Service Learning for Associate Degree (AD) Nursing Students

Beliefs about Service Learning:
1. Service learning is a valued component of the graduation requirements for the AD Nursing Program at Central Lakes College.
2. Service Learning links academic study to community service through structured reflection. It engages students in responsible and challenging community service. It provides structured opportunities for students to reflect critically on their experiences. It also emphasizes learning in areas such as communication, critical thinking and community involvement.

Student Learning Outcome:
Professional Identity (Program Outcome #5)
1. The student will demonstrate development of personal/professional behaviors by implementing one’s role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving professional identity as a nurse committed to evidence-based practice, life-long learning, service learning/civic engagement, caring, advocacy, excellence, and safe quality care for diverse patients within a family and community context.

Process:
1. AD Nursing students will complete a minimum of 10 hours of service learning prior to graduation.
2. Research and choose your service learning opportunities. Students must participate in a minimum of two different service learning opportunities. If the same site is used, the service learning activity must be different. For example, a student could use Pierz School District for all 10 hours if they did lice checks and hearing and vision screening. A student cannot complete all hours doing only one activity. No more than half of the hours (5 hours) can be completed prior to first semester.
3. After making arrangements with the service learning contact person(s), complete the pre-approval form and have this signed by any AD Nursing faculty. **Note: this form does not need to be completed if the service learning opportunity has been announced/ posted in D2L by nursing faculty. In this case the project has already been approved.
4. Complete service learning hours. Conduct yourself professionally demonstrating roles of the professional nurse. This includes professional verbal and nonverbal communication, as well as professional dress appropriate to the service learning environment.
5. Have a service learning verification form signed by the contact person at the service learning organization. A phone number of the contact person must be included. Fill out the bottom portion of the form in its entirety for college-wide reporting of services provided and number of people served.
6. Submit completed service learning hours at the end of each semester (CLC tracks service learning college-wide each semester).
7. During NURS 2500, Professional Nursing Leadership, students must be prepared (final week of class) for in-class discussions about the following:
   a) What you learned from the service learning experiences.
   b) How the experiences assisted you in meeting AD Nursing Program student learning outcome #5.
   c) How you were able to apply information learned in the AD Nursing Program (classroom & clinical) to the experiences.
   d) Your feelings about service learning and community involvement.
ASSOCIATE DEGREE NURSING SERVICE LEARNING APPROVAL

Student Name: __________________________________________

Name of Organization/Agency_____________________________________________________

Contact Person___________________________Phone number___________________________

Location________________________________

How many hours do you plan to volunteer at this organization?___________________________

Date/s of planned volunteer service________________________________________________

What would your responsibilities be?________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Are any special skills required to perform this service? If so, what and are you prepared?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What do you hope to learn through this experience? ___________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What would you be doing for the community by providing this service?____________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

As an Associate Degree Nursing faculty, I have reviewed the above information and give my approval
for the AD Nursing student named above to use this experience towards the graduation requirements of
10 hours of service learning.

AD faculty signature_________________________________________ Date _________________
ASSOCIATE DEGREE NURSING
VERIFICATION OF SERVICE LEARNING PARTICIPATION

This form must be filled out and signed for each day of service learning that the student participates in. Completed forms must be retained by the student and turned in at the end of each semester to have hours formally documented.

I, _______________________________, verify that the Associate Degree Nursing (Print name of event /organization representative)

Student___________________________, participated in _______hours of service (Print name of student) (number)

learning activities on _____________at ____________________________. (month, day, year) (name of event/organization)

Representative Name and credentials: ________________________________________
Representative Organization: _______________________________________________
Representative Email and phone number: _____________________________________
Representative Comments:

Project Report Information (to be completed by AD Nursing Student):

- If K-12 involvement, list the number of students served, School District and grade level(s)
  _________________________________________________________________

- Project Results including evaluation and methodology ______________________
  __________________________________________________________________

- Lessons learned for future projects_____________________________________
  __________________________________________________________________

- Explain how the experiences broadened your understanding of community health needs __________________________________________________________
Service Learning Opportunities: AD Nursing

*This is not an inclusive list but can provide the student with ideas on what Service Learning areas have been utilized in prior years. Feel free to be creative in generating ideas in which you can provide community service!

Service Learning Ideas:

- Assisting with blood drives or other health events (Fitness or Healthy Living events)
- Education roles (CPR- Take Heart Program, first-aid, childbirth classes, infant education classes, diabetes classes, hand hygiene, nutrition education- schools, day care centers)
- Organization fundraising events such as Race for the Cure, Alzheimer’s Walk, March of Dimes Walk for Babies, Brainerd Jaycees Run for the Lakes (first aid/ water stations), etc.
- Central Lakes College: BP checks for faculty and staff, Smoking cessation education, Flu prevention education, Healthy eating/ BMI’s, Simulation volunteer (nursing program), Bridges Career Exploration Day (talking about nursing as a career with high school students)
- School Health: Hearing and Vision Screening, Scoliosis Screening, Head lice checks, Teaching hygiene, hand washing, reproductive health, or various school nursing duties, etc.
- Public Health: Flu shot clinics, Immunization clinics, Education of various topics, Community Health Fairs
- Long term care facilities, assisted living facilities: Activities Department, Screenings, Pet Therapy, BP checks, interaction with residents, etc.
- Hospice: volunteer for respite, family and patient interaction/support
- Community Organizations: Girl Scout or Cub Scout activities, youth or adult activities

Below is a list of some agency contacts where students have completed hours in the past. We have many more contacts than this in our offices. Students can also make their own contacts following the above listed process.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Location</th>
<th>Contact Name</th>
<th>Contact Info</th>
<th>Description of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLC Bridges Career Exploration Day</td>
<td>Brainerd</td>
<td>Laura Oeltjenbruns</td>
<td><a href="mailto:loeltjenbruns@clcmn.edu">loeltjenbruns@clcmn.edu</a></td>
<td>Outreach to prospective high school students about nursing (March)</td>
</tr>
<tr>
<td>CLC Nursing Programs</td>
<td>Brainerd and Staples</td>
<td>Darci Goeden</td>
<td><a href="mailto:dgoeden@clcmn.edu">dgoeden@clcmn.edu</a></td>
<td>LPN RN Collaborative Simulation- patient actors (November and April)</td>
</tr>
<tr>
<td>Crisis Line and Prevention</td>
<td>Brainerd</td>
<td>Mary Marana</td>
<td>218-828-4515 <a href="mailto:mary.crisisline@brainerd.net">mary.crisisline@brainerd.net</a></td>
<td>Answer phone calls of people in crisis: listen, educate, and refer. Training required.</td>
</tr>
<tr>
<td>Cuyuna Regional Medical Center</td>
<td>Crosby</td>
<td>Jennifer Holmvig</td>
<td>218-546-7000 x 4128</td>
<td>“Project Can Do” Wellness Program in the Community</td>
</tr>
<tr>
<td>Cuyuna Regional Medical Center</td>
<td>Crosby</td>
<td>Teri Reynolds, RN</td>
<td><a href="mailto:treynolds@cuyunamed.org">treynolds@cuyunamed.org</a></td>
<td>High School Sports Physical-community event</td>
</tr>
<tr>
<td>Cuyuna Regional Care Center</td>
<td>Crosby</td>
<td>Julie Holmquist, RN</td>
<td>218-546-7000</td>
<td>Pet therapy, Activities with residents</td>
</tr>
<tr>
<td>Location</td>
<td>Schools</td>
<td>Nurse Contact</td>
<td>Email Address</td>
<td>Phone Number</td>
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<tr>
<td>ISD 181</td>
<td>Brainerd schools</td>
<td>Mary Lastovich, RN K-4th Amy Jambor, RN 5-12th</td>
<td><a href="mailto:mary.lastovich@isd181.org">mary.lastovich@isd181.org</a> <a href="">218-821-2285</a> <a href="mailto:aimee.jambor@isd181.org">aimee.jambor@isd181.org</a> <a href="">218-821-2282</a></td>
<td>Hearing and Vision Screening, Hand hygiene education, Scoliosis screening, head lice checks, Reproductive health education</td>
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<tr>
<td>Mille Lacs Early Education: Nay-ah-Shing Schools</td>
<td>Onamia</td>
<td>Mary Fletcher</td>
<td><a href="mailto:Mary.fletcher@millelacsband.com">Mary.fletcher@millelacsband.com</a></td>
<td></td>
</tr>
<tr>
<td>Onamia School District</td>
<td>Mille Lacs</td>
<td>Mary Kunesh</td>
<td><a href="mailto:mkunesh@onamia.k12.mn.us">mkunesh@onamia.k12.mn.us</a></td>
<td></td>
</tr>
<tr>
<td>Pequot Lakes School</td>
<td>Pequot Lakes</td>
<td>Stacie Papenfuss</td>
<td><a href="mailto:spapenfuss@isd186.org">spapenfuss@isd186.org</a></td>
<td></td>
</tr>
<tr>
<td>Pequot Lakes School</td>
<td>Pequot Lakes</td>
<td>Stacie Papenfuss</td>
<td><a href="mailto:spapenfuss@isd186.org">spapenfuss@isd186.org</a></td>
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<tr>
<td>Pierz School District</td>
<td>Pierz</td>
<td>Rachel Young, RN, PHN, LSN</td>
<td><a href="mailto:ryoung@pierz.k12.mn.us">ryoung@pierz.k12.mn.us</a></td>
<td></td>
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<tr>
<td>Rippleside Elementary</td>
<td>Aitkin</td>
<td>Heidi Olsen, RN, LSN</td>
<td><a href="">218-927-2115</a></td>
<td></td>
</tr>
<tr>
<td>St. Croix Hospice</td>
<td>Sartell, MN</td>
<td>Jodi Julseth, Volunteer Coordinator</td>
<td><a href="">320-252-2803</a> <a href="mailto:jjulseth@stcroixhospice.com">jjulseth@stcroixhospice.com</a></td>
<td></td>
</tr>
<tr>
<td>Staples-Motley School District</td>
<td>Staples Motley</td>
<td>Laura Schoonover, RN</td>
<td><a href="mailto:lschoonover@isd2170.k12.mn.us">lschoonover@isd2170.k12.mn.us</a></td>
<td></td>
</tr>
<tr>
<td>Take Heart Minnesota- Brainerd Region</td>
<td>Brainerd and Pillager schools</td>
<td>Colette Larson, RN</td>
<td><a href="mailto:Colette.Larson@essentiahealth.org">Colette.Larson@essentiahealth.org</a></td>
<td></td>
</tr>
<tr>
<td>Woodland Good Samaritan Houses</td>
<td>Brainerd</td>
<td>Roxanne Rietveld, RN</td>
<td><a href="">218-855-6636</a></td>
<td></td>
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*Updated 5.15.2014*