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[Teaching and Learning]

[Previous Article](#) | [Table of Contents](#) | [Next Article](#)

# Advancing Health Policy in Nursing Education through Service Learning

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[Back to Top](#)

## ▼ Abstract

Knowledge of health policy is an increasingly important aspect of nursing practice and education, especially as nurses strive to improve the rapidly changing health care delivery system. At the same time, many educators, researchers, foundations, and government officials are touting the benefits of service learning. In particular, service learning offers ways to enhance partnerships between academia and community agencies and to extend learning beyond the traditional classroom. We present a model for educating nurses as advanced practice nurses in health policy that links service learning with a framework for the political development of nurses. Under the rubric of service learning, the curriculum is based on the overlap among health policy, the role of the nurse as consultant, and community-based care. After discussing the importance of health policy for graduate nursing education and reviewing the essentials of service learning, we describe a three-semester graduate sequence in health policy service learning. The focus is on the clinical and classroom components of both individual and group practica and their relationship to stages of nursing's political development. The article concludes with evaluation considerations and the implications of our work for nursing theory, research, practice, and education.

Many schools of nursing have integrated health policy into their curricula so students may acquire the skills and knowledge needed to influence health policy issues. We present here a model for teaching health policy to graduate nursing students that uses service learning and enhancing the political development of nurses as its operating frameworks.

[Back to Top](#)

## HEALTH POLICY EDUCATION FOR NURSING

The legislative agendas of national and state nursing organizations and the growing number of nurses in upper echelons of government and private sector

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 [Export All Images to PowerPoint](#)

 [+Annotate](#)

 [Snag Snippet](#)

 [Find Citing Articles](#)

[About this Journal](#)

[Full Text](#)

[Request Permissions](#)

## Outline

- [Abstract](#)
  - [HEALTH POLICY EDUCATION FOR NURSING](#)
  - [FRAMEWORK](#)
  - [OVERVIEW OF SERVICE LEARNING](#)
  - [MODEL FOR LINKING SERVICE LEARNING WITH HEALTH POLICY IN GRADUATE NURSING EDUCATION](#)
  - [SITE SELECTION](#)
  - [EXAMPLES OF OUTCOMES](#)
  - [SERVICE LEARNING THROUGH A GROUP PRACTICUM](#)
  - [EVALUATION](#)
    - [What projects were completed as part of the service learning experience?](#)
    - [What was the impact on the service providers?](#)
    - [What was the impact on the service recipients?](#)
    - [What is the return on investment?](#)
  - [DISCUSSION](#)
- [REFERENCES](#)
- [IMAGE GALLERY](#)

agencies reveal health policy as an important aspect of nursing professional practice. Integrating health policy into graduate nursing education curricula is essential if nurses are to assume meaningful roles in shaping health care delivery systems for the populations to whom we render care. Nurses can be especially important in formulating policies that affect people with special health care needs and others whose voices may be muted in health care policy debates. Moreover, health policy deliberations on federal and state regulations influence the environments in which nurses practice.<sup>1</sup> Without knowing the dynamics underlying such debates, nurses will be disadvantaged in their ability to contribute important outcomes to survive politically.

The Pew Health Commission's fourth report offered a number of rationales for including health policy in graduate nursing education.<sup>2,3</sup> Highlighting growing disparities among Americans in terms of health care coverage and outcomes, the Commission urged that health professionals be "adequately equipped with an understanding of this reality and the skills ... to move organizations, systems and policies toward strategies that can change the reality."<sup>3</sup>(p23) The Commission also identified 21 competencies that health professionals will need. In particular, competency 20 called for health professionals to "advocate for public policy that promotes and protects the health of the public." Strategies for achieving that competency include developing partnerships with communities and government agencies, working with legislators and regulators, and "providing opportunities for students to learn about policymaking related to health care and biomedical/health services research at local, state, and national levels."<sup>3</sup>(p42)

Many national professional nursing organizations have developed positions that further support the importance of health policy as a component of graduate nursing education. For example, the American Nurses Association <sup>4</sup> (ANA) Social Policy Statement asserted that "social policies and their effects on the health of individuals, families, and communities" fall under the purview of nursing care and research.<sup>(p8)</sup>

Graduate curricula are often built on the American Association of Colleges of Nursing (AACN) *Essentials of Master's Education for Advanced Practice Nursing*.<sup>5</sup> This document identifies seven areas of graduate core curriculum content, one of which addresses policy, organization, and financing of health care. AACN suggests that advanced practice nursing graduates should be prepared to provide quality cost-effective care and to participate in the design and implementation of care in a variety of health care systems. Neither of the two accrediting bodies for nursing education (the Commission on Collegiate Nursing Education and the National League for Nursing Accreditation Commission) requires that health policy content be integrated into master's program curricula. However, both describe the importance of master's program graduates being prepared to engage in public service and other policy related activities consistent with the mission of the academic institution.

[Back to Top](#)

## FRAMEWORK

Cohen et al.<sup>6</sup> identified four stages of nursing's political development that can be applied to the education of nurses, especially graduate students specializing in health policy. Stage one, the "buy-in" stage, encompasses activities that promote political awareness. Stage two, "self-interest," includes activities that enhance nursing's identity and self-interest in the political arena. The third stage, "political sophistication," is characterized by increasingly complex types of political activism and a growing recognition on behalf of policymakers of the contributions that nurses can make to health policy. Stage four, "leading the way," features nurses as initiators of health policy innovations, introducing ideas that reorder health policy debates. Individual nurses proceed through these stages at different paces, with the early stages typically prerequisites for the later ones. Cohen and colleagues concluded that the nursing profession, collectively, has reached stage three with stage four, leading the way, as a long-term political goal.

Cohen et al's,<sup>6</sup> scheme is useful as a framework for teaching graduate nursing students about health policy. For example, without a basic appreciation for the importance of studying health policy (stage one), nursing students may not be motivated and engaged with their academic studies. In stage two (self-interest) nurses can apply their political knowledge by lobbying for support of nursing programs. Stage three (political sophistication) is important for involving nurses in policy discussions. Stage four (leading the way) becomes the long-term goal of graduate students and faculty interested in teaching nurses to make meaningful contributions to health policy debates.

Stage two's focus on nursing's self-interest is not meant to conflict with broad health policy concerns such as care for the underserved. Rather, focusing on nursing issues is often a starting point for political activism for many nurses and continues as an aspect of policy involvement for nurses as they progress through the other stages.

The nursing literature includes several models for integrating health policy into nursing curricula.<sup>7-11</sup> Our educational approach broadens this work by adding service learning and a political framework to the integration of health policy into graduate nursing curricula. Service learning provides ways for nursing students and faculty to become immersed in contemporary health care policy discussions and simultaneously enhances the engagement of universities with their surrounding communities.<sup>12</sup>

Under the rubric of service learning, our approach poses overlapping spheres of community health and health policy, with nurses as consultants. This framework creates various opportunities for clinical and didactic experiences in graduate nursing education (Fig 1). In this model, health policy is examined in the context of the community, with the nursing student assuming the role of consultant.



Fig 1

[Back to Top](#)

## OVERVIEW OF SERVICE LEARNING

Principles of service learning can be traced to the work of John Dewey,<sup>13,14</sup> who called for an approach to teaching that was democratic, participatory, and interactive. His philosophy of education was the foundation for approaches such as service learning that extend students' learning beyond the walls of the classroom. In the 1950s and 1960s, various government, organizational, and educational programs sponsored activities that included service learning, such as internships with government agencies. Starting in the 1970s, several national associations dedicated to service learning activities were established. By the 1980s and 1990s, many national groups involved with higher education launched service learning initiatives.<sup>15</sup> Among them were the American Association of Higher Education's Service Learning Project, which includes a multiyear initiative to enrich service learning practice in 18 disciplines, one of which is nursing.<sup>16,17</sup>

Within the past decade, service learning has caught on as a valuable approach in elementary, secondary, and higher education. Hundreds of colleges and universities and many major higher education associations are involved with service learning programs.<sup>12,16,18</sup>

Service learning is a "structured learning experience" that "combines community service with preparation and reflection."<sup>19(p13)</sup> Students are expected to provide direct community service, learn about the context in which the services are provided, and understand the relationship between the service and their academic course work. Service learning experiences are developed collaboratively between academic institutions and the community and enhance the partnerships between these two entities. Moreover, service learning allows students to apply classroom content to "real world" situations, provides time for students to reflect

on and discuss their experiences, engenders a sense of caring for others, and identifies and meets community needs.<sup>19,20</sup> Service learning is associated with the enhancement of students' civic engagement and the creation of a more politically informed and democratic society.<sup>21,22</sup> One of the key characteristics of service learning is its ability to confer reciprocal and mutual benefits to all stakeholders (students, faculty, and community agencies).

Service learning also requires that students consciously reflect in some structured manner on their experiences. This includes learning about the larger social, political, economic, or cultural forces that shape the activities or services provided and examining the human interactions that are part of the learning experience. Such reflection can be achieved through group discussions, assigned papers, journal writing, or other teaching methods.<sup>19</sup> Nurses are familiar with these types of learning methods from pre- and postclinical conferences and other ways of linking didactic and clinical experiences.

Service learning can lead to institutional change by questioning common practices of both the service agency and the educational institution. For the university, an important concern is how much value to assign service learning activities in evaluating faculty for promotion and tenure. The role of faculty involved in service learning often changes from "informant" to "facilitator."<sup>19(p15)</sup> As facilitators, faculty encourage students to think creatively about emerging health care problems and how nurses can be actively engaged in improving the health care system. Thus, to be involved with service learning requires that one be open to new ways of teaching, learning, and working with both students and community agencies.

With consumerism on the rise,<sup>1</sup> the role of nurses in solving individual and community health problems is also in flux. Service learning emphasizes reciprocal and mutual benefits for all stakeholders, rather than a top-down approach.<sup>19</sup>

Service learning may include activities such as volunteering, internships, and field projects. As discussed here, however, service learning differs from volunteering in that it is connected to classroom instruction and academic requirements, with the instructor approving the agency and scope of the student's work. We also distinguish service learning from internships, field projects, and other forms of experiential learning that do not necessarily involve students in social problems or in addressing unmet community needs.<sup>19,21</sup>

In 1999, RAND Education completed a report on service learning in higher education that evaluated the Learn and Serve America, Higher Education (LSAHE) program from 1995 through 1997.<sup>18,21</sup> LSAHE incorporates community service into academic learning for higher education. It functions under the auspices of the Corporation for National and Community Service, an independent federal agency established in 1993 that operates VISTA, Learn and Serve America, ACTION, and other programs. The RAND report found that LSAHE made important contributions to communities.<sup>21</sup> Furthermore, many of the LSAHE experiences were in health care, including providing health education, comprehensive community health care, prevention services, and over 5000 home visits.<sup>21</sup>

Another important service learning initiative is the Community-Campus Partnerships for Health, an independent, nonprofit organization that organized the Partners in Caring and Community: Service-Learning in Nursing Education project. Sponsored by the Helene Fuld Trust, the Partners in Caring project works with 10 teams of nursing faculty and students and their community partners to facilitate the integration of service learning into undergraduate and graduate nursing education curricula.<sup>23</sup> Partners in Caring builds on the work of other nurse educators who have examined the implementation of service learning in nursing.<sup>17</sup> The following are examples of the many Web sites on service learning in higher education, including the Web site for the Community-Campus Partnerships for Health.

\* Community-Campus Partnerships for Health: <http://futurehealth.ucsf.edu/>

\* Service-Learning home page: <http://csf.colorado.edu/sl/>

\* National Service-Learning Cooperative Clearinghouse:  
<http://www.nicsl.coled.umn.edu/>

\* Corporation for National Service: <http://www.cns.gov/>

\* Campus Compact: <http://www.compact.org/>

Most of the examples of service learning reported in the nursing literature apply to undergraduate-level education. Service learning has been part of electives for undergraduate students,<sup>24</sup> clinical courses in areas such as women's health <sup>20</sup> and nurse midwifery,<sup>25</sup> or as a component of community and psychiatric nursing courses for baccalaureate students.<sup>26</sup> Our work differs from these courses in that it is part of graduate nursing education, focuses explicitly on health policy, and is a requirement for completing a major in health policy. Our model varies from most graduate-level clinical practica by taking a population-based approach in preparing students for leadership roles in health policy.

Despite some overlap between traditional graduate community health practica and the service learning experience, there are some differences. Traditional graduate community health practica focus on the community as client <sup>27-29</sup> and the development of leadership characteristics to influence the health of communities.<sup>30</sup> Service learning has similar objectives, although the experiences are geared to meeting the needs of the clinical agency in concert with the learning objectives of the student. Traditional community health graduate experiences have been academic experiences for the purpose of achieving educational outcomes, not necessarily meeting the needs of the agency.

[Back to Top](#)

#### MODEL FOR LINKING SERVICE LEARNING WITH HEALTH POLICY IN GRADUATE NURSING EDUCATION

Yale University School of Nursing has a long tradition of preparing nurses for advanced practice roles as nurse practitioners, nurse midwives, or clinical nurse specialists. Most of the school's specializations focus on preparing advanced practice nurses to provide care to individuals and families. The Nursing Management and Policy specialty prepares clinical specialists for advanced practice with the client defined as a system, agency, or organization. The nursing management and policy graduate is prepared as an advanced practice nurse in population-based care, with expertise in both policy and management. The policy component of the curriculum in the context of service learning is discussed below.

Upon entry into the Nursing Management and Policy specialization, most students are at stage one of the framework for political development described above.<sup>6</sup> They have thought about political issues and recognized the importance of health policy to nursing, yet they have not had much direct health policy experience. The objective of the health policy service learning approach is for students to reach the third stage of nursing's political development.

The health policy service learning component consists of a three-semester sequence beginning in the fall of the first year of study. The first two semesters involve classroom and clinical learning on the dynamics of community and population-based health care, related public policies, and the processes of entering and effecting change in organizations. Students spend the first 7 weeks of the fall semester of their first year learning about case management, power and influence within organizations, theoretic aspects of community health policy, policy analysis, stages of nursing's political development, and the role of the nurse as a consultant. The last is important because successfully entering and influencing organizations as external agents are essential <sup>31</sup> to the service learning

component of this course. A course in health policy in the public and private sectors taken concurrently provides depth in the analysis of health policy concepts.

Following completion of the 7-week classroom component of the course, students spend the remainder of the first semester and all of second semester engaged in the service learning experience. Placing a student for nearly two semesters in a community agency enables him or her to become part of the organization, learn about its culture, and complete meaningful work. At the end of each semester, students are evaluated on their ability to become integrated with the organizations and their work on the service learning projects. This requires that the faculty and preceptor identify feasible service learning projects that are either self-contained or part of a large ongoing endeavor. The course objectives for this experience include learning outcomes related to health policy and consultation (see the [box entitled "Health Policy Service Course Objectives"](#)).



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In concert with the service learning experience, students engage in reflection and discussion during the clinical conferences that occur every other week for 2 hours. This time allows the student to assess his or her role within the organization and the progress of the service learning project. Faculty monitor student progress and provide direction in navigating the organizational culture and in implementing the project. In addition, students learn from the shared successes and challenges that their peers face.<sup>19</sup>

[Back to Top](#)

#### SITE SELECTION

One of the most important components of service learning is the selection of the organization that will provide the setting for the learning experience. The process for selecting the service learning setting is driven by both the learning goals of the student and the service needs of the organization.<sup>32</sup> Achievement of both sets of goals is essential for achieving service learning outcomes. Students develop their individual learning goals, which are separate from course objectives, in collaboration with faculty members. For example, a student may want to understand the process of public policy formation as it relates to home care, become facile at using the Internet for obtaining health policy information, or improve oral presentation skills. The student goals are used to identify the appropriate service learning setting and project for the clinical experience.

Organizations and preceptors are chosen through faculty networking, contacts made from the request for proposal (RFP) process (described below), and alumnae who graduated from the specialization. Preceptors must be master's prepared in their fields, preferably, but not necessarily, in nursing. For example, in some instances, a doctorally prepared social scientist is the best preceptor given the role of that professional within the organization. If a non-nurse is the preceptor, it is critical that the faculty member provide direction in advanced practice nursing role development.

The organization must be willing to partner with the School of Nursing to identify a project and provide support (ie, space, preceptor time, and adequate funding for the project) to the student as the service learning experience evolves. Most importantly, the service learning framework requires that the experience be useful to the organization and enhance student learning. It is essential that the faculty, student, and community agency agree on the service needs of the organization.

A diverse range of service learning settings have been used, including the Connecticut Association for Home Care, New Haven Department of Public Health, and Planned Parenthood Association of Connecticut. Each was an excellent venue for the development of health policy skills. Two other examples of service learning experiences in health policy illustrate the types of projects that students

complete.

[Back to Top](#)

## EXAMPLES OF OUTCOMES

One student placed at the Connecticut Permanent Commission on the Status of Women (PCSW) worked on many projects, in particular the Connecticut Women's Health Campaign, a statewide coalition of over 30 organizations. The student was responsible for coordinating these groups and developing fact sheets to educate women and public officials on such issues as breast cancer legislation, access to health insurance, and prescription coverage. In addition, she drafted background information on a controversial issue affecting reproductive health services for women, wrote an annotated bibliography on access to health care for women, and met with state public health officials to articulate the Commission's concerns. As a capstone experience, she wrote an article for the Connecticut Nurses Association newsletter on the role of the PCSW and its relevance to nursing in the state. Her service learning experience provided her with skills for integrating health policy into her professional work as a nurse manager in labor and delivery.

Another student was placed at the Connecticut Department of Public Health where one of her many responsibilities was to examine the status of the state's safety net providers. (The health care safety net is a network of health care providers who give care to patients regardless of their ability to pay.) Safety net providers are experiencing significant financial and organizational strains because of the growing number of uninsured, the influx of managed care, and diminishing payments for care from public and private payers. Together with her preceptor, the student explored the utilization of safety net providers in the state and examined the demographic changes in the population who use safety net providers. She also developed trend data regarding the number and type of providers who were part of the safety net system. These data were compiled in a report to the Commissioner of Health for the state of Connecticut to plan services and allocate public funds for health care. This experience helped the student secure a position after graduation working on a state-funded project for children with special health care needs.

Both agencies were able to use the service learning experience to advance their work on projects essential to achieving their strategic goals. Having a student dedicated to the work of the agency facilitated agency-identified outcomes.

[Back to Top](#)

## SERVICE LEARNING THROUGH A GROUP PRACTICUM

The final semester in the three-course service learning sequence is a clinical practicum that involves all students as a group. The group course is a semester-long experience in the fall semester of the final year of study. The objectives for this experience involve both group process as a learning strategy and specific health policy content.

To identify a diverse group of appropriate projects in the community, faculty for this course have instituted a RFP process. Each year, the nursing management and policy faculty send approximately 100 RFPs to community organizations in Connecticut inviting them to propose a project that might be appropriate for a group placement. The RFP is brief, requesting information about the organization, the objectives of the identified project, the name and credentials of a contact person and preceptor, and a time frame for completing the project.

The faculty screen all submitted proposals. Any project that is too small or large or does not allow the student to become a part of the organization is eliminated. The remaining proposals are shared with the students, who select the projects they are most interested in for this service learning experience. Faculty

make the final decision based on the students' learning objectives. Students are then given the responsibility for making the initial contact and setting up the first meeting with agency staff. Agencies whose projects are not selected are notified and permission is requested to include the proposal in the file for future students to review.

The RFP process has had several unanticipated benefits. In particular, the letters to the organizations inform the larger nursing and health care communities about the programs of study and the work at the school. Furthermore, increasing the exposure of the school has the potential to enhance recruitment of students to the program.

[Back to Top](#)

## EVALUATION

The student, course, and organizational objectives drive the evaluation for both the individual and group practica. Students are evaluated on the basis of their contributions to the organizations, the outcome of their final projects, their ability to work effectively in the organizations, and the achievement of their individual goals. Faculty and students evaluate the extent to which students have reached Cohen et al's,<sup>6</sup> third stage of political development—being able to make meaningful contributions to policy discussions—and factors that facilitated or impeded that process.

Proponents of service learning claim that it improves student learning, helps students understand the responsibilities of living in a democratic society, and "addresses pressing social problems facing communities."<sup>21 (pxiii)</sup> On the other hand, some academics feel that service learning dilutes the curriculum by consuming student time and energy that could be better spent in traditional academic pursuits such as library work or empirical research.<sup>23</sup> Others question the true community impact of the projects and its benefits to faculty. Service learning experiences are labor intensive. The few studies that evaluate the effects of service learning on students and communities are hampered by small sample sizes and faulty design.<sup>21</sup> Given these concerns for the curriculum, faculty, students, and the community, the following evaluation framework proposed by Gray et al,<sup>21</sup> is useful.

[Back to Top](#)

### What projects were completed as part of the service learning experience?

The faculty chronicle the service learning experiences in a log listing the number of students involved, names of the agencies, projects, and the final products. These data are useful in the description of the school's community activities. Students are encouraged to include information about these projects on their resumes. For students who have little or no previous experience in health policy, these experiences are essential in building a portfolio for future employment.

At the completion of the experience, key agency personnel are invited to a seminar in which all students present their projects. This allows students to gain additional experience in formal presentations and enhances networking among community partners, students, faculty, and alumnae. Although students work at different types of agencies, there is an interrelatedness of themes in their clinical projects. The themes that typically emerge regardless of the clinical setting are advocacy for underserved populations, the importance of communicating research findings to government officials and consumer groups, and the value of the nursing perspective.

[Back to Top](#)

### What was the impact on the service providers?



The impact on the student can be assessed both in the short and long terms. In the short term, students should be able to develop health policy skills consistent with the third stage of political development.<sup>6</sup> The course evaluations have been overwhelmingly positive with 100% of the students rating the course as either good or excellent.

The long-term influence of the course can be assessed in terms of the impact on the graduates in their professional careers. Based on alumnae surveys, most of the graduates of the specialization have obtained positions working directly in health policy or positions that required health policy experience. Focus groups conducted in 1999 for purposes of strategic planning revealed that the service learning experience was one of the most important in determining student career directions and preparing students for professional experiences in health policy.

[Back to Top](#)

#### **What was the impact on the service recipients?**

The most powerful data on the effect of the service learning experience on the recipients are the requests from agencies that have had the students to have additional clinical experiences at their sites. Agency evaluations of the service learning experiences have been entirely positive. In focus groups and other forums, agency personnel repeatedly touted the benefits of having graduate nursing students compared to students from other disciplines in terms of their ability to make valuable contributions to health policy discussions and complete the required projects.

[Back to Top](#)

#### **What is the return on investment?**

The return on investment can be evaluated in terms of both student and faculty development. The student return is described above.

Faculty development has mixed outcomes and unresolved issues. Faculty are required to facilitate a student's entry into an organization, assist in the development of consultation skills, and advise on the implementation of a health policy project. Unlike traditional academic assignments, students and faculty make a commitment to an agency to perform a specific project. The work must be completed on time, which, depending on the student's performance, may require significant faculty intervention to ensure that high quality work is submitted.

Conversely, faculty may use the service learning experience to foster the progression of their own scholarship. Through involvement with the organization, faculty may identify opportunities for empirical research, other forms of scholarship, or consultation. For example, as a result of the service learning experience on safety net providers explained above, the state Department of Public Health commissioned a faculty member to conduct a statewide study on well child clinics operated by visiting nurse associations. Because service learning is a labor-intensive teaching experience, it is essential that the faculty members create synergy between their teaching and scholarship to get the best return on the investment of time.

[Back to Top](#)

#### **DISCUSSION**

We describe a model that links service learning with health policy and the role of nurses as consultants in health care organizations. However, our approach also can be integrated with other theories from nursing and the social sciences. For example, using Benner's <sup>33</sup> novice to expert framework for clinical practice, the ability of nurses to speak the language of health policy and navigate among health policy circles will grow as they acquire experience with, not just knowledge of, health policy issues. According to Benner, "experience is a requisite for

expertise."<sup>33(p3)</sup> This is consistent with the service learning framework that supports the value of experiences to foster learning.

Often the ease with which nurses function in health policy arenas is a reflection of their skill and political acumen, which encompasses more than just book knowledge or mastery of classroom learning. Instead, the experiential component of graduate nursing education in health policy, as depicted in our service learning model, enables nurses to progress along a continuum of experience and skill similar to Benner's stages of developing expertise in the clinical arena.

Until students master the basic skills and language, they will be unable to proceed to high levels of functioning in health policy. Applying Cohen et al's [6](#) framework, students and faculty must first pass through stage one, understanding the rationale for being involved in health policy, before they can engage in activities of stages three or four, which entail more advanced political knowledge and functioning. Specifically, nurses cannot participate effectively in discourses on health policy or be respected appointees to public or private health policy panels without a sound footing in the basics of health policy and politics. Certainly they cannot "lead the way," as envisioned in stage four, without first understanding what the paths of policy formation entail.

There is a lack of longitudinal data evaluating the impact of service learning on nursing students' career choices, social and political development, and sense of civic engagement. The challenge is to track students before and after their service learning experiences to determine the long-term impact of their service learning experiences. Data evaluating service learning for graduate nursing students are particularly scarce, and evaluations of nursing students engaged in health policy projects at either the undergraduate or graduate levels are also lacking. This makes it difficult to generalize our findings to other locales and learning situations. Moreover, the model for nursing's stages of political development has not been empirically tested. Thus, it would be interesting to explore possible associations between service learning experiences and nurses' political development. Such research might reveal other insights about the political development of nurses or ways of refining Cohen et al's [6](#) framework for nursing's political development.

By broadening clinical practice to include health policy issues, nurses will be empowered to work for policy change. By forging new ways of discovering learning and engaging community partners,<sup>12</sup> nursing can help create new paradigms for graduate education in health policy.

[Back to Top](#)

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Key words: community; service; education; health; policy; leadership; service; learning; theory-practice; relationship

IMAGE GALLERY

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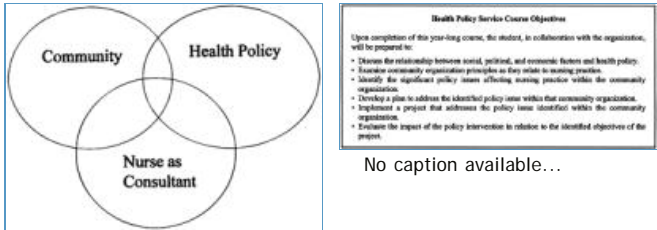


Fig 1

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