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The Heart and Mind Coming Together:

A Case Study of the Implementation of a University-Children's Hospital Partnership

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### Abstract

The purpose of this qualitative study was to investigate the perceptions of university students serving as volunteers in an oncology ward at a local children's hospital. The implementation of this project was guided by the body of literature regarding service learning. Data were collected from the five students using a structured interview and was presented as case studies. A cross-case analysis was performed to identify emerging patterns and themes and to identify similarities and differences among the subjects. The main findings were discussed across the themes of pragmatics; personality profile; people who need people; life experiences; motivation to participate; great expectations; and perceived benefits and challenges. Questions for further research provided ways to sustain and improve the project.

### The Heart and Mind Coming Together:

#### A Case Study of the Implementation of a University-Children's Hospital Partnership

“You Can Make A Difference” is the title of a book I read recently while preparing this paper (see Keresty, O’Leary & Wortley, 1998) . How appropriate this title is for what we aspire to do in teacher education. However, not until recent events in my life occurred did this take on a deeper meaning for me at a very personal level. As the authors of this book proclaimed, becoming an agent of change begins first with a problem. My personal problem was that I was diagnosed with cancer; the community’s problem was that at our local children’s hospital, we had children who had also been diagnosed with cancer, and there wasn’t a whole lot going on for them in terms of trying to keep up with the academic part of their lives.

Who could blame them? There they were fighting for their lives, and in comes a university professor and her doting, eager pre-professionals. These sick children often do not want to bother with Reading, Writing and ‘Rithmetic, yet that is why we are there. For we know there is a good chance, a great chance, that they will survive; thus, they have to be prepared to resume life as typical, productive students in their very near future. That is where we, the Children’s Angels, step in.

Children’s Angels, the heart and mind coming together, is a tutoring project I developed whereby I mentor university students to tutor cancer patients at our local children’s hospital. As stated previously, I, as a cancer patient, desired to make lemonade out of lemons. The focus of

my efforts was to be a positive force for the children who had suffered as I had. The instruments of my vision would be university students, students who had the desire to partake in service learning.

A project such as this should start with identifying and clarifying the need (Kersty, O'Leary & Wortley, 1998). After meeting with key personnel at the children's hospital, we identified a need far greater than having someone, such as I, come in to read to students while they received treatment. The staff expressed their concern that these children were falling behind in their studies, and a huge void in their educational program was identified. Thus, I offered to not only assess and tutor them, I also proposed to develop a corps of university students who would serve as tutors to these patients.

The purpose of this paper is to describe, through case studies and a cross-case analysis, what happened when five university students volunteered to become the first tutors in this endeavor to serve oncology patients at our local children's hospital. But first, I shall digress to provide background as to the context of this project and the literature that informs it.

### *Service Learning*

Because I am a university professor, my goal was more than just having students volunteer or perform community service. What I hoped to accomplish was more aligned with what is termed service learning; some call it political action (Kersty, O'Leary & Wortley, 1998). One of the first guiding principles was to follow the advice "recognize you are involved in change" (Kersty, O'Leary & Wortley, p. 4). When writing my doctoral dissertation, I often quoted Fullan and Miles (1992, p. 752) and was therefore prepared to follow the mantra that change is "a journey, not a blueprint."

To be considered authentic service learning, specific criteria have been identified (Pritchard, 2001). Such service should be organized in relation to some content or academic course. Another criterion is to have clearly stated objectives. A third criterion is to address real community need. A fourth criterion would be to allow student voice in the activity to emerge through choice or creativity. Finally, authentic service learning helps students reflect and deepen their understandings of intentional and serendipitous learning. In forming this university-hospital partnership, these five criteria are helpful guides for meeting the needs of both students and patients.

Many types of service learning have been utilized over the years, and many reasons for encouraging service learning have been studied (Pritchard, 2001). Teaching and tutoring is one of the most prevalent types while critical thinking, problem solving, and improving personal and social development are some of the most commonly stated reasons.

The type of learning that should occur in service learning projects is rooted in educational theories that have graced the halls of most, if not all, teacher education programs. Theories of “constructivism, pragmatism, progressivism, and experiential education” provide the theoretical backbone to service learning (Furco, 2001, p. 27). Citing the research of John Goodlad (1984) and Conrad and Hedin (1981, 1989), Furco identifies six educational domains as providing a framework for understanding possible outcomes for service learning programs: a) academic; b) vocational; c) personal; d) civic and cultural; e) ethical; and f) social. In fact, one of Furco’s major findings from a quasi-experimental study involving 529 high school students who participated in various programs was that “service programs, regardless of type, all contain some characteristics that enhance students’ development across the six educational domains” (p. 42).

A major challenge to engaging in service learning is to try to capture the very essence of the actual learning or knowledge gained. Assessment and evaluation are necessary for documenting whether objectives were met, student growth occurred, and for informing future programs. Such assessments would entail many different types such as portfolios, case studies, journals, evaluations by supervisors and related course instructors, self-evaluation, focus groups, reflective essays, and traditional paper and pencil exams (Oates & Leavitt, 2003). As I work with nursing students who have volunteered, it is my intent that they learn about patient care, child development and various clinical skills. Similarly, my education students will no doubt learn about developing rapport before trying to teach, the value of quick assessments, and some key teaching strategies. The only way to capture all of these various and possible outcomes is to utilize a variety of assessments.

French scholar Alexis de Tocqueville (1945) observed back in the 19<sup>th</sup> century that Americans show great concern for the public welfare and are, for the most part, very supportive. I would like to think that today, in this 21<sup>st</sup> century, as universities promote service learning and as our youth continue to serve as volunteers for a variety of purposes, de Tocqueville's belief would still hold true. This service learning project has the potential to teach many things to many participants with the public welfare being well served. In just the short time since I have begun this journey, I have witnessed first hand "the power of focused, local involvement" (Oates & Leavitt, 2003, p. 30).

### Methodology

In this section I will discuss the participants and the preparation they received prior to serving as a volunteer. After that, I will also describe the procedures for data collection and analysis.

### *Participants*

All five female volunteers were students at a large, state-sponsored mid-western university that typically enrolls over 16,000 students. The subjects for this study were five university female students; four were undergraduate freshmen with one being a graduate student. Three of the five were freshmen nursing students while the other two, the graduate student and another freshman, were education majors. As they learned about the project during the 2007-2008 academic year, each completed an orientation at the hospital and an orientation with me early in 2008. The hospital orientation stressed emergency procedures, infection control, confidentiality, and other procedural items. The focus of my orientation was to discuss my experiences and to promote effective literacy strategies for various ages (see Appendix A). Also, each signed a student service-learning agreement as well as an acknowledgement of risk statement (see Appendices B and C). Once all of these aforementioned requirements were completed, four of the five made their first visits to the hospital with me serving as their mentor. After that, they were able to meet with children on their own.

### *Data Collection and Analysis*

Data were collected using a structured interview format. Interviews were transcribed and analyzed according to emerging categories. Thus, the pre-project interview guide served as the major source of data and is included as Appendix D. Appendix E includes the post-project interview guide that will be administered at the end of the project's first full year of completion. The data collection resulted in the compilation of five case studies, which is included in this paper under the results' section

A cross-case analysis succeeded the production of case studies and was completed through content analysis. Sensitizing concepts (Blumer, 1970) that related to what was known

about service learning served as a guide to understand the distinctive characteristics of the university service learner. The content analysis in this study, which involved the coding of data and looking for patterns and categories, was guided by such sensitizing concepts.

A file card system, where coded data was transferred onto index cards, was used for the physical handling of the data. As interviews were completed, transcripts were reviewed and compared to generate codes and themes. For member checking (Denzin, 1990), each participant was given the opportunity to comment on and add to the content from the interview. The resultant data evolved into case studies that served as the basis for a cross-case analysis. To understand how the resultant data developed into themes and categories, consult the examples and descriptions provided in Table 1.

Category	Description	Example
Pragmatics	Data reviewed primarily from pre-interview questions 7 & 14 that showed how they would use the knowledge in pursuit of chosen career.	Student (Cassie) stated, "Nursing is about helping."
Personality Profile	Data reviewed primarily from questions 2, 3, 8 & 9 that showed student perceptions about self.	Student (Carrie) responded, "I know how to balance my time."
People Who Need People	Data reviewed primarily from questions 6 & 14b, demonstrating how the volunteer experience has taught students about working with people.	Student (Jenny) explained, ". . . they [people] are the same no matter what kind of disease. They want to talk about their life and your life."
Life Experiences	Data reviewed primarily from background information and question 1 & 5 that demonstrated unique background.	Student (Agnes) explicated, "Well, my cousin had bone cancer when he was in junior high, and I tutored him one-on-one."
Motivation to Participate	Data reviewed primarily from questions 1 & 4 that showed what motivated student to join the project.	Student (Deb) commented, "I thought this would e a good way to get into the scene."

Great Expectations	Data reviewed primarily from questions 4b & 15 that revealed what they expected to gain from participation and what I, project director, hoped to accomplish.	Student (Jenny) explained that the project goal is “to help children keep in touch with their studies, to keep up, and let children know there are people out here who care about them.”
Perceived Benefits of Project	Data reviewed primarily from questions 10 & 13 that indicate perceived benefits of project implementation.	Student (Carrie) maintained, “I think it will be really rewarding. Every time I’m there, I have mixed feelings about it. But I know it’s for the better in the end.”
Perceived Challenges	Data reviewed primarily from question 11 that indicated perceived challenges of project implementation.	Student (Agnes) posited, “I guess the biggest thing would be motivating the kids to focus on academics when they’re fighting for their life.”

Table 1. Explanation of Emerging Categories and Themes.

## Results

In this section, I will present the five individual case studies. A cross-case analysis will follow, demonstrating how the participants’ perceptions across the emerging themes were similar and different. The pseudonyms of Agnes, Cassie, Deb, Jenny and Carrie are used to present each case.

### *Agnes*

Agnes, the only volunteer not a freshman, was 24 years old and had previous teaching experience in another state. She had come back to the university after receiving a graduate assistantship while earning a post-graduate degree in educational leadership. In addition to her previous teaching experience, she had tutored individuals and was a mentor for Big Brothers and Big Sisters. She also described having a cousin who had bone cancer; she tutored him during this time when he was in junior high. When she began the project in the spring of 2008, she was working ten hours per week for her assistantship; that summer, she began to work 20 hours per

week and would continue until completing her program. As of this writing, she had logged in five hours as a volunteer at the hospital.

She described herself as being sensitive, a “people pleaser,” and having a “light-hearted sense of humor.” When asked what she thought she would learn about people through her participation in this project, she replied that she thought she would be “pleasantly surprised at how well people manage being in a difficult situation.” She also stated that she thought she would probably learn that she is better at working with children than she gives herself credit for and that she is a very compassionate person.

Her reason for joining the project was that she had the time and the motivation; she expected to witness “growth over time.” I asked her how she thought this experience would relate to her profession as a middle school teacher or future principal, and she replied that she felt it would help prepare her for having a student who had suffered from cancer. Similarly, when asked how this experience would impact her as both a teacher and future volunteer, she stated, “I think it will keep things in perspective when I get caught up in the little things as a teacher.” To ascertain her understanding of the project goals, I asked what she thought my goals for the project was. She replied that she thought I was trying to forge a partnership and to stress “the importance of education and perseverance for young kids.”

Finally, she believed that both the patients and she would benefit equally from this project. She felt it would help her “grow as an educator and as a person.” She also felt the patients would enjoy some stability. When reminded that, in some cases, she might only see some children once or twice, she responded, “I guess they’ll know that there’s an additional person out there that cares about them and wants the best for them.” The major challenge, as

Agnes saw it, would be to motivate the patients “to focus on academics when they’re fighting for their life [sic].”

*Cassie*

Cassie, a freshmen nursing major, described herself as being from the working class who was partially funding her education through a work study grant. While in school, she worked approximately ten hours a week in the biology lab. She stated that she had not had any previous experience that was like this, except that she did work with children at the pre-school where her mother was employed. Cassie has tutored students at the hospital who were both young and of the middle school age. As of this writing, she had volunteered for 5.5 hours.

When asked how she was different from her peers, Cassie expressed being “very optimistic,” and always putting “others before myself.” From her observations of people in distressful situations, she has learned that “struggles happen to everyone and not just you. You’re not the person going through the worst thing ever.” Perhaps this attributes to her tendency to be optimistic in that she said that this observation “makes you look at life better. You appreciate things more.” When I asked her what she might learn about herself, she talked about learning not to be greedy about some things because the patients with whom she volunteers “don’t have the options I have in life.” She described herself as being very caring and knowledgeable about people suffering from depression, thus understanding “what it is like to feel really sad. And I can help others not to deal with those feelings instead of just moping.”

Her reason for joining this project was to help with her career choice. Also, she expressed the desire to make patients, who might otherwise be bored, “happy.” She stated that she loves being with children, and “You get a good feeling when you volunteer, just hanging out with them.” I asked Cassie how she felt this experience would impact her as both a nurse and a

volunteer. She analyzed this question and responded, “As a nurse, I’ll be able to understand more about what they are going through. I’ll put a face to what they have, not just see them for their sickness and treat them as a person [sic].” She also felt that as a volunteer, she would learn “how to start a conversation . . . what to say and what not to say.” I asked her what she thought my goals for the project were and she proclaimed that my goals are “just to not help us with nursing specifically but to help the children be themselves.”

Lastly, she believed that both she and the patients would benefit from the project. The overall benefits of this project are, as explained by Cassie, for the good feelings. She compared this experience to a previous time when she volunteered for the humane society as she recalled how good it felt to work with happy animals. When I asked her to remember that such benefits might be minimized by infrequent contact, Cassie explained that just spending time with the children “makes them feel special . . . like they are worth your time to come in and hang out with them.” Cassie expressed her views on the challenges as being many. She stated that it was a challenge to distract the children from the reason they were in the hospital, and that it was sometimes difficult to overcome being a “stranger” who had to somehow start a conversation.

### *Deb*

Deb, another freshmen nursing major, was a graduate from a private high school that required students to perform community service. Such service included working at the community children’s festival. As one of several salutatorians at her high school, she received a first-year scholarship and was also relying on her parents to “fill in the slack” for funding her education. As she commuted 30 minutes from home, she worked about ten hours each week as a receptionist at a local business. As of this writing, she had only completed the orientation but

had yet to volunteer any hours at the hospital. She intended to become a regular volunteer when school resumed in the fall.

While she explained that she was very different from her peers, she stressed that her German Baptist background made her try her best “to be the best.” She added, “I want to know as much as I can.” She maintained that she was like her peers in her quest to have fun. However, she was very opposed to drinking as she maintained, “I like to have fun without having to party.” Participating in this project would teach her about “how fortunate” she is and to become a lot more compassionate. She felt that she would not only help her to see why she wants to become a nurse, she felt she might learn that she doesn’t have it “as bad” as she might sometimes think. In helping her to see why she wants to become a nurse, she said she thought it would “help me to better their lives.” Similarly, this experience would, Deb explained, reinforce that she is “obviously a caring person and I want to help.”

Deb’s motivation for joining the project was to help her decide if, as a nurse, she wants to work with children or infants. “I thought this would be a good way to get into the scene,” she stated. As a future nurse, the project will put her in the field giving her “insight” into the nursing profession. She felt that her participation in this project would help her determine if she wanted to keep volunteering or take part in some of the other various experiences available. When asked what she thought my goals were for the project, she had a very exact answer: “To help children that cannot go to school to help better their education. We are tutoring them, trying to help them keep up.”

Deb perceived the overall benefits of this project as being the chance to have the experience and complete volunteer hours. When asked whom she thought would benefit the most, she surmised, “I’d like to say them but probably me as I watch them grow, and I, myself,

become more compassionate and caring.” I explained to Deb that in my many visits to the hospital, I rarely made repeated visits with the same child. With that in mind, I asked how the children might benefit. She responded that it is beneficial “just knowing that there is someone there . . . Even one time, there is that one person . . . an outsider coming to help them.” While Deb noted she had yet volunteered, she estimated that a challenge for her might be “having patience with the people. I haven’t done it yet, but I know I will get frustrated maybe.”

*Jenny*

Jenny, who always accompanied Cassie, had experienced working with different ages of children as of this writing. She was also a freshmen nursing student, funding her education with the help of her parents and with her infrequent employment at a local nursing home. Previous volunteer experience included helping first graders with their reading and teaching school-age children at her church. As of this writing, she had volunteered 5.5 hours.

Jenny described herself as being caring and helpful “when something bad happens.” Like her peers, she liked to have fun. She and her friends enjoyed camping, fishing, and being outside. She believed that as she participated in this project, she would learn that people “are the same no matter what kind of disease. They want to talk about their life and your life.” This experience, she maintained, would help her learn if nursing is the right vocation for her. Having worked previously with the elderly, she expected to learn how she would act toward children who, like the elderly in the nursing home, are also sick. Regardless, participating in this experience would reinforce that she is a caring person who will “watch out for kids.”

“I like kids, honestly,” was how Jenny responded to my question about why she joined this project. While aspiring to work in the hospital field, she expects to have “an impact on children, helping them learn outside of school. Even with them having a disease, there are still

people that care about them.” She also believed that this experience would help her get “used to seeing kids who are sick.” Since she would be required to complete a clinical experience at a children’s hospital as part of her nursing school curriculum, she viewed this as an opportunity to prepare for that impending requirement. While she does plan to work in pediatrics or obstetrics/gynecology, this will teach her more about child development and medications. Also it would prepare her for other hospital volunteering back in her hometown. When I asked her what she thought I was hoping to accomplish, she answered, “It would be to help children keep in touch with their studies, to keep up, and let children know there are people out there who care about them.”

The overall benefit of this project would be, according to Jenny, was “getting to know children.” She added, “Letting them know there are friends; they always have someone right there for them.” As I reminded her that repeated contact with the same patient would be rare, she responded, “Children have a good memory [sic]. They will benefit a lot. If you don’t show up a month or two, afterwards, they will still remember you.” While stating that she believes the experience was mutually beneficial, she noted that the main challenge she perceived was the difficulty with “getting through, because some children may not want that special attention and may not care that there is someone.”

### *Carrie*

Carrie was the only undergraduate education major. She attended a private high school that required community service. Thus, the majority of her volunteer experience was in tutoring children to read and teaching children at church. She was not paying for any of her education as she earned a substantial reduction in tuition due to her mother being a faculty member, and she also received a first-year award. She worked at an on-campus job 15 – 20 hours weekly.

Through her early participation in the project, she had met a variety of patients at the hospital and had logged in, as of this writing, 5.6 hours. She is also my daughter.

When asked how she is different from her peers, Carrie answered, “I know how to balance my time.” She stated that her friends all have similar interests. She explained that she thought she would be able to see many different types of children and would gain empathy from meeting all of them. She invoked knowledge from a previous experience, in which she worked in a dining room at a retirement center, by stating, “because it’s not everyday you come across sick, little kids; it’s more like old people.” Because of the times she had already tutored, Carrie has learned the following: “I’ve already learned how strong you have to be when you are in there because it’s not easy to see like a sick little kid. And not everyone can do that because a lot of people can’t even . . . I have friends who can’t even go in the hospitals because they have like a panic attack.” She added, when asked how this experience might reinforce what she already knew about herself, “I’ll have to make sure I have patience.”

Carrie joined the project because she thought it sounded fun, would be a good service project, and it “would look good.” She explained, “I really hope that I can make a difference in the life of a sick child because it’s really sad when you go there, and you see that they’re sick or they don’t want to be there. You just want to make them have fun.”

Carrie thought the experience could relate to either one of her possible future professions. For her possible future vocation as a Speech Therapist, she thought she might work in hospitals; as a future teacher, she knew she could potentially work with sick children. She felt that this would be an experience that “will stick out because it is a children’s hospital . . . I’ve worked with kids before but not really kids that are going through some of the really rough stuff that these kids go through.” When asked what it is that she thought I hoped to accomplish as director

of this project, she replied, “She wants to make sure that they have fun, hopefully, and they don’t get too frustrated with their lives, and that she can show them that they can get through this, make them stronger.”

When discussing the benefits of the project, Carrie felt it would be rewarding, yet she talked about her mixed feelings whenever she visited. She explained, “But I know it’s for the better in the end. I just have those mixed feelings because it’s so sad.” She said she hoped the children would benefit, but was sure she would benefit a lot as well. When I reminded her that she might not see a child more than a few times, she replied, “. . . if they get better, they can remember that someone was there with them, trying to make sure they have fun . . . but keeping them up with their academics since we do kind-of educational stuff with them.” Carrie said that her perception of the overall challenges of this project is “making that child have fun . . . they don’t really look forward to going to the hospital, I’m sure.”

### *Cross-Case Analysis*

As I reviewed the themes that emerged from the questions and the volunteers’ answers, the following emerged: pragmatics; personality profile; people who need people; life experiences; motivation to participate; great expectations; and perceived benefits and challenges. I will discuss each theme as well the similarities and differences that existed among the volunteers.

*Pragmatics.* This first theme is obvious in that students usually volunteer in a field that has career implications. Both education majors, Agnes and Carrie, felt that this experience would prepare them for having a student with cancer in their classroom. The nursing students all felt this experience would be good preparation for their future studies. Cassie was unique in that she talked about how this experience would help her learn how, as someone going into a

patient's room and meeting them for the first time, this experience would help her to become more outgoing and conversant.

*Personality Profile.* Each student seemed to fit the description of a caring and sensitive caregiver, fitting what is typically thought of as a teacher or nursing candidate. What was most interesting is that three of the five spoke of their involvement in church activities. Similarly, three of the five spoke of themselves as being studious and careful about how they spent their time. Lastly, one of the students, Jenny, implied how her caring attitude seemed to carry over to her love for nature.

*People Who Need People.* An obvious attribute of this project is that the student volunteers will learn how to interact and communicate with a variety of people in various contexts. In such difficult surroundings as a sick child in a hospital, it would be difficult not to develop a sense of empathy. However, Jenny talked not about differences but about sameness. She pointed that people are all the same in that they just want someone to listen to them.

*Life Experiences.* All five students had partaken in some sort of volunteer experience working with children. Only Agnes had previous experience working with a cancer survivor. Two of the students reported that their respective high schools had required them to complete service hours. While Jenny talked about a love of nature, Cassie discussed how much she had enjoyed volunteering at the humane society. Both Jenny and Carrie had worked with the elderly.

*Motivation to Participate.* All spoke of the positive effects this experience could have on their careers, and all felt this would be a rewarding experience. Only one talked about having previously worked with a cancer patient, a cousin, as her motivation to help. The nursing students are enrolled in a program that is competitive to enter; the early childhood major is in a field with low demand.

*Great Expectations.* All of the student volunteers seemed to know that a major focus or objective was to help the students with their academics. Two talked about making the children stronger and learning perseverance. Agnes, a graduate student who worked for the university, expressed the view that this was a new partnership for the university and the children's hospital. In discussing the objective of having fun, letting children be themselves, and letting children know you care about them, three students seemed to express the need to address children's feelings. While acknowledging that academics was perhaps the ultimate goal, the students seemed to understand that other intangible outcomes were at stake.

*Perceived Benefits.* The students were asked a direct question about who would benefit most; all but Deb agreed that it was a mutually beneficial experience. I explained in the interview that the students needed to think of how they would impact a child even if they only worked with the child just one or two times. Two of the students talked about how children, with their keen memories, often surprise adults with what they do remember. One student, who had not logged in any volunteer hours as of the writing, could only talk about how this would benefit her by "getting hours in." All, however, seemed in agreement that it is beneficial for the children to have an "outsider" to spend time with them, making them feel "special."

*Perceived Challenges.* Four of the student volunteers described similar challenges that dealt with direct interactions with the patients; for example, they listed as challenges: making being in the hospital fun; getting through to resistant patients; getting their mind off their condition; and motivating the children. The other student volunteer, who had yet to log any volunteer hours as of this writing, was most concerned with potential feelings of frustration and lack of patience.

## Discussion

The responses of the participants do corroborate previous research (Pritchard, 2001) that, as a service learning project, the participants were clear about the goals, were linking the experience to content or previous knowledge, and personal and social growth was a major focus. It was obvious that the students were motivated not only because they cared about children, they also saw this as an experience that would enhance their vocational growth.

The six educational domains (Goodlad, 1984), while not directly addressed in this first step of researching this university-hospital partnership, were implicitly addressed through the questions and comments from the participants. Four domains, academic, vocational, personal, and social, can easily be linked to the emerging themes previously discussed, specifically pragmatic, personality profile, people who need people, and great expectations. The domains related to ethics and civic and cultural knowledge would be more of a stretch, yet each student, because of their training and their motivation to participate, could be said to have taken steps toward gaining new knowledge in those domains. I plan to focus explicitly on all six domains as the next step in this project.

The life experiences of the students and the fact that they are all female gives pause to consider how to frame the profile of the type of student most likely, and perhaps most successful, at serving as service-learning subjects. Similarly, since two of the five attended private, religious based high schools, one might consider the implications for high school curricula.

By compiling these case studies, I have learned more about each volunteer and such knowledge will be helpful in designing a tutoring manual that will be useful to future participants. As students describe their experiences, I can use their experiences as exemplars to share with future tutors. Their own words and a completed manual should make it much easier to recruit future tutors.

While we are in the early phases of this project, conducting this research has helped me to have a clearer vision on how this project might be sustained and institutionalized. With the knowledge of the various assessments (Oates & Leavitt, 2003) that I could use for evaluating the project and program improvement, I feel confident that continued research, building on the foundation of these five case studies, will flow, and I will make some contribution to the body of literature related to the topic of service learning. Like the little engine that could (Piper, 1930), I will keep chugging away, remembering the lesson that is so relevant to the problem that drives my research, “I think I can,”

### *Questions for Further Investigation*

In reference to previous studies on service learning and the emerging themes presented previously, several questions remain as viable paths for more research.

How will the use of more assessments, such as hospital supervisor’s evaluation, project director’s evaluation of student, post-project interview, student use of portfolio across the six educational domains and traditional paper and pencil assessments, help to evaluate and improve the project?

Similarly, how will the use of assessments to identify the impact of the tutoring on the children’s hospital patients help to evaluate and improve the project?

What would happen if university students from other non-female dominated majors, such as engineering, accounting, business, etc., volunteered as tutors for this project?

How might research identify the typical backgrounds and personalities of those most willing to serve? Will a measure of motivation types, such as intrinsic vs. extrinsic, yield predictable results?

What features need to be in place for the project to sustain and become institutionalized as a viable partnership between the university and the hospital?

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## Appendix A

### Agenda

#### Becoming a Volunteer at Children's Hospital Dr. Richele O'Connor

- I. Introductions (This is your interview 😊 )
- II. My brief slide show
  - Two choices: break it or make a smile
  - Case Studies: 15 yr. old, 7 yr. old & 9 yr. old.
  - How do you measure success?
  - Reading Aloud; Ten Ways & Favorite Poetry
  - Textbook Help: Study Skills and SQ3R
  - Games
  - LEA: Used with C and T.
  - K-W-L: Inquiry and older patients
  - Protocol
  - Developing Rapport
  - Assess, Plan, Teach
  - Documentation: 5 W's and H e-mail
- III. The WSU requirements
- IV. The application from Dayton Children's Hospital
- V. Orientation dates
- VI. Our first case: Expectations and next steps

## Appendix B

## Service Learning Agreement

I, \_\_\_\_\_, will act responsibly during the completion of the service learning activity in my XXXXXXXX University course. Though I am not employed by the agency/community site nor by XXXXXXXX University, during the hours of my scheduled service learning activity, I agree to meet the following conditions:

I will conduct my service learning activities at the agency/community site, under the supervision of the designated staff member or volunteer and will accept supervision graciously.

I will comply with all school and agency/community site rules, regulations, policies, and procedures, including a possible criminal background check.

I will keep confidential all information concerning clients, employees, and organizational files and projects as directed by my community site supervisor.

I will be punctual and conscientious in my attendance for the time of my Service Learning activity and will notify my supervisor or the agency/community site in advance if I am unable to participate as scheduled.

I will conduct myself with dignity, courtesy, and respect toward my sponsoring organization and its staff, volunteers and clients.

I will make my work at the agency/community site the highest quality.

I will notify my instructor of any problems, emergencies, safety hazards, concerns, or suggestions regarding my service learning activities or community site.

I will complete all assignments related to my service learning activity.

I will arrange my own transportation to and from the service learning site.

I will obtain written permission from the agency/community site before publishing or presenting any material related to my service learning activity at the site.

**Print Name** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Course** \_\_\_\_\_

**Instructor** \_\_\_\_\_

Appendix C

Acknowledgement of Risk Statement

**Student Name** \_\_\_\_\_ **UID** \_\_\_\_\_

**Course and section** \_\_\_\_\_ **Instructor** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

*Please read and sign this form and return it to your instructor before beginning your service learning work.*

I assume responsibility for any injury, loss, or damage resulting directly or indirectly from my participation in the service learning project for the above course at XXXX University and will not institute any negligence or other claim against XXXX University, its agents, or any other person(s) who could be held liable in either their individual or official capacities and agree to hold the above named parties harmless from liability for any personal or property injury.

I acknowledge that I have no known medical problems or conditions that would prevent me from participating in this service learning project.

In case of a medical emergency, I authorize XXXXX University or its duly authorized agents to transport me to a health facility/hospital for medical care if it is deemed necessary. I further authorize such physician, health facility, or hospital to perform any emergency procedures necessary to provide me with medical treatment.

I acknowledge that XXXXXX University does not provide health and accident coverage for service learning participants and agree to be financially responsible for medical bills incurred as a result of emergency medical treatment.

If you will require some physical accommodation or special access in order to carry out your service learning duties, please describe here.

If you have any medical conditions about which emergency medical personnel should be informed or are taking any medications, please list here.

I have read and understood the foregoing and voluntarily sign this release as my own free act and deed.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian if under 18** \_\_\_\_\_

**Note:** *If you are under 18, you must provide proof of insurance coverage before beginning your project.*

## Appendix D

## Pre-Project Interview Protocol

Age

Major

Class Level

SES

Scholarship?

How are you funding your education?

Do you hold a job?

If so, for how many hours?

1. What experiences, similar to this, have you participated in?
2. How are you different from some of your peers?
3. Alike?
4. Tell me why you decided to join this project. What are your expectations?
5. What have you done so far at Children's?
6. What do you think you will learn about people?
7. How do you think this experience will relate to your chosen profession of \_\_\_\_\_?
8. What might you learn about yourself?
9. What might this reinforce about what you already know about yourself?
10. What do you perceive as being the overall benefits of this project?
11. What do you perceive as being the overall challenges of this project?
12. Whom do you think will benefit more: you or the children?
13. How will the children benefit, keeping in mind that you might only see a child just a few times?
14. How do you think this experience will impact you in your future, both as a \_\_\_\_\_ (insert profession) and as a future volunteer?
15. Lastly, if someone asked you "What is Dr. O'Connor hoping to accomplish, what are her goals for this project? How would you answer?"

## Appendix E

## Post-Project Interview Protocol

Introduction: As a key contributor to meeting the goals of this project, your feedback is very important for both program evaluation and for program improvement.

1. How did you feel about your participation in this project?
2. What did you like most?
3. What did you dislike about the project?
4. Describe one or two of your visits that you remember most.
5. What did you particularly like about that activity?
6. How do you think you helped the patients?
7. How do you think you helped the patients on an academic level?
8. How did this experience benefit you? As a person? As a future nurse/educator?
9. Talk to me, specifically, about how this experience affected you on the following levels:
  - a. Academic
  - b. Career
  - c. Ethical (justice, right/wrong, good/bad)
  - d. Social emotional (interpersonal, cultural, diversity)
  - e. Personal (intrapersonal, leadership, self concept, emotional intelligence)
  - f. Civic participation (contributing to the common good, serving community)
10. What would you do differently if you could do it again?
11. What do you see as the future of this project? Your future in the project?
12. Do you have any suggestions for ways to improve the project?

