

BRIEF COMMUNICATION

Service-Learning Risk Management Considerations: The Community Visitor Project

DENISE BENDER¹ & KENNETH E. RANDALL²

¹*University of Oklahoma Health Sciences Center, and* ²*University of Oklahoma Schusterman Center, Oklahoma City, Oklahoma, USA*

KEYWORDS *Service-learning, allied health education, risk management, ethics, student supervision.*

Introduction

Service learning is “a credit-bearing educational experience in which students participate in an organized service activity that meets identified community needs and reflect on the service activity in such a way as to gain further understanding of the course content, a broader appreciation of the discipline, and an enhanced sense of civic responsibility” (Bringle & Hatcher, 1996, p. 222). This definition differentiates service learning from community volunteerism by placing the student in the roles of resource and learner, rather than benefactor or teacher. The student is not the all-knowing expert who chooses to offer services to a needy community. Rather, the student serves as a potential resource who may possess what the community members want or need. Given the many educational benefits derived from community service, our allied health rehabilitation programs initiated the Community Visitor Project. As the project developed, we realized the potential for exposure to a number of ethical and legal risks associated with having student volunteers in community service roles. This paper describes the service learning experience for our first-year class of physical and occupational therapist students along with a discussion of risk management considerations.

Author for correspondence: Denise Bender, JD, M.Ed, PT, GCS, University of Oklahoma Health Sciences Center, College of Allied Health, Department of Rehabilitation Sciences, 801 N.E. 13th Street, Oklahoma City, OK 73104, USA. Tel: +1 (405) 271 2131 x 47129. E-mail: denise-bender@ouhsc.edu

The Community Visitor Project

The Community Visitor Project required students to form and maintain a relationship with a person under age 18 or over age 65 for one semester. We selected these age parameters to provide students with a chance to interact with persons at either end of the life span. The educational outcomes of the project were twofold: the students would provide on-going companionship and a social outlet for persons who self-identified a desire for this community service, and they would gain real-world experience in establishing and continuing an interpersonal relationship with a stranger. This skill will be crucial for their future professional practice. These relationships were not pre-established for the students. Instead, they had to contact child-care centers, schools, churches, senior citizen centers or nursing homes in their community to identify potential partners. The project instructions included a list of suggested activities with their community partners. Preparation for the project included completion of lecture and laboratory modules on building rapport and communication skills, along with descriptions of the types of medical and care taking activities they should avoid, so as not to exceed the boundaries of their role as community visitor. Students kept reflection logs to encourage them to continually re-examine their perceptions about the role of community members as partners in the learning experience (Zlotkowsky, 1999).

By the third week of the semester, students submitted a description of their community partner and a projected community visitation schedule. After each visit, the students documented their activities and obtained a verifying signature from their community partner. The project instruction packet contained a list of questions for the students to reflect upon during their experiences. At the end of the project after the students submitted their reflection papers, the instructors prepared an anonymous listing of the major themes for use in subsequent classroom discussions. The Community Visitor Project enables students to initiate and maintain a therapeutic relationship in the context of a natural environment, which is not always possible in the university setting.

Risk Management Considerations

Service learning as a teaching tool in allied health programs raises some difficult questions about potential liability. Service learning projects require varying amounts and types of interaction with the members of the community. Most service learning projects are designed as “pro bono”, a legal term that describes unpaid services rendered to provide an individual or a community good. It is important to remember that the legal standard of care is not lowered for pro bono services, even though health practitioners do not earn a fee for their actions (Scott, 2001). The standards established by each profession still apply to

the service delivery. Depending on the profession's practice boundaries, this might require licensed faculty practitioners to arrange some level of physician supervision before working with students on community service projects. Other liability issues may arise with the type of service learning models created for a curriculum. Some projects encourage upper level students to independently identify a community, perform a needs assessment and interact with a community liaison to organize service delivery without having on-site supervision from a licensed practitioner. This is problematic, because most professional practice acts require close student supervision whenever the student could be perceived as engaged in health care service delivery.

In addition, Quinn *et al.* (2001) suggest that no community project is so benign that it is free from the potential for causing community harm. Even a project as limited in scope as the Community Visitor program raises a potential ethical issue. Relationships require a necessary investment of emotional energy on both sides. When that relationship ends, the community partner could be left in a worse emotional position than before the project began. The literature shows a link between social isolation, depression and the decline of health in the geriatric population (Fioto, 2002). Children may lack the maturity to understand why a consistent visitor is no longer a part of their lives and could feel betrayed or abandoned.

A faculty member, in conjunction with the institution's legal department, should perform a risk management analysis of the proposed student activities to identify the likelihood of legal or ethical issues. The university may wish to obtain additional guidance from professional licensure boards on whether or not the project falls within the definition of clinical practice. In our project, the non-clinical nature of the assigned task, coupled with precise guidelines for student behaviors, allowed it to be approved as a non-clinical experience that did not constitute health service delivery. Students and faculty discussed potential emotional consequences before starting the project. Due to the vulnerable populations involved, we made numerous attempts to assist the students in preparing their community partners for the change in relationship that would occur at the end of the semester.

Conclusion

Although no service learning experience is completely without risk, we believe that careful planning and preparation can significantly minimize potential legal and ethical liability. The value of the service learning experience as reported by both the students and their community partners lends significant credence to the importance of continuing to have it as an element of coursework. The Community Visitor project offers one example of a service-learning experience that enriched the lives of both students and the members of the surrounding community.

References

- BRINGLE, R.G. & HATCHER, J.A. (1996). Implementing service learning in higher education. *Journal of Higher Education*, 67, 221–239.
- FIOTO, B. (2002). Social isolation: Important construct in community health. *GeriatricNursing*, 23, 53–55.
- QUINN, S.C., GAMBLE, D. & DENHAM, A. (2001). Ethics and community-based education: Balancing respect for the community with professional preparation. *Family & Community Health*, 23, 9–23.
- SCOTT, R. (2001). Pro bono health service delivery to the indigent: Legal and ethical issues. *Topics in Geriatric Rehabilitation*, 16, 45–49.
- ZLOTKOWSKI, E. (1999). Pedagogy and engagement. In: R.G. Bringle, R. Games & E.A. Malloy (Eds), *Colleges and universities as citizens* (pp. 96–120). Boston: Allyn & Bacon.