behalf of missions. With the help of volunteers, French receives, sorts, and boxes clean, unused medical supplies. Supplies are delivered to missions, which in turn send the items all over the world. In addition, more than 50 tons of supplies have been diverted to the UVA's research laboratories and medical mission trips. Mercy Ships of Texas, Christian Relief, Advancing the Nations, Helping Hands, Operation Smile, Crosslinks, and Equipping the Saints are a few of the missions that have received supplies from the MERCI program.

The MERCI program also receives wish lists from many small mission groups and the UVA School of Nursing's Nurses Without Borders organization, which provides student nurses an opportunity to experience teaching and learning in different cultural contexts. One wish list came from the United States Army for supplies to be used as props at a weapons of mass destruction training center in Anniston, Ala, that trains personnel to respond to mass disasters. Supplies sent for one particular session arrived the same week as the Sept 11 tragedy.

Branching out. While working with MERCI to reclaim gold waste, French also began to receive requests for items that were not being collected at the hospital. She began networking on her own time to help fill some of the requests. She wrote to one company for nine months until it generously donated a sterilizer to a church in Charlottesville for its clinic in Haiti. A hospital in Lithuania received 6,000 lbs of medical supplies from MERCI in addition to another 80,000 lbs that were donated by Augusta Medical Center, Fishersville, Va. Recently, French made a contact for a medical mission in Russia. The

A donation of gloves was sent to a clinic where more than 2,900 indigent people were seen and treated in 2.5 days.

contact donated \$200,000 worth of medical supplies to the Russian mission and even shipped the supplies to Russia.

One networking success brought in a shipment of gloves from a local private hospital. The hospital had switched from powdered to powder-free gloves, and they donated several skids of the leftover powdered gloves to MERCI. A local physician shipped the gloves to a sister hospital in the Ukraine where physicians were performing rectal examinations without gloves.

One day, a medical supply company called French to offer 10,000 lbs of supplies for MERCI. French called three local missions and, by the end of a long day, MERCI had dispersed 9,000 lbs to the three missions and saved 1,000 lbs for the UVA research laboratories at no cost to the hospital.

A glove manufacturer's recent donation of gloves was sent to a southwest Virginia clinic where more than 2,900 indigent people lacking medical care were seen and treated in 2.5 days. The same company donated \$7,000 worth of gloves, which were sent to an African clinic.

The MERCI program has hundreds of success stories. One last example is the Mission of Hope. A nurse who had helped French sort supplies since 1997 saw a need for a hospital in Bolivia. The MERCI program has donated thousands of pounds of supplies to this effort. Last year, with the help of donations, the nurse bought a hospital in Bolivia. The formal opening was in July 2002.

Joining the effort. The MERCI program provides continuous audits that indicate what material management decisions and practices should be changed. The program also diverts supplies from the waste stream, educates health care workers, and provides good public relations for the hospital. The

humanitarian aspect of the MERCI program, however, is most important for French. From her perspective, the humanitarian effort propels the program. People everywhere want to make a difference.

In the legislative session that ended Feb 22, 2003, the Virginia House of Delegates unanimously passed a resolution recommending that all Virginia hospitals create medical equipment recovery programs that emulate the MERCI program. Before she retires, French would like to see many similar programs established in ORs throughout the United States and see them come together in a national effort. Although programs need to be autonomous, they can network via the Internet or other media.

As the United States continues to prepare for possible terrorist attacks, it is important for programs such as MERCI to be operational and connected to one another. Through such programs, perioperative nurses could funnel first aid supplies to every local agency in every community in the United States. The Federal Emergency Management Agency, the Red Cross, and other relief organizations may not be able to provide enough first aid supplies to local communities in case of massive needs. French believes perioperative nurses can develop this supply component for emergency preparedness within two years without cost if they begin to work together.

It also is possible that perioperative nurses could come together under the umbrella of a humanitarian AORN specialty assembly. Perioperative RNs from all over the world could participate. Joining existing humanitarian efforts truly can make a difference in the world.

The MERCI program is one example of a project that aids the environment, saves money for a hospital, educates medical and nursing students and personnel, has the potential to be an effective tool in emergency preparedness, and, most importantly, helps those in need. Many individuals and communities have reaped the benefits of the service efforts of one perioperative nurse.

CONCLUSION

"When service is combined with learning, the whole is greater than the sum of the parts because both are transformed and the value of both is increased."¹⁷ Experiential learning transforms individual nurses, who are connected through their reciprocal relationships, the profession of nursing, and society. As evidenced by the exemplar provided, perioperative nurses, through service experiences, can

make a difference in their hospitals, local communities, and society as a whole. ▲

Mary K. Canales, RN, PhD, is an assistant professor at

the University of Vermont, Burlington.

Helen French, RN, BSN, CNOR, is a perioperative nurse at the University of Virginia Health System Hospital, Charlottesville.

1. J LeVasseur, "Plato, Nightingale, and contemporary nursing," *Image—The Journal of Nursing Scholarship* 30 no 3 (1998) 281-285.

2. A R Falk Rafael, "The politics of health promotion: Influences on public health promoting nursing practice in Ontario, Canada from Nightingale to the nineties," *ANS: Advances in Nursing Science* 22 (September 1999) 23-39.

3. L C Callister, D Hobbins-Garbett, "Enter to learn, go forth to serve: Service learning in nursing education," *Journal of Professional Nursing* 16 (May/June 2000) 177-183.

4. C Koliba, K O'Meara, R Seidel, "Social justice principles for experiential education," *NSEE Quarterly* 26 (Fall 2000) 26-29.

5. *Ibid*; E P Honnet, S J Paulson, *Principles of Good Practice for Combining Service and Learning* (Racine, Wis: The Johnson Foundation, Inc, 1989) also available at

<http://www.johnsonfdn.org/principles.htm> (accessed 4 March 2003); J Dewey, *Experience and Education* (New York: Collier Books, 1938).

6. S J Peterson, M J Schaffer, "Service learning: A strategy to develop group collaboration and research skills," *Journal of Nursing Education* 38 (May 1999) 208-214.

7. Koliba, O'Meara, Seidel, "Social justice principles for experiential education," 28.

8. *Ibid*, 26-29.

9. American Nurses Association, *Code of Ethics for Nurses with Interpretive Statements* (Washington, DC: American Nurses Association, 2001).

10. S G White, J K Henry, "Incorporation of service-learning into a baccalaureate nursing education curriculum," *Nursing Outlook* 47 (November/December 1999) 257-261.

11. American Nurses Association, *Nursing's Social Policy Statement*

(Washington, DC: American Nurses Publishing, 1995.)

12. White, Henry, "Incorporation of service-learning into a baccalaureate nursing education curriculum," 257-61.

13. P Charles, "What I learned at ground zero," *RN* 64 (December 2001) 42-44.

14. C Lindeman, "A vision for nursing education," *Creative Nursing* 1 no 2 (1996) 5-8.

15. "First, do no harm: Health care waste mountain in South Carolina," Environmental Working Group, <http://www.ewg.org/pub/home/hewc/donoharm/statepdf/sc.pdf> (accessed 20 March 2003).

16. "Healthcare without harm," Commonweal, <http://www.commonweal.org/HCWH.html#anchor552201> (accessed 20 March 2003).

17. Callister, Hobbins-Garbett, "Enter to learn, go forth to serve: Service learning in nursing education," 177-183.

Joint Commission to Switch to Unannounced Surveys

Beginning in January 2006, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will begin conducting unannounced accreditation surveys, according to an April 2, 2003, news release from the organization. This type of survey will be pilot tested during 2004 and 2005 in volunteer organizations.

Beginning next year, the Joint Commission will introduce a substantially new accreditation process. The process has been discussed with accredited health care organizations during the past year. The transition to unannounced surveys resulted from these discussions. Called Shared Visions—New Pathways, the new process expects that organizations will be in compliance with JCAHO standards all of the time. It provides incentives for organizations to provide high-quality care at all times.

The first hospital in the country to request an unannounced survey was Children's Memorial Hospital, Chicago. The hospital requested an unannounced survey to demonstrate its continuous compliance with JCAHO standards. The Joint Commission expects to conduct unannounced surveys in as many as 100 hospitals in 2004. In 2005, unannounced surveys will be an option for all types of accredited organizations. The Joint Commission will transition to completely unannounced surveys by 2006.

JCAHO to Shift to Unannounced Surveys by 2006 (*news release, Oakbrook Terrace, Ill: Joint Commission on Accreditation of Healthcare Organizations, April 2, 2003*) <http://www.jcaho.org/news+room/news+release+archives/unannounced+surveys.htm> (accessed 14 April 2003).