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Career Statement, Fall, 2008
Public Health Leadership Program, UNC School of Public Health

Introduction

My teaching and educational scholarship, as well as their impact at the UNC School of Public Health and nationally, cross the disciplinary boundaries between educational policy with a focus on service-learning and community health. In this career statement, I describe the development of my career and indicate specific areas of teaching, scholarly impact, service contributions and my future goals. I also share an important life changing event that is enabling me to explore new areas of teaching and writing.

From Science to Service Learning: Teaching Based in Practice

Duke. I attended Duke in the mid-1980s, attracted by the opportunities, its growing reputation as an academic institution, and to be perfectly honest, warmer temperatures than my home state of New Jersey. However, I had not anticipated the disconnection I would experience between Duke's wealth and the poverty so close to campus. At this time, there was only a small group of faculty and students at Duke that recognized this dislocation between campus and community. Amidst a heavy load of science course, I was increasingly drawn to courses that involved me in the community. I took two of Dr. Sheridan Johns' courses on poverty and homelessness and two with Dr. Deborah Bender (now on the faculty in the UNC School of Public Health) that involved me in the local downtown shelter, a free health clinic, and a tutoring program for low-income students. These service-learning experiences provided me the opportunity to synthesize service, coursework and critical reflection. These experiences were the highlight of my Duke experience.

As an undergraduate, I had strongly considered medicine and public health. Yet teaching drew me forward. (Interestingly, my career path has brought me full circle, with a core focus on teaching MD, MPH students and public health practitioners.) My first teaching experience upon graduating with a Biology degree was a position teaching 2nd through 5th grade science, 150 students in all. Teaching became my life—I created plays with the students to act out low and high pressure weather systems, shot bottle rockets to illustrate physics principles, ran a science fair, and learned from mistakes and missed opportunities. More than anything, *I found something in the texture and energy of teaching, the creative moments with students, that I knew it would be hard to leave for another vocation.* This was **22** years ago.

New York: Hackley School and the Coachman Hotel. While I had experienced the energy and rewards of teaching, I increasingly wanted to find ways to connect my teaching with community service (i.e, service learning), creating similar opportunities for students that I had had as an undergraduate. I interned for one year through an Episcopal Church in New York with working homeless families living in temporary housing in the Coachman Hotel in White Plains, NY. National service programs such as *Americorps* had not yet been instituted as part of national policy, so I supported myself as a part-time nanny, living, ironically, with one of the Rockefeller families. My work with these homeless children involved creating and implementing a tutoring and after school program. As the program grew I sought out high school student volunteers at the school I where I had taught in Tarrytown and they quickly began to seek to understand how these families became homeless. In this dual teaching process, there was a connection between the children and the high school students that was profoundly important to me, and I wanted to find more opportunities to create such learning environments. This service program was built upon and continued by one of the county social service agencies.

Georgia: Darlington School. After New York, I accepted a teaching position at Darlington School, a boarding school in Rome, Georgia. I was hired to teach middle school science and organize a

fledgling after school community service program for the students. I first built and sometimes rebuilt relationships with community service organizations and community member. My students volunteered with a battered women's shelter, the Boys and Girls Club, nursing homes, low-income day care centers, etc. I drove students all over Rome and talked with agencies about their needs and how my students could make their work easier.

By the second year at Darlington, I developed a senior elective service learning course that delved into the social problems my students were encountering in their community service experiences. This idea was spurred by one of my students asking me whether we felt safe going to "Browntown" to work with the Boys and Girls Club across the railroad tracks where much of the subsidized housing existed. While I was initially shocked and visibly angry at his use of the term to denote this geographic area, I learned that "Browntown" was a common phrase used by the white Rome community. My goal was to create a course, *Poverty and Homelessness in America*, to examine the cycle of poverty and to reach beyond the perspective involved in "blaming the victim." I was both exhausted (this course was an overload) and energized. Teaching this course gave me further insight into the content that I was most drawn to teach, and I recognized that graduate work in sociology and possibly education might strengthen my skills and effectiveness with students. This course continued to be taught for two years after I left Darlington School.

Graduate Study: in Educational Research and Policy and Sociology

We selected the Durham-Chapel Hill area for graduate study. Initially I taught at the Carolina Friends School in Durham and then began full-time graduate work, completing a masters in Sociology and a doctorate in Educational Research and Policy, both at North Carolina State University. Having been in the field teaching for six years and away from academia, I was surprised, yet excited to learn that educators had embraced the term *service-learning* and that there were significant resources supporting the *AmeriCorps* program and research on service-learning. Through the mentoring of my advisor, Dr. Robert Serow, I conducted several studies with the Commission on National and Community Service on the extent of service learning in the State. We presented our findings to the Commission and published several peer-reviewed papers.

Co-Director, National Study on Community-Academic Partnerships for Health

For my doctoral dissertation, I co-directed a national study on the community involvement of academic health centers (AHCs) with Sarena Seifer, MD, Director of Community Campus Partnerships for Health (ccph.info). The study was supported by the Health Professions Schools in Service to the Nation (HRSA, DHHS), with funding from the Bureau of the Health Professions and the Pew Health Commission (see CV). This study examined external and internal forces prompting health professions schools to develop community-academic partnerships. Through this work, I developed expertise and interest in both health professions schools and change efforts in higher education, with a continuing focus on community partnerships (i.e., community-based research, service learning). We presented our findings extensively at the national level and wrote several peer-reviewed publications (see CV), prompting timely discussions on the need for organizational change to support community partnerships and scholarship—discussions that helped launch a movement toward increased national funding and visibility for community partnerships supporting community participatory research, service learning and broad level support for community engagement.

Postdoctoral Fellowship: W.K. Kellogg Community Health Scholars Program

After completing my doctoral work, I was awarded a post-doctoral fellowship with the Community Health Scholars Program (CHSP) (<http://www.sph.umich.edu/chsp/>) here at the UNC School of Public Health. The CHSP "post-doctoral program enables scholars to develop and enhance skills in working with communities and to engage in community-based participatory research." I partnered with United Voices of Efland-Cheeks, a community-based organization, to examine how this committed group of community leaders could build its organizational capacity. With Leo Alison as my primary community mentor, we conducted interviews with community members, presented findings to members and gave national presentations. With a one-year fellowship, impact is difficult to measure. Yet, it was not long after this study that there was a change in leadership in United Voices and future

postdoctoral fellows continued to build support and community efforts with United Voices. Also during this year, Dr. Janice Dodds and I collaborated on a project funded by the Association of School of Public Health which examined the structure and culture of Schools of Public Health for public health practice. We presented and published (see CV) our findings, and built on the growing dialog regarding the need for organizational change to support community-engaged scholarship.

Academic Faculty: Department of Family Medicine and Public Health Leadership Program

Shortly after my post-doctoral fellowship, I joined the faculty in the School of Medicine with the Department of Family Medicine. While my initial role focused on educational evaluation at the administrative level, I was able to secure several grants to work more closely with a core group of faculty in the Department of Family Medicine working on the medical school training grant called “Education for Lifelong Service.” This grant focused on training medical students in the following core areas: (1) leadership in service; (2) cultural competence; and (3) community service and service learning. I was central to the evaluation and development of the course, Advanced Leadership Skills in Community Service with Adam Goldstein, MD, MPH. An article about this course and its outcomes is currently in press with *Academic Medicine*. I joined the Public Health Leadership Program (PHLP) at the School of Public Health and continued a joint appointment with the School of Medicine until July, 2008. While I keep close connections with the Department of Family Medicine, my work and role is now primarily in SPH, which enables me to focus more of my time and energy in public health. The PHLP program is an excellent fit for two reasons: (1) it allows me to focus more of my time with the MD, MPH students through the Health Care and Prevention Program (Director: Russell Harris, MD, MPH) ; and (2) it is a natural home for me because of PHLP’s unique focus on teaching and educational scholarship and educational evaluation. In this faculty role, I have played a central role in PHLP’s evaluation efforts and have been the team leader in designing a course evaluation system for the program.

Teaching and Educational Scholarship as Core Areas of Impact and Innovation

In this section, I focus on core areas of impact and innovation in three areas: (1) Teaching; (2) Educational and Public Health Evaluation; and (3) Community-Engaged Scholarship Toolkit. To clearly present these outcomes I briefly describe them, present a table for each of these areas of impact and innovation and indicate when there is information in either my CV and/or Teaching Portfolio.

Table 1A. Table of Accomplishments for Teaching

This table summarizes my accomplishments in teaching at UNC. More detailed descriptions are provided in the Teaching Portfolio and specific citations are in my CV. In evaluating short-term outcomes in teaching, we want to know if students report satisfaction with their instructors, and whether knowledge, skills and competencies are gained through coursework. More intermediate and long-term outcomes relate to student career decisions, awards and fellowships and peer-reviewed publications and presentations. Even longer term impact can be examined by perspectives of current employers. Outcome highlights are indicated in the table below.

Core Area	Short and Long Term Outcomes(Impact) and Innovation
<p>Teaching</p> <p>*Please also see Teaching Portfolio and CV</p>	<ol style="list-style-type: none"> 1. 4 peer-reviewed student publications and 2 peer-reviewed presentations. 2. Student letters indicate strong effect of teaching on career, awards, and personal growth as a learner and professional (see Teaching Portfolio). 3. Innovative Leadership Course in Community Service (in press, <i>Academic Medicine</i>). Many of these students have earned an MPH through the Health Care and Prevention Program in PHLP (see CV, Teaching Portfolio, publication). 4. Student Awards (see Teaching Portfolio, pg. 7). 5. Course Evaluations indicate high level of satisfaction and self-report of meeting course objectives (see Teaching Portfolio, pgs. 14-25). 6. Dissemination of Program Planning and Evaluation course. <ol style="list-style-type: none"> a. Department of Maternal and Child Health, Spring, 2009 (grant supported through the UNC General Administration).

	<ul style="list-style-type: none"> b. HC&P masters students use course as a self-guided teaching tool for writing masters papers on program planning and evaluation. c. I meet directly with medical school faculty who are creating public health programs that students are writing for their masters papers. Thus, I provide expertise to medical faculty on program development and evaluation. <ul style="list-style-type: none"> 7. Involvement in overall contribution to HC&P program (Harris, R, Academic Medicine, forthcoming, 2008). PHLP Program Review (2007) indicated that graduates found the program to have an important effect on their career decisions and skill application. 8. Successfully funded on educational training grants (see CV). 9. Curriculum Vita indicates long-term commitment to peer-reviewed publishing (20) and presenting teaching and educational scholarship.
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Table 1B. Table of Accomplishments for Practice in Educational and Public Health Evaluation

In addition to teaching Program Planning and Evaluation, I have been actively involved in directing educational and public health evaluations. This is my primary public health practice contribution. I see my primary role as an evaluator as *supporting the program's improvement focus* by providing regular and iterative feedback. This enables a program to reach its outcomes, and when appropriate, be disseminated widely for use by other learners. Other key measures include the educational project's sustainability and peer-reviewed publications and presentations. These measures are indicated below.

Core Area	Short and Long Term Outcomes (Impact) Innovation
<p>Educational and Public Health Evaluation</p> <p>* Please also see CV and external letters</p>	<ul style="list-style-type: none"> 1. Education for Lifelong Service, HRSA Training Grant <ul style="list-style-type: none"> a. Curriculum disseminated to 160 medical students for three years. b. Advanced Leadership skills course sustained after grant funding and community service center institutionalized into the SOM. c. Peer-reviewed article on Leadership course in press (see CV). 2. Anatomy for Web-Based Instruction, US Dept. of Education (see letter by Professor Granger, PhD) <ul style="list-style-type: none"> a. Disseminated to three medical schools and one dental school (UNC-Chapel Hill, Morehouse, Dartmouth, UNC Dentistry). b. Sustained use in these schools after grant funding ended. Acquired additional funding from Elsevier Inc to complete the project in Summer, 2008. DVDs will then be marketed to all health professions schools in the country. c. Multiple publications and presentations (see CV). 3. Bathing Without a Battle, Video and CD-ROM, Retirement Research Foundation (see letter by Professor Phil Sloane, MD, PhD), http://www.bathingwithoutabattle.unc.edu/ <ul style="list-style-type: none"> a. Disseminated with funding to 18,000 long-term care facilities, free of charge. b. Peer-reviewed article citing outcomes, article resulted in multiple requests for the Video and CD-ROM and then distributed by Institute on Aging (see package for article). c. Recipient of the David Peterson Award (2007) for best paper in <i>Gerontology and Geriatrics Education</i>. d. Used nationally as a model for bathing elderly adults. e. CD-ROM also available for continuing education credit training 4. Team Leader of PHLP Course Evaluation system. My focus is on course improvement in the PHLP through course and programmatic evaluation.

Table 1C: Table of Accomplishments for Community Engaged Scholarship and Toolkit,
<http://depts.washington.edu/ccph/toolkit.html>

With funding from several grants, I worked with a widely known national organization; Community-Campus Partnerships for Health (CCPH) (ccph.info) to develop a peer-reviewed website launched in the Fall, 2005 to support community engaged scholarship. The goal of this toolkit is to provide health professional faculty with a set of tools to carefully plan and document their community-engaged scholarship and produce strong portfolios for promotion and tenure. This is an important public health practice contribution in the area of community-engaged scholarship and policy change.

Core Area	Short and Long Term Outcomes (Impact) Innovation
<p>Community – Engaged Scholarship and Toolkit</p> <p>* Please see CV and external letters</p>	<ol style="list-style-type: none"> 1. Presentations nationally and at national meetings focused on community-engaged scholarship. Special Note: I was on medical leave (see next section) shortly after the launch of this site so I was not involved in many of the presentations about the site for the last 15months. 2. National emails from CCPH launching the site and a press article on the ASPH website. 3. Pop-up evaluation for feedback from users. 4. Continuing additions of faculty portfolios to the website. 5. Extensive use by institutions in the Community-Engaged Scholarship Health Collaborative, CCPH (ccph.info), funded by the US Dept. of Education’s, Fund for the Improvement of Postsecondary Education (FIPSE). 6. Receives at least 1,200 hits annually. At least 20 faculty members reported using it successfully for promotion and tenure.

Service Contributions

While my career has focused on education, service-learning, and changing academic policy to foster greater community-engaged scholarship, I have also been readily involved in service at the national, university, school, program and community as a faculty member at UNC. As indicated in my curriculum vitae, I serve as a reviewer for *Academic Medicine* and have served on several workgroups through the national organization Community-Campus Partnerships for Health. At the university level, I have served on several service learning committees and taskforces; at the school level, I am currently an advisory member of the Mentoring Committee and recently served on the Academic Programs Committee. At the program level, I am the team leader for the course evaluation system and have recently served on the HC&P admissions committee and the faculty development committee. Within the community, for several years I was an active member of the community-based organization, United Voices of Efland Cheeks and currently serve on a task force for Hidden Voices.

Life and a Future Path

Teaching and Educational Scholarship. Teaching and educational scholarship is my passion and it is a natural fit for my faculty role here at the School of Public Health, as a teacher and mentor of both HC&P students and public health practitioners. This work also enables me to support and strengthen academic-community partnerships. As shown in the Teaching Portfolio, I have had an important impact on the HC&P students who are writing masters papers. I most often work with student leaders of service-learning organizations, nationally and in transnational settings, to enable them to develop core skills in community partnerships, program planning and evaluation, as well as to support their interest in community-based participatory research. I have similarly been successful in providing public health practitioners with real world program and evaluation skills. I look forward in Spring, 2009 to develop and disseminate our Program Planning and Evaluation course into a hybrid--part residential, part distance--course with 30 students in the Department of Maternal and Child Health through a grant from the UNC General Administration.

A Life Changing Event: Healing and Mind-Body Medicine. I am unique, an N of 1. We all are. And in the cancer world, this has been the case with me as well. I was diagnosed with ovarian cancer in the Spring of 2006 at the age of 41. After 11 months of treatment with little response but not a lot of disease present, my

doctor at Duke observed that my disease was proving to be very N of 1 like, indolent, a possible explanation for why I did not respond fully to two rounds of treatment. After 16 months of trauma (2 months to diagnose, two surgeries with little disease present and 11 rounds of treatment), my doctor looked at me and said, "You know, I'm not sure if it's the drugs or something that is happening in you. There is very little disease present and the scans are showing little to no progression. Let's take a 3-4 month holiday." This sounded like a lifetime! No hospital visits for nearly 1/3 of a year? While in the second round of treatment, I spoke with a practitioner and said that now I'm beyond Chemo 101 and into Grace and Medicine 501 (I still speak in teaching terms even in a crisis...) and offhandedly remarked, "I seem to do better when life isn't prescriptive and I need to go beyond what is standard."

My body, soul and mind had been through a trauma and with disease remaining, I needed to find a way to heal and a new way to live each day with less fear and to replace that fear with something else. Anything else... This process of healing has been central to who I now am, both physically and spiritually. As I write this statement, I have remained off treatment with a stable or regressing cancer for over one and one half years. As I cooperate with grace, my protocol if you will, integrates that of complementary medicine (Mann et al,2004), a change in diet, meditation, qigong (a Chinese healing art), long distance hikes, art therapy, and unending support of my husband, family, friends, and coworkers.

I mention this significant event in this statement because professionally I am exploring ways to incorporate this healing path into my work here at the School of Public Health. I often share my experiences in healing with my HC&P advisees--since much of their experience in medical school predominantly follows that of a biomedical model of treatment, I am finding an open space where I can teach a complementary approach to healing with a significant illness. To build on these conversations, I am considering applying for a teaching grant through the Fetzer Institute (<http://www.fetzer.org>) (see Teaching Statement for a description of the Fetzer Institute). In addition, I have also been writing in lay journals (Wellbeing Journal, "I'm not Harold but I've Got a Purple Crayon", May/June Issue, 2008; Qi Journal, "Monkey with a Heart", Dec. 2007; Health and Healing, June/July, 2008; Our State, "The Excavation: Digging for Hope", in press, 2009). While I am just beginning to see impact in this area, I can truly teach and write from a deep place of insight. And, with gratitude, my position here at the School of Public Health provides me the opportunities to explore this new area of health and healing.

Summary

Writing this career statement and crafting the teaching portfolio have enabled me to reflect on how initial insights and experiences while at Duke led me on a journey to create a career combined with a passion for teaching with a lasting commitment to community partnerships, service-learning and educational scholarship. It has also helped me see how life events and transitions can sometimes be transformative, as with an illness that has taught me that healing is possible. I also want to find opportunities to mentor faculty in their teaching and learning processes, thus fulfilling UNC Chapel Hill's commitment to its teaching mission.

References

Harris RP, Kinsinger L, Tolleson-Rinehart S, Viera AJ, Dent G. The MD-MPH Program at the University of North Carolina at Chapel Hill. Acad Med 2008:#:pp-pp.

Mann, JD, Gaylord, SA and Norton, SK. Integrating Complementary and Alternative Therapies with Conventional Care: The Convergence of Complementary, alternative and Conventional health Care: Educational Resources for Health Professionals. University of North Carolina at Chapel Hill, Program on Integrative Medicine, 2004.

Dedication

I dedicate this portfolio to all the people and gifts of hope I have received and continued to receive. I want to give a special dedication to Jimm Priest in Beaufort, NC. With determination, he used an electric saw to take a chain off a bike at his B&B to make sure I got back on the road. And I did. Thank you my dear friend, Jimm. You will be missed by many, especially me.