

Excerpt from Portfolio for Promotion – Suzanne Cashman

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Teaching Portfolio

II. Overview statement regarding my approach to teaching and administration, my methods and philosophy or how and why I do what I do

For me, teaching has always been about two questions: Teaching for what? and Education for what? My response has always been: to serve the public good and to contribute to improving society. As a young professional, when I first began teaching courses in preventive medicine at the University of Rochester, my mentors helped me develop my natural instincts and supported me in constructing courses that incorporated hands-on experiences in the local community as complements to students' didactic and theoretical work. Later, as a faculty member at Boston University's School of Public Health, I made significant contributions to ensuring that students had the opportunity to engage in practicum experiences helping a wide range of human service organizations meet the needs of their constituents. Then as a leader in the WKKellogg Foundation's urban community-oriented primary care demonstration project, I mentored fellows in the program as they partnered with communities to identify and address local health issues. Since arriving at UMMS ten years ago, I have synthesized these prior experiences into a cohesive approach to teaching and learning. That approach merges didactic instruction with direct hands-on experience. It also has been marked by an aim of helping students understand the role they can play in improving the health care system and in ensuring that they have the understanding and skills needed to advance public health's foundations of social justice.

During the past several years, I have been guided by the work of Ernest Boyer and his statement that: "At no time in our history has the need been greater for connecting the work of the academy to the social and environmental challenges beyond the campus." Boyer has explained a concept of scholarship that includes discovery, integration, application and teaching. Recently, as we have been developing parameters of how UMMS as an institution can coordinate and advance engagement with our communities, engaged scholarship begins to outline ways in which I am now aiming to blend scholarship of teaching with that of discovery to express engaged learning.

My desire to ensure that education benefits the greater good has led me to become active in two national organizations, i.e., Community-Campus Partnerships for Health (CCPH) and the Association for Prevention Teaching and Research (APTR). Through teaching in CCPH's annual service-learning institute, I have improved my ability to apply service-learning in our UMMS community health clerkship as well as in our summer service-learning assistantship. Through APTR, I have taught in and led the Paul Ambrose Scholars Symposium, a three-day intensive introduction to public health and service for approximately 50 students in a variety of clinical programs. This experience has strengthened my work with our own student initiatives, including helping several UMMS

students learn about and participate in the symposium. Additionally, APTR enriches my role as faculty for our school's preventive medicine residency/fellowship and finally, through co-leading an APTR sponsored interprofessional prevention education initiative, I have been able to facilitate a UMMS team applying and being accepted to attend this Institute. (See Educational Accomplishments IV b.)

III. Summary of my teaching and administrative responsibilities and other related activities

In 2000, with the help of Dr. Joseph Stenger, I initiated a new community health clerkship in Barre. Several years later, working with activists on Martha's Vineyard, I developed another community health clerkship. Responding to student interest, in 2005, I worked with three first year medical students to reinvigorate and revise an optional enrichment course that introduces students to the structure and workings of the American health care system. In 2006, several first year students approached me about working with them to develop another optional enrichment elective, this one focused on the city of Worcester. The elective we developed helps all interested UMass Worcester students learn about selected and compelling health issues in the city of Worcester. In all of these cases, I have reached out to students in the GSN and, as relevant, to the GSBS so that our students can begin learning together. (See Appendix VI b.i.)

In 1999, with the help of several UMMS colleagues, I initiated a new pathway for students at UMMS. Called the Rural Health Scholars Program, it began enrolling medical students in 2000 and nursing students in 2005. From the start, it has offered a pathway to students who want to explore working in a rural or small town community. Through this pathway, we have identified additional clerkship and rotation placements for third and fourth year medical students and initiated a Rural Health Advisory Board. In addition, we are strengthening our connection to our state partner, the Office of Rural Health. (See Appendix IV b.ii)

I teach two courses in the Worcester campus masters in public health degree program, and advise students who come to me seeking career guidance. I have directed my teaching at helping students incorporate the mission of public health into their work and their future careers. (See Appendix VI a.i.)

In 2001, I began contributing to the school's summer assistantship program by facilitating small group reflection meetings. Through the summer assistantship, approximately a dozen medical students are placed at a wide range of health and human service agencies in Massachusetts for between four and six weeks during the summer. (See Appendix VI b.iii.) In 2005, as I assumed responsibility for overseeing and coordinating the program, I moved it from being a paid summer program to a service-learning opportunity with a focus on reflection and integration of learning.

I have been invited to speak at a range of outside conferences, from local venues such as the Massachusetts Campus Compact and the Forum for Creating Healthier Communities, to other academic and health professions training centers that include Duke University and the Mayo Medical School, as well as Nebraska Methodist College and the College of Saint Mary, to national locations that include the Centers for Disease Control and

Prevention, the American Medical Student Association, and the National Parkinson Association (See Appendix VI a.ii.) In all of these venues, my aim is to stress the link between a community's and an individual's health, the importance of leadership for community health improvement, and how we can use data to achieve our aim of improved health. Additionally, at all venues in which I speak and teach, it is clear to participants that I am on the faculty at UMMS. This spreads the recognition of our school as one that lives its mission and cares deeply about excellence and improving health.

At UMMS, I have advanced issues related to community health through speaking at to students in the Graduate School of Nursing (See Appendix VI a.iii.), to Grand Rounds as well as our department research forum. In addition, since 1999, I have contributed to the university's administrative responsibilities by interviewing applicants for medical school and since 2004, have contributed formally as a mentor to junior faculty. In 2006, I joined the school's competency improvement process and have contributed to the small group working to advance the advocacy competency. Always eager to support students who want to improve the health of traditionally underserved residents of our communities, for the past five years, I have mentored students in the Albert Schweitzer Fellowship (ASF) and in 2005 I worked with colleagues on our campus to establish a satellite of the Boston ASF program in Central Massachusetts. We expanded the number of professions of students participating in the program as well as the number of schools in Central Massachusetts that are engaged in the Fellowship. (See Appendix VI b.iv.)

In June, 2007, I initiated and began leading a working group of community leaders who have advised us on the Community Engagement segment of the Clinical and Translational Research proposal. In this role, I endeavored to balance the needs and desires of our local community with those of our school. We completed a draft of this segment that incorporated community feedback from earlier drafts; the CTSA writing group used this as a basis for the final version of this segment of the proposal.

IV. Educational Accomplishments

My classroom teaching has occurred in the UMMS masters in public health degree program as well as in medical students' predoctoral education and in the family medicine residency. A thread that runs through my teaching related to medical students reflects my interest in community health and my desire to be responsive to students' interest.

Five most significant accomplishments

- a. ***Expanding placements and opportunities for student learning at UMMS.***
I rate developing new placements and courses for students either through the community health clerkship, a new pathway, or new Optional Enrichment Electives as one of my most significant accomplishments at UMMS. I have developed and opened new areas for student learning, all consistent with the school's mission to serve the residents of the Commonwealth. These initiatives reflect my belief that it is not just important *that* we teach but *how* and *what* we teach. The content and pedagogical approaches we take matter greatly. I have used service-learning as a methodology where it has been applicable and have helped ensure that our students understand the health and human services organizations

in which and with which they will work as graduates. While preparing for their roles as future clinicians, these students have contributed to improving the work of the organizations where they have been placed.

b. ***Engagement at the national level: The Association for Prevention Teaching and Research (APTR).***

As an APTR board member since 2002 and a member of the Executive Committee since 2004, I have contributed to the growth of this organization as well as to its redirection as a professional home to health professionals from a wide range of disciplines and professions. I have used my work with APTR to enrich UMMS's preventive medicine residency, especially linking to the national meetings and the rotations offered residents. In addition, through contributing to developing national meetings and institutes, I have ensured that our school has the opportunity, for example, to send students to the Ambrose Symposium as well as interprofessional educator team to the Institute for Interprofessional Prevention Education. (See Appendix VI b.v.)

c. ***Engagement at the national level: Community-Campus Partnerships for Health (CCPH).***

As a contributor to CCPH, I have had the opportunity to hone my understanding of and ability to use service-learning as a teaching modality. In addition, through CCPH, I have advanced my understanding of community-engaged scholarship. This has helped give me the background needed to co-lead a UMMS faculty administration workshop in 2007 and 2008 on community-based participatory research. (See Appendix VI a.iv.) In addition, recently I represented our campus (as part of a university-wide team from four of our UMass campuses) at a national Charrette aimed at advancing community engaged scholarship. With my UMass team members, we are developing a proposed draft action plan to advance this work across campuses. Finally, as the CCPH resource representative to the national Healthy People Curriculum Task Force (hosted by APTR), I have contributed to crafting a well recognized and broadly adopted set of areas in population health and clinical medicine that all health professions students should learn. I have shared these core areas and domains with our Educational Policy Committee which acknowledged their relevance. Finally, the process of contributing to developing these core areas has informed my own teaching related to clinical and population health in our UMMS programs. (In early 2008, we were awarded a grant through the AAMC to advance public/population health and prevention in our family residency program. Our proposal built on the Framework.)

d. ***Engagement at the national level: The American Public Health Association (APHA).***

In 1999, I contributed to the founding of the American Public Health Association's Community-Based Public Health Caucus. I have continued to contribute to this Caucus, primarily through organizing, coordinating, and presiding at a very popular and successful Continuing Learning session that has

been offered four years in a row at the national APHA meetings. The learning session focuses on community-based participatory research (CBPR). Using this work as a basis, we recently published a paper that appears in the August issue of the American Journal of Public Health. My ability to coordinate and bring together the recognized leaders in CBPR to deliver this learning session has enriched my own understanding of this research approach so that I am able to teach its tenets and apply them in the work we are doing in partnership with Family Health Center, the WYCA, and the Mass College of Pharmacy and Health Sciences.

e. Engagement locally.

I have been a key leader in the formation and development of Common Pathways, Worcester's reinvented community health network area. Premised on the healthy communities principles that change must be community-based and community driven, this approach to improving health and quality of life at the community level incorporates the social determinants of health. I have played a lead role in Common Pathways' Indicators Work Group. Recently, we completed development of a community-informed set of indicators for the city of Worcester. In addition to laying the groundwork for a wide range of initiatives, I anticipate that these indicators will contribute to sharpening our department's community health focus. My work with Common Pathways has also enriched my teaching: I have real life examples upon which to draw as I help students understand the principles and practice of public health. In addition, through working to develop this organization, I have had the opportunity to become acquainted with a wide range of Worcester's community leaders. I have been able to use several of these connections to provide student placements and learning opportunities.

V. Administrative Recognition

I received administrative recognition at UMMS in 2004 through receiving the Star Educational Achievement Award and again in 2007 through receiving the Women's Faculty Outstanding Community Service Award. Additionally, in 2004 my department conferred on me the title of Director of Community Health. Finally, in the spring of 2008, I was honored by Griffin Hospital for my work and role in establishing and guiding that hospital's integrated internal and preventive medicine residency as well as by APTR for five years contributing to and leading the Paul Ambrose Symposium.

VI. Appendices