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May 1997

"Enlightened leadership is service, not selfishness. The leader grows more and lasts longer by placing the well-being of all above the well-being of self alone"

-Lao Tzu

This report began with a request from the Health Professional Schools in Service to the Nation Program (HPSISN) of the Pew Health Professions Commission. The Pew Health Professions Commission, established in the spring of 1989 and administered by the University of California at San Francisco, Center for the Health Professions, is charged with assisting workforce policy makers and educational institutions respond to the challenges of the changing health care system. HPSISN began with funding from Learn and Serve America--Higher Education of the Corporation for National and Public Service-- to introduce, integrate, and disseminate service learning in the curriculum of health profession schools. This report will develop curriculum resources for leadership education and development within service learning programs in health professional schools.

In its first report published in October 1991, the Pew Commission defined some concerns with the profession and declared that "education and training of health professionals is not adequate to meet health care needs of the American people". The health field, with all its various professions, has gone to great strides to keep up with the demands of society. Technology has increased to combat the rise of chronic diseases, the individual life span has increased drastically, and efficiency and effectiveness of costs are all at the forefront of health issues. Though the US health care system has been phenomenally successful, with the accomplishments has come more recognition that there is something fundamentally wrong with the system and the health care it provides. Changes have occurred in the way health care is financed and delivered to the public. The US spends more in total and per person than any other country in the world and yet there are 37 million Americans without health insurance or in a shortage of health care workers (Pew, 5). Shortcomings in health care are creating social, economic, and political demands for reform. There are three broad issues at the focus of these reforms: cost, quality, and access.

The Pew Commission stated that the reform efforts "neglect an essential element in the system: the education and reeducation of health care professionals. The skills, attitudes, and values of the nations' 10 million health care workers have a fundamental impact on health care. The kind of care these individuals provide, how they provide it, what they value, how they interact with patients, how they define quality, and how efficiently they work determines, to a great extent, the quality, cost and availability of health care" (Pew, 5). With changes in the delivery of health, such as managed care, demands are placed on the health professionals for different skills, knowledge and attitudes than what has been traditionally expected (Seifer et al, 36). Studies have indicated deficiencies in practicing health professions in their training in such areas as "responding to needs of different cultural and ethnic groups, understanding and supporting the role of community service agencies, and ensuring access to quality care for all segments of the population" (Seifer et al, 36). With changes taking place so rapidly in health care there are certain skills that have been demanded for; "collaboration, effective communication, and teamwork" (Seifer et al, 36).

The Pew Health Professions Commission identified a core set of competencies that health professionals need to possess in such a rapidly changing environment (See Appendix A). These include "practicing prevention, promoting healthy lifestyles, and involving patients and their families in the health care decision making" (Seifer et al 36). The environment for the training of these professionals emphasizes the "care of individual patients in specialized inpatient settings" (Seifer et al, 36). To attain the competencies in the education and training of these professionals, schools must emphasize the need to understand and meet the health care needs of the communities they serve.

In order to remedy some of the concerns identified, the Pew Commission established the Health Professional Schools in Service to the Nation Program (HPSISN). In April 1995, this national initiative was created to develop, implement, and institutionalize service learning in health professional education. Twenty health professional schools

(medical, dental, nursing, pharmacy, allied health, or veterinarian schools) were selected to receive three-year grants and were expected to integrate a service learning component into at least two required courses, conduct faculty development training in service learning, and directly involve community members in curriculum development and implementation. The goals of the HPSISN Program are to:

* strengthen partnerships between health professional schools and communities that address unmet health needs
* instill an ethic of community service and social responsibility in health profession schools, students, and faculty
* equip the next generation of health professionals with community-oriented competencies necessary to practice in changing health care environment.

Community-campus partnership building was a relatively new concept that HPSISN brought to health professions education. Although health professional education has historically included an experiential component, these clinical experiences have largely been hospital-based with little attention paid to community-identified needs. With rapid changes in the health care system and in the growing and complex health care needs of our communities, HPSISN was started to combat the increased demand for health professions students to develop the skills and competencies oriented to community health care.

In addition to the HPSISN Program, the Pew Commission, in its second report in 1993, defined what they saw as a future scenario of the health profession (See Appendix B). They have defined the future to be more oriented to health with a stress on prevention, health promotion, elimination of environmental hazards, and an emphasis on individual responsibility. The system will be population-based and driven by information to provide readily available information that will facilitate a stronger focus on customers. Patients will become more informed and included in the decision that are made about their health and those decisions will be based on a knowledge of treatment outcomes. The Pew Commission foresees integrated, or coordinated teams of providers that will be more efficient at providing effective care and will see increased accountability to more groups with more needs. Finally, health care will become thought of as interdependent with other social, economic, and international issues (Pew, 5).

This scenario that the Pew Commission foresees in the future of health is radically different than the existing health care. Today, the health culture that can be defined at times as extremely competitive and perhaps "Dog Eat Dog." Many would say that the sensitivity has been beaten out of the professionals and that the culture is one of "Me first." There are barriers within the profession where a doctor may think that just because of his education, income, or authority, he may therefore possess an attitude that he is better than the attending nurse. It is this type of culture that the Pew Committee has defined concerns that need to be changed. Collaboration, effective communication, and teamwork are skills which can alter the "Me first" culture to a "We" culture. Focusing on service will help develop a mentality where professionals will desire collaboration and teamwork . A practicing health professional serves someone everyday, yet service is not thought of as a core value to the profession.

The type of leadership that is displayed now in the profession and the type of leadership that will move this context to better serve in the 21st Century are different. A leadership style that calls for "serving, before leading" is one that will help professionals know their communities and provide better service to them. An education technique called service learning, helps foster this idea of "serving, before leading" in students before they enter their profession. The orientation, therefore, of this project is for health professional schools. There is a need to implement change in the curriculum to include a type of experiential learning which helps students relate the theory learned in the classroom to practice in the field differently than clinical training. As seen in the recent years, the health field is dynamic context which changes rapidly. Developing students to handle that change and still keep the basic foundation of service will help the context make it through those unstable times.

Methodology

The Pew Health Professions Commission has determined and defined changes that need to be made within the profession. Their focus is to start the change in the education of future health professionals. They enacted a plan that included the implementation of service learning into health professions curriculum because they saw a connection between service learning and the outcomes described. For this report, the focus will expand on the Pew Commission's findings and look to discover what are the values that are being instilled in health professionals in terms of leadership and how can that leadership be best developed in pre-health professionals. Service learning, an educational tool that helps students relate theory and practice through community involvement, is extolled as a vehicle to instill the values and competencies of leadership in the students. This paper examines the field of leadership education, the pedagogy of service learning, health profession training and relates them.

With this as the objective, an action research based project is the method chosen to follow. Action Research "integrates process in which research and application work together and are not distant" (Margulies and Raia, 60). As a researcher, I am acting to solve a practical problem. As stated, the problem can be defined as the development of health professionals as leaders and the values these leaders possess. The application or solution to the problem will be implemented after the research has been completed. Defining and examining the problem are the focus for this paper. The implementation of a solution is involved in the second stage that will come through the development of a leadership institute oriented towards health professional students next fall.

There are four important elements in this method. Those components are "1) application of scientific methodology, 2) solution of practical problems, 3) action planning, and 4) evaluation of results" (Margulies and Raia, 62). Within each component, there are steps to follow to attain the best results. As stated, the first component, research, is the focus for this paper. The following steps are important to follow completing the research stages.

1) Problem Awareness- This begins with an experienced or perceived problem. For this project, that problem is the concern that health professional schools need to focus more on leadership development, specifically on Servant Leadership.

2) Development of models and hypothesis- This step involves developing a tentative explanation to the problem and determining the relationship between two or more variables. A possible problem stems from the fact that many students are taught and then expect a technical oriented job in the field. The adaptive aspect needs to be further developed. A model has been created to demonstrate the relationship between values gained through service learning, leadership development, and the future of the health profession.

3) Use of research results-Use the information gathered for a solution to the problem or to spring another problem that needs to be solved. (Margulies and Raia, 68-69) The information gathered can be disseminated and the appropriate leadership development programs can be implemented health professional schools.

Once sufficient research has been completed than the action steps can be pursued There are many ingredients to the success of this project, though, that pertain to the specific data that will be collected. The majority of the data collected, to define the ideas of leadership and service learning, will come from written literature. Unfortunately, there is little to no information of the explicit values in the health context, the relationship between leadership development and service learning or the three topics together. A new territory is being explore with this project. Personal involvement and observation of student involvement in service learning will provide a basis for discussion on the outcomes gained from a unique style of learning.

Literature Review

Before the problem awareness, model, or implementation plan is defined, a summary of the written material is explored. There is a continued focus on how service learning, leadership, and the health profession relates throughout the paper. As will be

demonstrated, there is no material available about the correlation between the three topics of interest.

Service Learning

"Service-Learning means a method under which students... *learn and develop* through active participation in thoughtfully organized service that: is conducted in and *meets the needs of a community* and is coordinated with an institution of higher education and with the community; *helps foster civic responsibility*; is integrated into and *enhances the academic curriculum* of the students...; and *includes structured time for the students to reflect* on the service experience (Corporation for National and Community Service).

Service learning differs from other types of experiential education, such as internships. It adds a two-fold dimension whereas some experiential education is one-sided- the benefit to the student. In a service learning commitment, both the community being served and the student gain from the experience. The community gains a meaningful service provided and the student gains a learning experience. "Service learning programs emphasize the accomplishment of tasks which meet human needs in combination with conscious educational growth" (Kendall, 1990). Robert Sigmon designed a typology that describes the delicate balance between learning and serving.

Figure 1: A Service and Learning Typology (Sigmon, 1994)
Taken from "Service Learning: a Balanced Approach to Experiential Education" by Andrew Furco

service-LEARNING	Learning goals primary; services outcomes secondary
SERVICE-learning	Service outcomes primary; learning goals secondary
service- learning	Service and Learning goals completely separate
SERVICE-LEARNING	Service and learning goals or equal weight and each enhances the other for all participants

This typology that Sigmon has described are all potentially good options for a health-care curriculum. The profession serves people everyday and the education for that future service should focus on what the profession does. The fourth piece of the typology (SERVICE-LEARNING) instills a value within students to help their community while

learning about themselves and the world surrounding them in the mean time. This is relevant to a profession since the individuals need to serve their communities while continually developing themselves as better practitioners.
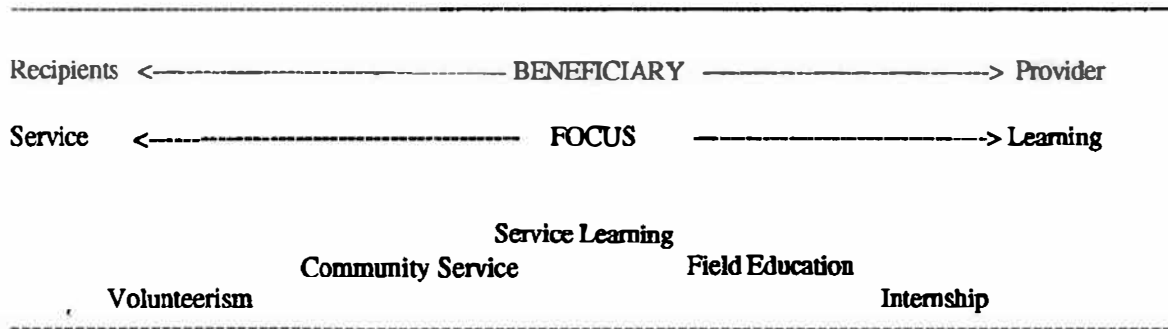
Service learning has been defined under the umbrella of experiential education, but it must also be defined as distinct from community service. Service learning incorporates specific teaching objectives for the community service. Some of those objectives may include

* Helping others who are in need, some of whom may have a possible health concern

* Learning about self (values, beliefs, and views of the world in which you live) and determining how that relates to the role as an individual who is a health professional

* Assisting in career decision making within the health profession

* Learning and contributing to local community

* Gaining practical experience in the field of study chosen, while helping others

* Meeting, working with, and developing relationships with others

* Broadening knowledge of social justice issues

In order to reach many of the objectives stated above, the reflection component is extremely important. Keeping a journal or meeting with a class once a week allows the students to draw conclusions and open their minds to many new ideas. Without this portion, the learning agenda will be hindered and the service may not be as rewarding for any party.

The service is not a strictly altruistic idea, but rather includes a structured reflection on the service in relation to established learning objectives. Service learning has built on the service ideals behind community service and extended it into the classroom where the learning can take place. The following diagram will demonstrate how various types of experiential education fall on the continuum of encompassing benefits for both the served and the server.

Figure 2: Distinctions Among Service Programs
Taken from "Service Learning: A Balanced Approach to Experiential Education" by Andrew Furco

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Recipients <————————————————— BENEFICIARY ————————————————> Provider

Service   <————————————————— FOCUS   ————————————————> Learning

                                  Service Learning
                    Community Service   Field Education
        Volunteerism   Internship

As Figure 2 shows, volunteerism has a primary emphasis on the service provided while on

the other end of the continuum, an internship places emphasis on the actual provider. Once

again, service learning emphasizes benefits to both the provider and the recipient in the

service. Service learning is a beneficial component that will enhance the existing purpose of

health professional education. Not only are students learning about the clinical aspect of

their job, they will build skills and experience to handle the adaptive aspect and develop to

become individuals who "serve" their patients to well-being.

Janet Eyler and Dwight Giles, at Vanderbilt University, have completed a study that

examines the impact of service learning on student's citizenship values, skills, and attitudes

and understanding. There is evidence that with "quality of placement and its connection to

the subject matter of the course [as well as with reflection]... an impact on students

perceptions of what they get out of the program, on their relationships with faculty and

other students, and on changes in their attitudes, skills, values, conceptions of community

issues and on their capacity to think critically" can be observed (Eyler and Giles, 8) With

this data, service learning can have a strong effect on student development, and the health

field can benefit from implementing it into their curriculum to produce great leaders.

Alexander Astin and his colleagues at the Higher Education Research Institute also

completed empirical studies assessing the outcomes of service learning (See Appendix C).

An evaluation of the Learn and Serve Program at forty-two institutions found that students

who participated in some form of community service reported commitments to leadership-

related values. Service participants showed a positive change in life skills such as leadership ability, social self confidence, understanding and acceptance of different cultures and ability to solve conflict, think critically, and work cooperatively that there non-service counterparts did not (Couto, 4).

A minority of schools have implemented service learning into their curriculum, but the number continues to grow as more and more institutions realize the benefits from such a program. The educational world is taking more interest in community involvement. With such an interest in expanding past community service projects to incorporate a learning component , the National Society for Experiential Education consulted with over 70 organizations interested in service and learning to create the following principles. A group met and articulated ten principles of good practice so as to maximize student learning and benefit communities. (Kupiec, 13-18)

1. An effective program engages people in responsible and challenging actions for the common good.

2. An effective program provides structured opportunities for people to reflect critically on their service experience.

3. An effective program articulates clear service and learning goals for everyone involved. From the onset of the project, participants and service recipients must have a clear sense of: 1) what is to be accomplished and 2) what is to be learned.

4. An effective program allows for those with needs to define those needs.

5. An effective program clarifies responsibilities of each person and organization involved.

6. An effective program matches service providers and service needs through a process that recognizes changing circumstances.

7. An effective program expects genuine, active, and sustained organizational commitment.

8. An effective program includes training, supervision, monitoring, support, recognition, and evaluation to meet service and learning goals.

9. An effective program insures that the time commitment for service and learning is flexible, appropriate, and in the best interests of all involved.

10. An effective program is committed to program participation by and with diverse populations.

As shown, there are many benefits to incorporating effective service learning programs into a curriculum. It is not often that both the server and the recipient are placed in a mutually beneficial environment with responsibilities placed on both partners. Recipients gain volunteers to complete important tasks and studies have shown that students gain positive leadership-related outcomes. For this outcome to be successful, the learning objectives must be stressed by the educator and a commitment to the service must be made by the student.

<center>Leadership</center>

John Gardner in his book, On Leadership, says that there is a "cry for leadership". The Health Profession is one area that is in desperate need for a new approach to leadership. As the 21st Century closes in, leadership development, with different skills and attitudes than that of today, is a focus. A question may be raised though that asks "Can leadership be taught?". In order to believe that leadership can be developed, stereotypical views must be forgotten. Many people still believe that leaders are "born, not made", which is being proven to be untrue by those involved in studying the discipline.

Though leadership is a difficult thing to define, experts have been trying for years to determine what the concept is all about. The word, leadership, has traditionally and stereotypically brought images of politicians and hierarchical structures to mind. A dictionary definition of leadership is to have the ability to go with or ahead of so as to show the way. Leadership tends to conjure an elitist sense or is thought to involve an element of manipulation or deviousness. Leadership, though, is not usually top-down, hierarchical, or uni-directional, like it is often thought to be. Effective leadership goes much deeper than that.

The experts in the leadership discipline define leadership in the 1990s as "an influence relationship between leaders and followers who intend real changes that reflect their mutual purposes" (Rost, 12). The idea of leadership has evolved through many

different definitions to finally be recognized as a process of change, much like the healing of an individual is a process between the practitioner and the patient. Individuals can lead through this process in many different ways. A leader can impress, organize, persuade, inspire, and influence and each action will stimulate a difference response or result in the followers. Being a great leader involves evaluating the needs of the situation and followers, self-evaluation to determine if one is capable of what is required, and then proceeding with attitudes and values which would generate success. Without studying each of the elements, leader, follower and situation, separately and then together, the idea of leadership is not complete. The following pages will reveal some background on leadership, types of leaders, competencies or skills that leaders should encompass and followership. All of these ideas are relevant to the health field because it is important to understand the relationship between the practitioner, the patient, and the situation in which care is given.

Ronald Heifetz is one of many experts who is trying to define various styles of leadership. For instance, the professions of a doctor, nurse, dentist, pharmacist, or health administrator calls for certain skills related to their specific discipline, but their approach to leadership would all be fairly similar to one another and fairly distinct from a leader in a different context, like business. Heifetz in his book, Leadership Without Easy Answers, discusses the challenges health professionals face when placed in the position of authority. In many social system, the authority structure governs the problem -solving process and therefore it has become natural to look towards authority in times of need. There are two different problems that individuals in authority face, according to Heifetz; technical and adaptive. The times for leadership come with adaptive problems whose solutions are difficult to determine. An effective leader in authority determines the difference between technical and adaptive problems and helps work to create a solution. It is the specific technical and adaptive problems that each area in the health profession faces that separates

them into disciplines, but it is also an approach towards technical and adaptive problems that brings each separate area together as a whole under the general term of health.

Heifetz has arranged a schematic that examines three types of problems health professionals face (Figure 3). The first type, Type I, deals with situations that are strictly technical in base. This means that there is a clear answer to the problem. For example, a physician may need to prescribe medicine to a patient for the flu or a dentist may need to fill a cavity. These problems are somewhat "mechanical" and have the ability to be "fixed". "Although the patient's cooperation is crucial in these situations, the weight of the problem-defining and problem-solving rests with the physician" (Heifetz, 74).

The second and third type are more adaptive in nature. In Type II situations, "the problem is definable, but there are no clear cut solutions" (Heifetz, 74). The patient, in this situation, has more control over creating solutions. There is only so much the health professional can do mechanically in these situations in order to fix the problem. Any answers the professional gives will mean nothing if the patient does not implement them. There is a great need in this Type for the professional to empower their followers to make adaptations in their lifestyles.

In Type III, solutions to problems are even more ambiguous. In these situations, like cancer, the professional may not have any solutions in mind. "Treating the illness is too narrow a way for the patient and physician to define the task" (Heifetz, 75). The hardwork arises because there are decisions and adjustments that need to made by the patient outside of the health condition. The problem could be more than a medical condition. Heifetz describes a Type III problem in which an man was diagnosed with cancer and went into surgeon and therapy only to be determined by the doctor that it was too late to catch the cancer before it spread. The doctor was faced with the decision of how to prepare this man and his family for the reality that he would not live for more than a few years. "The harsher the reality, the harder we look to authority for a remedy that saves us from adjustment" (Heifetz, 76). It becomes easy to avoid the questions when looking for

answers and therefore easier to avoid the adaptive side of a problem. This man could have easily given up on life if the doctor did not present his situation realistically but with hope.

Figure 3: Situational Types
Taken from Heifetz Leadership Without Easy Answers, 76

Situation	Problem Defined	Solution and Implementation	Primary locus of responsibility for the work	Kind of Work
Type I	Clear	Clear	Professional	Technical
Type II	Clear	Requires Learning	Professional and Patient	Technical and adaptive
Type III	Requires Learning	Requires Learning	Patient > Professional	Adaptive

Heifetz presents a case that suggests what an authority needs to do when he does not know the answer. "In those situations, the authority can induce learning by asking hard questions and by recasting people's expectations to develop their responsibility" (Heifetz, 84). It is not uncommon in the health profession that the truth is buffered and the patient lives in a false sense of security until their final days. Since adapting their lives is a difficult process, denial is seen very often among patients and their families. The surviving loved ones will often pay the price if the professional does not take a leadership role and assist the patient to take responsibility in the adaptive process.

Another theory that has great implications for the health field is that of Servant Leadership. This theory rests on the idea that "great leaders are seen as servants first" (Greenleaf, 7). This style of leadership puts the goals of others above the goals of the leader. In a health related situation, the practitioners must put the patient's goals of getting well above their own goals of making a buck. This servant leader is seen as a steward, and may not always be recognized as a leader until after that individual has left. Just as a doctor

or nurse may lead a patient to well-being, they are probably not described as "leaders" by the patient until after the patient has left their care. Servant Leadership can be seen as pushing followers from behind instead of pulling them from in front. There is a rewarding feeling involved when an individual helps another attain their goals through empowering them to be all they can be, not to be what the leader wants them to be. In adaptive situations, the physician, acting as a servant leader, cannot heal the patient but rather must help them help themselves in order to get well.

Robert Greenleaf writes valuable insights about servant leadership. He writes in *The Servant as Leader*, "It [servant leadership] begins with the natural feeling that one wants to serve, to serve first. Then the conscious choice brings one to aspire to lead. The difference manifests itself in the care by the servant--first to make sure that other people's highest-priority needs are being served. The best test is : "Do these served grow as persons; do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants?" (Greenleaf, 13). The idea behind servant leadership is not one of a quick-fix. It is something that may take time to instill, but in the long run has a transforming approach that can emanate a positive feeling to serve throughout society.

Additional characteristics of servant leadership are potentially valuable to the health profession. These ten identifiable characteristics of servant leadership are skills that practitioners should attain in order to be better at their position. (Greenleaf, 7-8)

* Listening- Servant leaders take an extra effort to actively listen to the group in order to determine and clarify the will of the group. They may have a tendency to listen to what is being said rather that talking themselves. A health professional must listen to their patient in order to diagnosis their problem.

* Empathy- Servant leaders attempt to understand others in order to better relate to them. Accepting people for their strengthens and weaknesses helps a leader become stronger. Practitioners must also understand the culture of the community they are serving to better relate to them.

* Healing- Servant leaders attempt to make whole themselves and others. Healing is a powerful tool to utilize in the transformation of people. An obvious connection to the health profession.

* Awareness- Discovery may be a fearful thing, but servant leaders take risks in order to uncover truths. Awareness plays a role with identifying values and ethics and can help an individual view a situation as a whole. Sometimes what a patient describes as a small symptom is related to a bigger problem and though often feared, uncovering that gray area is the key to making that patient whole again.

* Persuasion- Servant leaders are effective at building consensus within groups rather than coercing people into completing a task. This is a main difference between positional power and "traditional authoritarian models" of leadership. On a larger scale, health professionals have the capability to persuade the public into better health practices by individually working on their clients' habits.

* Conceptualization- Vision and "dreaming great dreams" is a key component to servant leadership. This creativity goes beyond the day-to-day realities and makes them seem attainable.

* Foresight- This stands for "understanding the lessons from the past, the realities of the present, and the likely consequence of decisions for the future". A servant leader tends to have a natural intuitive sense about them that helps identify outcomes of a situation. A health practitioners also had a natural intuition within their discipline to identify possible solutions for each individual problem.

* Stewardship - "Holding something in trust for another" is the way Peter Block defines this word. A servant leader assumes the role of serving before self as a commitment that must be made.

* Commitment to the growth of people- Servant leaders look to develop those around them it hopes to expand their intrinsic value as well as their extrinsic contributions. Many health professional also look to heal extrinsic, as well as intrinsic, aspects of individuals so they will grow.

* Building Community- The community of an individual shapes their perceptions of our environment. A servant leader hopes build an environment of acceptance and openness. A health professional also should strive to create an environment of openness and acceptance in order to gain a response from the patient.

These characteristics of servant leadership relate directly to the work of health professionals. Adapting an attitude, like that of the servant leader, is something that can be reinforced through health professional education.

Along with this idea of servant leadership comes stewardship. Peter Block's "Stewardship" discusses "choosing service over self-interest". He defines stewardship as "the willingness to be accountable or the well-being of the larger organization by operating in service, rather than in control, of those around us" (Block, xx). He defines ways to determine if authentic service is experienced...

* "There is a balance of power". People act on choices and let everyone share in the decision making. It could mean instilling an attitude in the people that they are on the same level in the relationship by coming into an organization to serve, not being a level above those being served.

* "The primary commitment is to the larger community" rather than focusing on the individual completing the service. This could mean people feel as if they are completing the service because of a desire to serve and not because it is a requirement of any sort.

* "Each person joins in defining purpose and deciding what kind of culture the organization will become". People could communicate with the site supervisor and members of the organization and together decide what an appropriate role would be for the volunteer in the organization.

* "There is a balanced and equitable distribution of rewards". (Block, xxi)

The idea of stewardship relates when thinking of developing servant leaders. Health professional schools may want to instill the idea of balance of power and the holistic outlook that Block talks about. Many people could be involved in service learning because of self interest, meaning "What can I get out of this project?". An atmosphere should be created in which the students want to make sacrifices, take risks, and enjoy the commitment that they are making while developing themselves as leaders.

This section of the paper has discussed leadership, types of leadership, and skills needed to be a leader, but there is one aspect left out, followership. Followership plays a large role in leadership. Leadership is a relationship, a relationship built between the leader and the followers. There would be no leaders without followers. While in a leadership role, it is important to remain focused on the followers. In a leadership situation, is it the leader that effects the followers or the followers that effect the leader? A leader does follow sometimes. She allows someone else to have control at times. For instance, a doctor, nurse, pharmacist, or dentist all have to listen to their patients and follow them when diagnosing the symptoms. Servant Leaders realize that they gain motivation, support, and respect when they are able to be both a follower and a leader.

The word follower tends to have a passive or submissive implication behind it that may be misleading. Joseph Rost says, "Passive people are not followers" (Rost, 191).

Followership dominates our lives, and their are distinguishing characteristics that separate effective followers from ineffective followers. Robert E. Kelley in his article, "In Praise of Followers", describes four qualities of effective followers.

  * "They manage themselves well."

  * "They are committed to the organization and to a purpose, principle, or person outside themselves."

  * "They build their competence and focus their efforts for maximum impact."

  * "They are courageous, honest, and credible." (Kelley, 196)

Many of these qualities are also ones that are present in effective leaders. "Followership is not a person but a role, and what distinguishes followers from leaders is not intelligence or character, but the role they play" (Wren, 197).

Analyzing leadership in the health profession is difficult because the problem lies with the patient and not several parties as a social problem would. The responsibility can be diffused when more than one individual or group is involved. In the health field, the authority must be able to tell the difference between technical and adaptive problems because they require different responses. In situations like Type III, not only does the professional need to acknowledge its difference from Type I and II, but must have both technical and adaptive expertise in order to solve the problem. Heifetz discusses a flexible style of leadership to handle both the severity of the issue and the emotions that come along. Greenleaf also discusses a style of leadership pertinent for a more effective health care system. The characteristics of a servant leader are skills that molded in with Heifetz's idea on authority in order to make the most effective leader for the health profession.

Discussion

Information has been presented to give the reader a better understanding of the educational tool service- learning and of present ideas in the leadership field. The focus must now be brought back to the problem. As previously stated, the health context is a dynamic environment. The hospital is becoming a dinosaur and more and more

practitioners of all realms of health care are being asked to relate to the surrounding communities. WHO, the World Health Organization, has defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (Callahan, 34). Is this a definition that we as citizens could say is the focus of the field? Though their are exceptions to every rule, a majority of the health care that is encountered by the patient is reactive rather than proactive. Educating and preventing rather than treating and curing should be a main focus to professionals. Caring should take place over curing yet many patients probably rarely find this to be the case. A human has three needs; body needs, psychological needs, and functional needs (Callahan, 41). Medicine and treatments do not always guarantee a focus on all three human health needs, but rather focuses on one.

The field of health has become extremely specialized over the last decades. With that specialization, the professionals are losing touch with the true issues behind health care; physical, mental, and social well-being. Community care is attempting to revisit the ideas behind the general practice of health. The health care of tomorrow needs a new type of leadership and that leadership should be based in service. Servant leadership will help patients gain more control over their own health and help them determine exactly what they want to get out of life. Then the kind of health that is received can stem from what is desired in life (Callahan, 40). Curing may not always be what the patient desires and the practitioner needs to be able to handle a dilemma if the patient chooses to adapt rather than cure. The idea of service over self will perhaps rid the professional of the desire just to make a buck and return our country to a more effective way to care.

Once again, the changes that will need to be made in this profession will need to start in how future practitioners are educated. The pre-health professional schools have a great opportunity to implement, into their curriculum, a change of focus from the "clinical" aspect of gaining technical skills to a more critical aspect of understanding the population served. For instance, how can a student study Public Health without meeting the public.

Those students will be the future administrators and policy makers and therefore need to understand the people who will be affected by the decisions made. An experiential component within a curriculum helps relate the theory from the classroom into practice. Students in health professional schools can benefit from experiences in which they go out and work with the community they will soon serve as certified practitioners. Service learning, specifically, will help foster skills and development within the students which will help the profession as a whole become more productive.

It has been demonstrated that there is a lack of true, effective leadership in the health context, and the profession needs to focus more on service to the community rather than personal gratification. Servant leadership has been examined and is believed to be the most effective style of leadership for this profession to adapt. Service learning is a tool for the educational institution to utilize in developing these servant leaders. Two models have been developed to show, visually, the relationship between leadership development, the education of pre-health professionals, and the work of practicing health professionals.

Leadership

Service learning   Community care
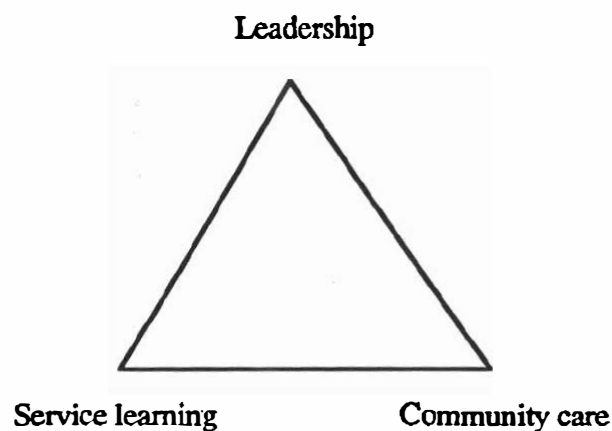
This triangle can be used to demonstrate the relationship between these three ideas. Service Learning develops leadership within the students before the student is practicing within their discipline. The skills and attitudes that they obtain from the service learning, can be utilized after school in their health profession. Their career in health can benefit from service learning because they will learn the importance of giving back to the community. The relationship can continue around the triangle as professions serve their community and learn more about themselves and their leadership style that they can utilize in their careers. They effect each other as students into their profession and continue to grow and develop as citizen leaders with skills fostered in service learning.

Another model looks something like this...

Service Learning | Clinical/ Community Care

Leadership
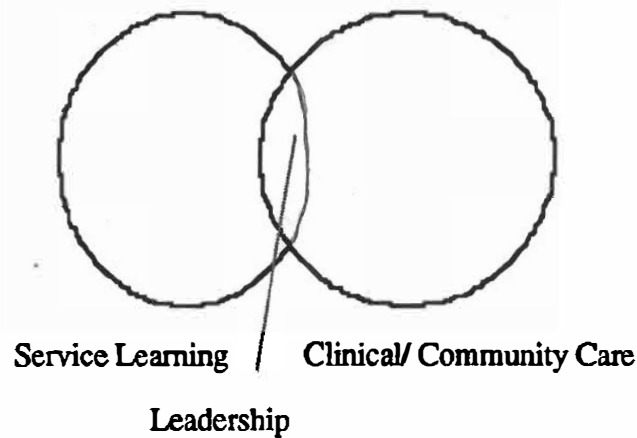
Each circle represents a stage of the student's life. The first circle is service learning which is something that the students are a part of while in school. It is a structured environment through which the students can relate classroom material to actual experience. Students learn how to learn, critically think and reflect in order to become a life long learner. This is where skills to handle adaptive problems can be developed. The second circle could represent the time after school when the students are enveloped in their career. This is where the technical aspect of their schooling comes into play as the practicing professionals make impacts to better their field. The area where the two circles overlap are the leadership skills and attitudes that are developed in within the two circles and are relevant to the two separate worlds. What ties the experience in service learning to the students' career later in life is the leadership skills that are developed. Learning to serve their clients or become a servant leader also relates these two areas. They will better understand what it means to be a client through their experience in service learning and will be able to relate that to the work in their profession.

As displayed through these models, service learning is a tool through which to learn for and about leadership. There are lessons for leadership that cannot be learned in the classroom. It is through service and doing that individuals learn the effective ways to be a leader and a follower. The students who are actually wholeheartedly involved in their service learning site are half way through the battle to developing themselves as leaders in their professionals.

Block's insights into servant leadership has demonstrated value in the need for service learning in the health field in order to make the field more effective. Patriarchy versus partnership is one idea that Block discusses. Patriarchy "expresses the belief that it is those at the top who are responsible for the success of the organization and for the well-being of its members" (Block, 7). This could relate to a practitioner determining the health care strategy for the patient without including the patient in the process. It is not this idea of parenting but rather that of a partner that should be instilled in individuals who are

leaders. Partnership goes back to that idea of shared power and a balance. For instance, there is much more control placed in the student's hands as a leaders if they obtain a feeling of partnership from a relationship with the service learning site or control is placed in the patient's hand if in a partnership with the practitioner. Being a member in this partnership will allow students to develop themselves as servant leaders and to later use this skill of partnering in their future careers as practitioners. Any individual will feel like an integral member of a team and take more of an vested interest if they are involved in an organization that displays an attitude similar to one of a partnership rather than a patriarchy.

In addition to partnership, empowerment is a key term for leadership and the health profession. The opposite of empowerment is dependency. Block also talks about how empowerment over dependency is a difficult thing but is a worthwhile risk. Dependency "rests on the belief that there are people in power who know what is best for others" (Block, 8). In an environment where dependency is prevalent, individuals will not feel as if they can make decisions on their own or bring forth suggestions freely. In many cases in order to be a productive leader, one needs to empower followers. There needs to be a level of trust that is instilled in all members of the organization so that everyone believes in ability of their fellow worker and believes in the ability of the workers below them. There is a large risk taken to believe in and trust another individual because of the fear of getting burned or let down. Effective leaders take this risk because trusting a fellow employee helps the worker gain self confidence, and in the long run this employee will become a more productive member of the organization. Just as leaders empower followers, practitioners should empower each other and their patients to become a more united force towards total well-being.

The idea of "service over self" has many implications for leadership development within the health context. Herman Hesse wrote a book called "Journey to the East" in which the main character Leo accompanies a group of men on a mythical journey as their servant. Leo disappears and the group falls apart. It is then that the men realize that Leo,

their servant, is a great and spiritual leader. Servant Leadership is a great theory to base leadership development around. There are many competencies that are involved in effective leadership like conflict resolution, decision-making, communication skills, and listening skills that can enhance the idea of "service over self". Many of these skills are fostered through service learning, but a key component needs to be reflection. The idea of reflection, possibly with journal writing, is something that should be instill in those students involved in service learning. Reflection teaches skills in life long learning. It teaches students to think "I can make a difference no matter how small or insignificant it may seem."

The discussion has demonstrated that there is a direct correlation between participation in service learning and leadership-related outcomes The health profession and the nation can benefit from implementing a service learning component, that focuses on development of servant leaders, into classroom activity. For instance, a nursing student in their introductory class that focuses on general concepts behind nursing can benefit from interaction with a community that demonstrates some of the concepts studied in the classroom. Learning to serve a community, like the homeless or children in need that may or may not have a medical concern will provide experiences for the student to draw upon in the classroom. The student may come to understand another culture, socioeconomic class, or different age group. The information gathered by the student during their time of service will later relate to their work as a professional when they encounter that culture, socioeconomic class, or age group. Learning to serve others is a skill that can be used in everything that student does in and out of their future profession.

Implementation

Information has been provided from the Pew Health Professions Commission about concerns that have been raised about US health care. HPSISN was created to build community partnerships in health education. Now it is time to add another dimension, leadership development, to assist health professional schools in developing leaders for the

future. Educators need to be aware of the two dangers in leadership development programs; elitism and training in managerial techniques. John Gardner, Haas Professor of Public Service at Stanford University, gave his advice on teaching for and about leadership. He urged "a shift from competitive curriculum to cooperative curriculum [and] from individual to group performance" (Couto, 67). Educators should encourage and motivate students to "seek positions of leadership as a vehicle of service" (Couto, 67). In education, students should be taught *for* and *about* leadership. They should be taught about the theory and for the practice. Students will not learn about leadership by being lectured at, they need to be doing it. Service learning provides students with a great opportunity to learn both dimensions of leadership. The service provides the environment to learn for and reflection period that accompanies service learning will provide the opportunity to learn about leadership.

The Wingspread Theory, while laying out characteristics of a strong service learning project, is also displaying characteristics of a strong leadership development process. Many of the ideas behind an effective service learning program are important in the development of an effective leadership development program. Schools that have already implemented the service learning process can use this as the basis for the leadership development process. The students just need to be made aware of the fact that they are developing leadership skills by taking an invested interest in service learning. This is where the actual learning process or reflection plays an important role. Each of the points of the Wingspread Theory has been expanded upon to relate it to leadership development.

1. An effective program engages people in responsible and challenging actions for the common good. The tasks that are chosen for participation should be recognized as important to both the community and the individual serving, not just one side or the other. Active participation should be sought which involves "accountability for one's actions, the right to take risks, giving participants the opportunity to experience the consequences of those actions for others and for themselves"

(Kupiec, 13). Leadership also engages people in responsible and challenging actions. An effective leader takes risks for the common good. It is not always easy to be a responsible leader and service learning can demonstrate that idea. There is a level of accountability and responsibility that accompany both service learning and leadership. A majority of the leaders in the health profession are accountable to the patients and responsible for their well-being. It is beneficial to health education to challenge students and have them define responsibility and accountable with their own actions.

2. **An effective program provides structured opportunities for people to reflect critically on their service experience.** Discussions and individual reflection provides a key component to developing "a better sense of social responsibility, advocacy, and active citizenship" (Kupiec, 13). Feedback can also play a development of skills and self. Reflection needs to be a key component with any activity an individual completes in order to evaluate what occurred. Many individuals are probably not even aware that they are leaders in some way or another everyday of their lives unless they are asked to reflect and become aware. Critical thinking and reflections are a way for a good leader to become great because they will get in the habit of evaluating themselves in everything they do to see what was effective and what was not, to see how they impacted another and how they would like to make other impacts. Reflection allows for personal growth and development of skills and creates life long learners. With an environment that is so dynamic, health professionals need to consistently evaluate themselves in relation to their changing surrounds. Any individual that can learn to reflect accurately and effectively on what they were involved in will be able draw correlations between various actions and outcomes and become more effective as a citizen and a professional.

3. **An effective program articulates clear service and learning goals for everyone involved. From the onset of the project, participants and service recipients alike must have a clear sense of: 1) what is to be accomplished and 2) what is to be learned.** All parties, those receiving and those

providing the service, should partake in this decision making portion in order to set goals in accordance with the values of the community. Effective leaders set visions and goals. Service learning is a tool for students to learn how to set goals and follow them. Leadership involves setting personal goals as well as setting group goals. There is a skill of negotiation involved when setting goals that can be fostered through service learning. Finally, goal setting prepares individuals to look towards the future and become visionary. Health professionals and the patients should also have these same goals in mind. The attitude should not be strictly towards curing but rather what do you want out of life and how can we help in each learn from this situation.

4. An effective program allows for those with needs to define those needs. Collaboration will insure that 1) jobs are not being taken from the community, 2) the project involved tasks that would otherwise go undone, 3) the focus of the efforts on tasks and approaches are on what the recipients define as useful. Effective leaders listen to their followers. Without followers there would be no leaders. It is sometimes most productive for those being served to define the root of the problem in order to be best served. A leader who is effective will listen to the concerns of her constituencies in order to help transform them to a higher level. For instance, it is the patient's body that is being examined and the patient should have a large say in what happens to them. Practitioners need to become more aware of what those they serve want and help those individuals feel more a part of the solution by including them in the decision making.

5. An effective program clarifies the responsibilities of each person and organization involved. Participants (students, teachers), community leaders, service supervisors, and/or sponsoring organization should be clear on their position and feel they have a stake in the process. Leaders can not do all the work all of the time. Learning to delegate and be responsible for the part that has been delegated to you is a great skill to learn when being a member of a group. Trust can be built between people when roles and responsibilities are defined and followed through with. In times of trouble when

adaptive problems must be faced, it is the trust between the practitioner and patient that will facilitate the delegation and follow through of responsibility.

6. An effective program matches service providers and service needs through a process that recognizes changing circumstances. The program should provide opportunities for continuos feedback about the changing dynamics of the service. Differences of any sort should be recognized and dealt with initially. Recognizing change and providing feedback is yet another skill that helps a leader. Service learning provides an environment to learn how to give and receive feedback and to be responsive to changes that may come your way. Communication between the practitioner and the patient should be strong in order to handle the changes in well-being and service learning can help a practitioner develop the necessary communication skills that will help them be most effective.

7. An effective program expects genuine, active, and sustained organizational commitment. The commitment must come from the participants (students, teachers), the community, and the sponsoring organization. The commitment may be in the budget, allocation of space, equipment, or transportation, or in administrative support. Just like a program expects genuine, active, and sustained commitment; so does leadership. A leader and health professional expect these things of their followers and a follower or patient expect it of her leader.

8. An effective program includes training, supervision, monitoring, support, recognition and evaluation to meet service and learning goals. This reciprocal relationship requires open communication between all sides in all stages beginning with training and ending with evaluation. Once again all important themes in leadership. These are skills leaders will need when helping a group attain a goal. Service learning will help individuals experience different styles of the above.

9. An effective program insures that the time commitment for service and learning is flexible, appropriate, and in the best interests of all

involved. Careful planning should occur to assure that the project is not aborted too soon or that the demand is not too burdensome to any side. Leadership involves a commitment; a commitment by the leader and the follower. Effective leaders are aware of the time, place, and situation in which they can be productive. The relationship in health also demands a commitment by the professional and the patient to follow through with the responsibility deemed to them.

10. **An effective program is committed to program participation by and with diverse populations.** Efforts should be made to welcome and invite persons from all ethnic, racial, and religious backgrounds, as well as varied ages and genders. Effective leaders also need to make every effort to include and welcome diverse populations. Learning how to talk to and relate to someone different than yourself is another key component in leadership. Relating to the various cultures is a concern for health professionals. Community awareness and sensitivity is so important in order to care for our diverse nation. Service learning can begin helping a pre-health professional to become aware of all the various needs.

Since service learning is a tool for individual development of students, the site selection is important. Health students are given the opportunity through their clinical component to practice the skills of the job. The service learning component should provide a different experience from clinicals in that it will provide an opportunity to grow personally and morally and expand their knowledge of the surrounding community. Students should be encouraged to take risk and go outside of their comfort zone when choosing a site. If the student has had experience working with children or the homeless than for this opportunity the student should choose to interact with another age group or in another social concern. This will the student with a greater background for comparison and contrast in reflection.

The sites that are chosen should also be carefully examined. Students should look to engage in organization that have some time to devote to the student without them being

just another volunteer in the masses. A student should not force themselves upon a site that does not have an opportunity to shadow a leader or complete a task in direct contact with another person. For instance, preparing the fields before a baseball game at the nearby YMCA does not constitute for the type of service needed. Coaching a baseball team in a underprivileged area and interacting with the children as a role model would provide an accurate type of service. For health professionals, volunteering at the local AIDS ministry, soup kitchen, or teaching teenagers about well-being all constitute acceptable service.

Now that the practicum for service learning has been discussed, the learning component will be examined. It is extremely important for the effectiveness of service learning for students to be provided with a structure to reflect individually and in a group about their experience. There is a fine line that the educator with experience in service learning will conquer between providing too much structure and providing not enough structure. Students can feel overwhelmed if they are consistently being asked to relate this week's service to a concept from class, but the students will not draw enough conclusions if they are allowed to ramble about their site or are not questioned so that they look at their service from a different angle.

A key concept in service learning is the idea of action reflection. There are two extremes to this concept. On the one end is action without reflection in which the service is used as socialization into a role (Couto, 261). For instance, the clinicals that health professionals are expected to complete is a service with certain tasks that socialize them into their future practice. On the other extreme of action without reflection comes a service that does not have defined roles and individuals fall into "do-goodism" (Couto, 262). This type of service may include typical community service activities like Big Brother/ Big Sister. The concept of "structured disequilibrium" provides a visual for educators to use provide an environment within which students are developing and learning (See Figure 4).

Figure 4: The Circle of Structured Disequilibrium
Taken from: "Assessing a Community Setting as a Context for Learning"

The Circle of Structured Disequilibrium
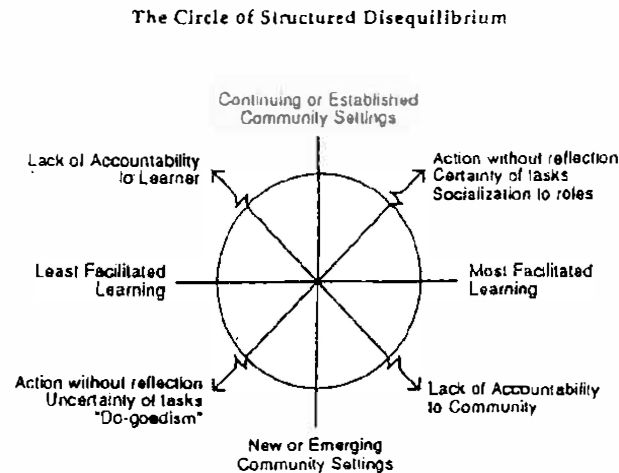
This figure can be used to assess a community setting. The area within the circle is a prime area for which service and learning can be completed. The two axis's provide the structure for the graph with the horizontal axis being facilitated learning and the vertical aixs being existence of the setting. At each of the four corners are extremes in which the learning process is hindered in some way. The broken lines indicate that the learning and service balance has been dismembered. The structure of the learning component should remain within the circled area in order to be most productive for everyone.

The learning process or action reflection is facilitated by journal writing and classroom discussions. The journal provides the educator with a tool to monitor the service and learning balance. A journal can provide an effective learning tool while maintaining academic quality. Eugene Alpert provides a rationale behind the purpose of journal writing. Broadly, journals provide a written record of activities. They provide a demonstration of a student's ability to evaluate and think critically while also serving as a monitor for changes in the development of skills and knowledge. Journals provide an opportunity for feedback from the professor and as a source for documentation of difficulties at the site for future consideration. Journals force students to pay close attention, serve as a tool for self-evaluation of skills, and facilitate the student's self-discovery. Finally, journals provide a central location to discuss goals for future action and provide the professor with additional credit justification (Alpert, 2-3).

Along with journals, many student find classroom discussions/ reflection enjoyable and beneficial to the drawing connections. It is helpful to discussion if students are given a journal assignment prior to the class meeting in order to get each individual's thought process and creativity flowing. During the discussions, student's can freely express their opinions and actively listen to others speak on their experience.

Astin and his colleagues at the Higher Education Research Institute created a model of social change that can provide the backdrop for the learning component. This model, if applied appropriately, could hold the students in the action reflection circle. In the Astin model, there are some basic premises that they state before explaining their model.

- "The model is inclusive and is designed to enhance development of leadership qualities in all participants- those holding formal leadership position and those not".

-"Leadership is viewed as a process rather than a position".

-"'Service' is a powerful vehicle for developing student leadership capabilities... Learning happens by 'making meaning' out of life experiences. (Social, 18)

The model has two goals: to develop student's self-knowledge and leadership competencies and to facilitate positive social change. The three perspectives that the model uses is The Individual, The Group, and the Community/ Society.

Figure 5: A Social Change Model of Leadership Development

Group

Individual   Society/ Community
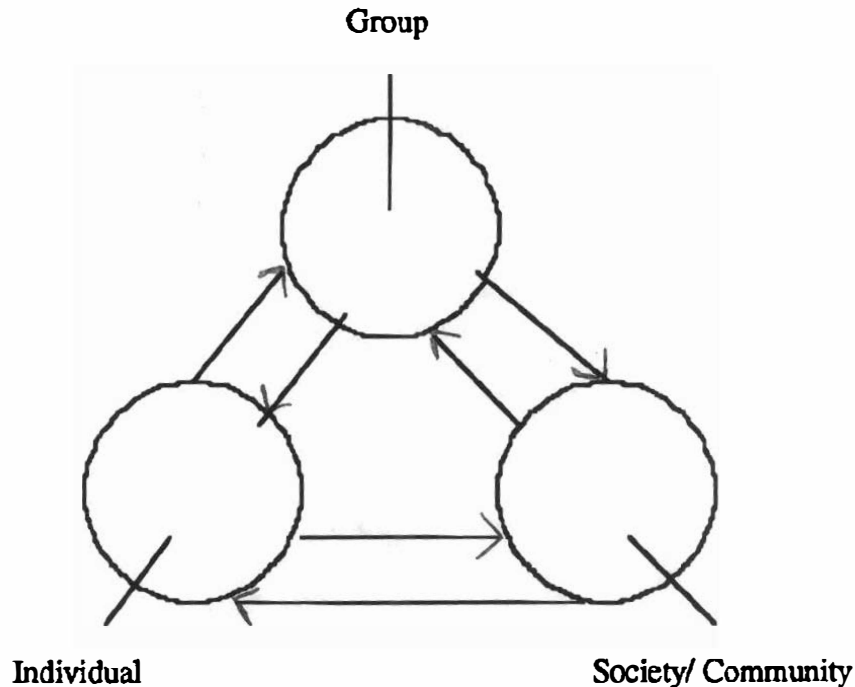
The model can be very helpful in understanding the development from the individual

through the group and into the community. All of the three groups effect each other in a

reciprocal fashion as shown through the arrows. The individual is effected by the group

within which it is working and the group is effected by this individual. Society is effected

by the individual as the individual is effected by society. This reciprocal relationship works

around the whole model. The group focuses it energy to bring about change in society and

society's response to that effects the group's process there after. The authors determined

that there were seven core values at the heart of this leadership development model. They

called them the "7 C's" and these characteristics can be used in structuring reflection.

-Individual Values

* Consciousness of Self- "means being aware of the beliefs, attitudes, values, and emotions that motivate one to take action".

* Congruence- "refers to thinking, feeling, and behaving with consistency, genuineness, authenticity, and honesty towards others". It is achieved when individuals act with commitment and knowledge of self.

* Commitment- "is the psychic energy that motivates the individual to serve and that drives the collective effort". Without commitment knowledge of self is of little value.

- Group Process Values

* Collaboration- "is to work with others in a common effort. It is the cornerstone value of the group leadership effort because it empowers self and others through trust".

* Common Purpose- "means to work with shared aims and values. It generates high levels of trust".

* Controversy with Civility- "recognizes two fundamental realities of any creative group effort: that differences in viewpoint are inevitable, and that such differences must be aired openly but with civility". Along with this comes respect for others, and a skill of constructive criticism. Conflict helps a group continue to grow and develop.

-Community/Societal Values

* Citizenship- "is the process whereby the individual and the collaborative group become responsibly connected to the community through leadership development activity". (Social, 22-23)

* CHANGE (the ultimate goal of creative leadership process)

Each of the 7 C's has potential to be used for classroom exercise or journal writing so that the student is posed with questions that helps develop them personally and morally. Warren Bennis and J. Goldsmith have written a workbook, Learning to Lead, that students can complete in order to develop their self-awareness. With self-discovery, individual values will become shaped. An educator can arrange a session in which students talk about their values and are introduced to a moral dilemma that challenges the strength of those beliefs. This development will lend to an individual's congruence. Finally in the Individual category, an educator can arrange a session in which students list their values on cards and then are asked as a group to rank them in order. This determines what they are commited to and also provides for a common purpose.

Once the individual has examined themselves and evaluated their actions and behaviors, the group values can be developed. Collaboration is key competency that the Pew Commission says will be pertinent to the future of health care. For collaboration to

take place, communication and feedback skills must be developed. With the development of these skills in a group environment, trust will be fostered and bridges will be crossed. M. Winer and K. Ray have written Collaboration handbook: Creating, sustaining, and enjoying the journey which takes the reader through the process of collaboration from definition to application. The basis for collaboration is common purpose. Educators can arrange simulations in which students are faced with a group dilemma and need to solve differences that may arise. When working in a group, differences are bound to arise and conflict resolution skills can foster the group's productivity. Within the service learning component, students can develop ways to handle "controversy with civility" in a real life setting. Service learning provides an atmosphere for students to learn about themselves, learn about and in a group, and finally apply that knowledge to citizenship and change. The leadership skills that student develop within a structured program will help them become better servant leaders and citizens.

Another source that educators can used in structuring their learning component is J. Thomas Wren's book, The Leader's Companion. This book provides a collection of readings on leadership for students to reflect upon in relation to their service experience. Various theories, skills, moral components, and questions about leadership and followership are posed. For example, students could be asked to read Robert Kelley's article, "In Praise of Followers", and reflect upon whether they encompass the qualities of an effective follower or describe which of the five patterns of followership they would place themselves when working in their service site.

Implementing service learning into a curriculum with a focus on leadership development has great potential to help the health care profession. Students learn how to reamin responsible and commited to an organization through the service component. They are also porvided with an opportunity to shadow leaders and note their strengthens and weaknesses. The learning component teaching students to reflect, evaluate, and to think critically. It is important in today's fluctuating society to become a life long learner and

service learner can foster habits within students that do just that. This section has provided a brief background for beginning educators to use when incorporating such an inclusive style of learning into their classroom.

Conclusion

In this paper, issues have been examined that are related to the need for change in the health profession. As a field that is so dynamic yet has a large effect on the well-being of our society, the need for some new approaches to educating health professionals is a must. Studies have indicated the need for professionals to understand and support their surrounding communities better. Experiential education, specifically service learning, is a tool that universities that foster the development of individuals that will be more in touch with the issues that the health field faces. The idea of collaboration, effective communication, and teamwork are all issues that effective leaders use when enforcing change. Change is exactly what this discipline could use. The traditional way to care for people is a dinosaur. The profession when facing the turn of the century will need individuals who are diverse in thinking, reflecting, and understanding the need to serve. Service is a key to this profession but the way service is approached must be analyzed. I have presented a form of teaching that any curriculum could include to foster the development of "service over self". Service learning, which relates the classroom to the surrounding community, will develop the type of leaders that the health field will need to face the change for the 21st Century. To restate what was said at the beginning of this paper,

"Enlightened leadership is service, not selfishness. The leader grows more and lasts longer by placing the well-being of all above the well-being of self alone"- Lao-Tzu

This enlightened leadership will help the health field become more efficient and more proactive rather than reactive. This enlightened leadership can change the curing into caring and the individuality into teamwork. This enlightened leadership will make the difference for tomorrow.

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Appendix A: Summary of Competencies for 2005
Taken from: Report of the Pew Health Professions Commission: February 1993

Care for the Community's Health- Understand the determinants of health and work with others in the community to integrate a range of activities that promote, protect, and improve the health of the community. Appreciate the growing diversity of the population, and understand health status and health care needs in the context of different cultural values.

Provide Contemporary Clinical Care- Acquire and retain up-to-date clinical skills and apply them to meet the public's health care needs.

Participate in the Emerging System and Accommodate Expanded Accountability- Function in new health care settings and interdisciplinary team arrangements designed to meet the primary health care needs of the public, and emphasize high-quality, cost-effective, integrated services. Respond to increasing levels of public, governmental, and third-party participation in, and scrutiny of, the shape and direction of the health care system.

Ensure Cost-Effective Care and Use of Technology Appropriately- Establish primary and secondary preventive strategies for all people and help individuals, families, and communities maintain and promote healthy behaviors.

Involve Patients and Families in the Decision-making Process- Expect patients and their families to participate actively both in decisions regarding their personal health care and in evaluating its quality and acceptability.

Manage Information and Continue to Learn- Manage and continuously use scientific, technological, and patient information to maintain professional competence and relevance throughout practice life.

Appendix B: Characteristics of the Emerging Health Care System
Taken from: Report of the Pew Health Professions Commission: February 1993

Orientation Toward Health- greater emphasis on prevention and wellness, and greater expectation for individual responsibility for healthy behaviors

Population Perspective- new attention to risk factors affecting substantial segments of the community, including issues of access and the physical and social environment

Intensive Use of Information- reliance on information systems to provide complete, easily assimilated patient information, as well as ready access to relevant information on current practice

Focus on the Customer- expectation and encouragement of patient partnerships in decisions related to treatment, facilitated by availability of complete information on outcomes and evaluated in part by patient satisfaction

Knowledge of Treatment Outcomes- emphasis on the determination of the most effective treatment under different conditions and the dissemination of this information to those involved in the treatment decisions

Constrained Resources- a pervasive concern over increasing costs, coupled with expanded use of mechanisms to control or limit available expenditures

Coordination of Services- increased integration of providers with a concomitant emphasis on teams to improve efficiency and effectiveness across all settings

Reconsideration of Human Values- careful assessment of the balance between the expanding capability of technology and the need for humane treatment

Expectations of Accountability- growing scrutiny by a larger variety of payers, consumers, and regulators, coupled with more formally defined performance expectations

Growing Interdependence- further integration of domestic issues of health, education, and public safety, combined with a growing awareness of the importance of US health care in a global context

Appendix C: **Outcome Areas of Civic Responsibility and Life Skills**
Taken from: "Leadership and Higher Education..." by Richard Couto

Characteristic	Service Participants Freshmen Follow-up Change			Nonparticipants Freshman Follow-up Change			Service Effect Size[1]
Civic Responsibility							
Students' Commitment to:							
Participate in a community action program	45.4	42.8	-2.6	32.3	19.9	-12.4	.21
Influence social values	51.0	58.8	+7.8	47.1	45.0	-2.1	.10
Help others in difficulty	73.6	81.4	+7.8	58.6	63.3	+4.7	.14
Promote racial understanding	57.2	53.1	-4.1	54.6	42.6	-12.0	.10
Influence the political structure	26.0	28.0	+2.0	21.3	18.1	-3.2	.07
Be involved in environmental cleanup	36.3	29.0	-7.3	30.6	22.8	-7.8	.06
Disagreement that "Realistically, an							
individual can do little to change society."	81.7	79.6	-2.1	76.1	65.8	-10.3	.12
Life Skills							
Leadership ability	63.5	65.6	+2.1	54.7	52.1	-2.6	.11
Social self-confidence	50.0	59.7	+9.7	47.2	52.3	+5.1	.04
Change during college in:							
Understanding community problems		73.5			59.2		.13
Knowledge of different races/cultures		69.9			56.0		.08
Acceptance of different race/cultures		61.0			47.2		.08
Interpersonal skills		87.9			75.6		.09
Understanding of nation's social problems		76.6			65.0		.09
Ability to work cooperatively		76.1			65.7		.08
Conflict resolution skills		75.8			69.1		.08
Ability to think critically		88.3			85.1		.07

[1] Standardized regression coefficient (Beta) with controls for entering student characteristics and college environments. All coefficients are statistically significant at p<.01.

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