

Issues at the End of Life - a Multi-Disciplinary Service-Learning Course

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Executive Summary

“Issues at the End of Life” (EOL) is a multi-disciplinary service-learning course offered jointly by Susquehanna University’s Office of the Chaplain, SU’s Department of Philosophy and Religion, and the Palliative and Supportive Medicine Program of the Geisinger Health System.

The course is *multi-disciplinary* because it examines issues surrounding terminal illness, life support, death and dying, grieving, funeral practices and views of “afterlife” from religious, pastoral, scientific, medical, ethical, legal, cultural, and psychological/counseling viewpoints.

The course is *service-learning* because each student works with a member of the community who is approaching the end of life by virtue of age, illness or both.

Students routinely report instances of new insights and transformation of perspective. For example, in response to the question, “What, if anything, do you view differently now versus prior to the course?” frequent responses include changes in attitude toward assisted suicide; increased comfort with discussions of serious illness, dying and death; and a new appreciation and acceptance of cultural and religious differences.

The instructors attempted to identify other undergraduate courses like EOL. They found numerous courses on death and dying, but few were multi-disciplinary and none employed service-learning pedagogy. So far as they could determine, therefore, EOL continues to be unique in its design, style of teaching and learning, and extensive use of collaboration.

After teaching the course the first time in 2003, the instructors undertook a qualitative and quantitative analysis of the course evaluations provided by students and guest presenters. That research and assessment resulted in an article that was published in the [Journal of Palliative Medicine](#) (Volume 8, Number 2, 2005).

Program Description

The primary instructors are SU's chaplain, the Rev. Mark Wm. Radecke, D.Min., and Geisinger's Director of Palliative Medicine, Neil M. Ellison, M.D. Half of the 28 class sessions focus on religious, spiritual and theological issues; the other half feature guest presenters from Geisinger, including physicians, nurses, bioethicists, hospice and social workers and counselors.

Community volunteers who are of advanced age and/or stages of illness are recruited on the basis of their willingness to receive six to eight visits from a student during the semester, and to discuss their lives and current situations. Together, students and those they visit work on the design and creation of a “legacy project” – typically a scrapbook, photo album, oral history, written narrative or other tangible artifact that represents the community member’s life story in a way that s/he finds meaningful. These artifacts become the property of the community members (referred to as a “legacy partners”), to be passed on to their heirs. Each student keeps a legacy journal and makes a formal presentation to the class that includes a summary of their work with their legacy partner and an academic discussion of research relating to some aspect of the partner’s life. Such presentations have included the role of faith in coping with loss, the biology of Alzheimer’s disease, psycho-social dynamics of the loss of a spouse, and beliefs and funeral practices of Native Americans. Each class session begins with a “culture moment” during which a popular song, news story, cartoon or film clip dealing with issues pertinent to the class is viewed/heard/read and discussed.

Positive impact on student learning, transitions, retention and/or success

Students routinely report instances of new insights and transformation of perspective. For example, in response to the question, “What, if anything, do you view differently now versus prior to the course?” frequent responses include changes in attitude toward assisted suicide; increased comfort with discussions of serious illness, dying and death; and a new appreciation and acceptance of cultural and religious differences. Because a field trip to a funeral home is part of the course, students also report decreased anxiety with regard to funeral establishments and the services they provide, and increased awareness of options at the time of death. One student wrote that “it was the best course I have ever taken, and it allowed me to grow emotionally and academically.” Another offered the opinion that “every student should be required to take this course.”

A majority of students indicated a heightened awareness of the reality of death, but felt better prepared to cope with it, to grieve and help others who are grieving, and to deal, as one student put it, “with my elders or people near the end stages of life.”

In terms of retention, 100% of the participants in the classes have graduated or continue as students. It is impossible to infer whether this course has any impact on that rate of retention.

Relevance to institutional mission

The University’s mission statement states that “Susquehanna University educates undergraduate students for productive, creative, and reflective lives of achievement, leadership, and service in a diverse and interconnected world.” Our Guiding Values refer to valuing diversity, learning in and out of the classroom, engaging the larger world, and demonstrating a commitment to service. The first priority of our current strategic plan focuses on expanding opportunities “that connect practice and experience to scholarly reflection ... and foster civic engagement.” The service students undertake with their legacy partners and reflection on that service and on their relationship with the partner heightens the impact of the encounter and consequently the learning. The campus of an undergraduate university can be a place with significant age segregation. A sixty to seventy year age differential between the students and their legacy partners helps students engage an aspect of diversity too often ignored in our culture and on our campuses.

Demonstration of success in addressing student needs and/or critical campus issues

Many students articulate a need to get out of their comfort zones. Establishing meaningful relationships with individuals approaching the end of life, hearing their life stories, and having conversations around death and dying moves students well out of those comfort zones, expanding their capacity for understanding, compassion and response. A session on suicide and suicide prevention also addresses a perennial campus concern.

Collaboration with academic affairs

EOL is a collaborative effort of the Chaplain’s Office and the Department of Philosophy and Religion. The provost has been most supportive of this course.

Collaboration with others

EOL is a highly collaborative program. Beyond the seminal collaboration between Susquehanna and

Geisinger, we have cultivated relationships with six local Christian and Jewish congregations and two nursing homes without whose help recruitment of suitable legacy partners would be impossible.

Originality and creativity

Drs. Ellison and Radecke attempted to identify other undergraduate courses similar to EOL. They found numerous courses on thanatology or death and dying, but few were multi-disciplinary and none employed service-learning pedagogy. So far as they could determine, EOL continues to be unique in its design, style of teaching and learning, and extensive use of collaboration.

Because of EOL's originality and creativity, the course has also garnered national attention and was featured in articles in [The Chronicle of Higher Education](#) (11 July 2003), [The Lutheran Magazine](#) (November 2003) and [The Pittsburgh Post-Gazette](#) (December 19, 2004).

Effective use of technology and other resources

Each student is required to select a feature film from a list prepared by the instructors, view that film, write a brief synopsis and an examination of themes in the film that relate to topics covered in class. These papers are posted on Blackboard and downloaded so that each student finishes the course with a written discussion of twenty feature films dealing with matters germane to the course. PowerPoint is used as appropriate, as are DVDs and CDs.

Innovative practical use of research and/or assessment

After teaching the course the first time in 2003, Drs. Radecke and Ellison undertook a qualitative and quantitative analysis of detailed course evaluations provided by students and guest presenters. That research and assessment resulted in an article that was published in the [Journal of Palliative Medicine](#) (Volume 8, Number 2, 2005). Each time the course has been taught, IDEA Student Ratings of Instruction were used. In addition, every student completes an evaluation of the practical and academic aspects of the class. Along with journals, discussions and the leaders' observations, these have proved to be invaluable in terms of improving the course from year to year.

Evidence of sustainability

EOL has been fully enrolled each of the three times it has been offered (academic years 2002-2003, 2005-2006, and 2008-2009).

Conclusion

Though the course deals with issues at the end of life, it has had the paradoxical and highly desirable effect of causing students to be more reflective about life itself. This statement from a student evaluation is typical: “Because of the time in my life when I took this class, it has helped me realize that life is too short and fragile to not make the best of every situation.”

Assessment Data

As mentioned in the program description, after teaching the course the first time in 2003, Drs. Radecke and Ellison undertook a qualitative and quantitative analysis of detailed course evaluations provided by students and guest presenters. That research and assessment resulted in an article that was published in the [Journal of Palliative Medicine](#) (Volume 8, Number 2, 2005).

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Students in the first class were asked to provide a written evaluation of the course by responding to ten open-ended questions. Their responses were submitted anonymously and complete candor was encouraged. A less detailed evaluation of the overall experience by the course instructors was also solicited.

STUDENT COURSE EVALUATIONS

The ten questions and a compilation of replies are given below.

1. Do you think this was a worthwhile course? Why?

All students felt this was a worthwhile course. Some described that the life lessons learned were “priceless” and would allow them to better prepare for the death of loved ones, grief, bereavement and difficult communication issues. One student stated it was “the best course [I have] ever taken and it

allowed me to grow emotionally and academically.”

2. What things do you view differently now versus prior to the course?

Changes in attitudes regarding physician assisted suicide; being more comfortable with discussions of illness, dying, and death; and a new appreciation and tolerance for cultural and religious differences were frequent replies. One student was no longer “freaked out by funeral homes.” There was a better understanding of the nature of palliative care and grief and bereavement.

3. What did you find most useful?

Methods of communicating with others in difficult and sad situations were the most frequent replies. In addition, insight was gained into real life situations of family members when they experience the loss of a loved one.

4. What did you find least helpful?

Several mentioned that too many things came due in the last two weeks of the semester. With regard to the legacy project, one student offered the opinion that “people should not be homework.” One student stated, “I always left class feeling depressed.” Another listed tribal funeral rites as something he did not need to know.

5. What changes would you make for future courses?

Several students stated more time for the legacy work. Another wanted fewer medically oriented presentations and more religious ones with visits from priests, rabbis and other clergy. A interesting reply was, “Offer counseling. This is an emotionally difficult class to take for our age group. We all have lost or we soon will lose grandparents.” In response to this suggestion, the instructors made it clear that they personally and the university counseling center were available for students experiencing emotional or spiritual stress from dealing with matters raised by the class.

6. Would you sign up again if you knew what the course content was?

Yes, 14; no, 4. This interesting split occurred despite all students stating that they believed the course was worthwhile. Since this was a simple yes or no response, the reason for this seeming paradox is unknown. We suspect that some participants felt that various sessions were depressing or emotionally draining.

7. Would you recommend this course to other students? (Score 1 to 10 with 1 definitely not and 10 strongly recommend)

Fourteen students, 5 or above; 4 students, below 5. See comments for question 6.

8. Has it changed any of your interpersonal relationships? If yes, in what way(s)?

No, 5; yes, 13. There were two frequent responses. The first was that it allowed students to be more comfortable and open in discussing serious illness, death, and grief. Several initiated conversations with their families regarding advanced directives or some other similar personal topic. The second pertained to relationships and communication. An increased awareness and value of specific people in their lives (usually parents, grandparents, and in one instance, the legacy partner) was described. In addition, an enhanced emphasis on listening was mentioned.

9. Has your participation in the course changed your religious/spiritual perspective? If yes, how?

No, 13; yes, 5. Several experienced a strengthening of their own religious beliefs and understandings of religious diversity. Others mentioned the role that religion plays in comforting the grieving.

10. Is there anything that you will do differently now, after taking the course? If yes, what?

A variety of interesting answers to this question included concrete statements such as the need to have advance directives and “to hire a good attorney.” More global concerns were learning methods to comfort others who are grieving, living life to its fullest, and learning more about others and what is important to them.

INSTRUCTORS' COURSE EVALUATIONS

The course evaluation form for the Palliative Medicine Program presenters was not as extensive and was also solicited at the completion of the entire course. It asked for a general overview regarding whether this was a positive experience for them and if they enjoyed working with the students. For some, this was completed several months after their one interaction with the class. The instructors' evaluations were uniformly positive. All felt that the students were interested and interactive. Each would participate again. More extensive comments were solicited, including the following, which were given in response to **“Do you have any overall comments about the course?”**

1. “I enjoyed participating in the course. The students were receptive, attentive and engaging. I learned

more about my topic matter, and the student forum, with the questions and interaction, provided new perspectives one does not always garner from just preparing lectures. It is also helpful, as a healthcare provider, to remove yourself from the confines of your own work environment. Too often, we become myopic and constrained by our own perspective.”

2. “I enjoyed the class. I thought the student questions and participation were much more provocative than I really expected. I may change my format to better incorporate the use of the students’ questions from the beginning.

A final quote from a student and a faculty presenter provide a summary of the overall perspective of each group.

Student

"I think I will talk to my parents about issues discussed in the class. Let the people that I love and care for know before it is too late. Be there for them. Now I think I'm more able to cope with these things. I know what is 'normal' when it comes to grieving now and what isn't."

Course faculty

"I have no doubt a class like this is valuable to anyone who anticipated caring for someone (and everyone at some point in their life will likely be in that position). This class would have been valuable to me as a medical student. Instead I did as most people do and 'learned it on the streets.'"