

Teaching Portfolio

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September, 2008

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Attachments

Syllabus for PUBH 746, Program Planning and Evaluation (Distance Course)

Syllabus for PUBH690, HC&P Masters Seminar (HC&P Residential Course)

Course Description: Advanced Leadership in Community Service

Philosophy of Teaching Statement

*"I am a teacher at heart, and there are moments in the classroom when I can hardly hold the joy. When my students and I discover uncharted territory to explore, when the pathway out of a thicket opens up before us, when our experience is illuminated by the lightening-life of the mind--then teaching is the finest work I know."*¹

Introduction

Good teaching involves recognizing the tension between *process and outcomes*, and between *the technique of teaching and developing supportive relationships* with students that facilitate learning. It is when I create this balance between these tensions that I am an effective teacher and mentor. It is when the art of teaching is created and fostered.

In this teaching statement, I address this tension in teaching, provide a recent example and then focus quality improvement in my teaching, active learning/service learning, and then close with a "Futures" section. Please note that I write about teaching impact, innovations and excellence in teaching and educational scholarship in the Career Statement.

Balance Between Process and Outcome, Technique and Relationship

With expertise and training in educational evaluation and community-based participatory research (see CV), I recognize that the learning process is central to observing meaningful short and long term outcomes in our students. Yet, what is this learning process, and how does it occur in our engagement with our students? We can create logic models to provide how objectives will lead to student short and long-term outcomes; yet teaching and learning is a dynamic and flexible process. In my teaching, I work to create an environment that is *structured*, based on sound objectives, uses active learning methods and appropriate readings, but is also *open and receptive* to the learning process.

In the *Courage To Teach*¹, Parker Palmer, a well-respected writer and speaker in higher education, writes about the need to create *space* for students to become open to learning. This is an important visual image for me as it was for Parker Parker's mentor, the late Catholic Priest, Henri Nouwen. In *With Open Hands*², Nouwen uses the image of the clenched fist as a metaphor for how people pray. This metaphor can also be applied to teaching and learning. My "job" as a teacher is to "invite" students to be open to the learning process, and sometimes this involves "opening clenched fists." To invite them to find challenge and passion in what they are seeking to learn.

As teachers, we too must have the courage to be open and create the space within ourselves to learn from our students, whether these students are quite young or in established professional positions. To do this, I find if I am willing to be flexible and adjust to where students are, it allows for co-learning and critical reflection, mentoring and a learning environment that may produce new knowledge, a diversity of perspectives and relationships based on integrity, trust and respect.

In a recent example, one of my masters paper students came to me with the goal to create a HIV screening program for the Honduran Health Alliance (HHA), a transnational collaboration focused on women's health involving UNC medical students and public health students working with communities in rural Honduras. The more we talked, the clearer it became that what she really wanted to do was to conduct a needs assessment to determine if such a program was feasible. This shift in thinking led her in an entirely different direction, applying to the IRB, and scheduling a trip to Honduras over Spring Break to conduct focus groups with lay health leaders in these rural communities. She will learn a whole new skill set as a result of this dialogue. She will learn program planning and evaluation as well, but it was this ongoing conversation and flexibility (on both our parts) that allowed her to create

a project that will benefit HHA, which she is excited about, and will be an innovative masters paper.

This example shed's light on the tension I alluded to between process and outcome. If we had remained focused only on the objectives and competencies of program planning, she would have missed this opportunity to gain these additional competencies (i.e. community needs assessment), and this opportunity to engage in real world public health. By engaging in this process with our students, we sometime come to different learning outcomes that are better than anticipated or planned. Yes, this example does not negate the importance of teaching with both short and long term outcomes in clear focus. Public health professional levels need to understand and be competent³ in the techniques and knowledge of public health practice, and our Health Care and Prevention (MD, MPH students) also need be skilled in patient care and treatment. As a teacher, I find my role to be always changing as I manage the need for learners to gain these competencies while being flexible and adaptable to their interests and passions.

Quality Improvement

Teaching and learning is a dynamic and flexible process. Thus, I bring this focus into course improvement by assessing what I can change to improve both my teaching and course structure. To evaluate my teaching, I give specific attention to feedback I receive from student course evaluations. For example, this year, Dr. Russ Harris, Director of the Health Care and Prevention program (see Peer Review by Dr. Harris), and I made a decision to expand our Spring Masters Seminar course to two semesters to give students additional time and structure to write their masters paper. This two semester course would allow them to decide on a topic in the fall and give primary attention to writing in the spring semester. This has been a very beneficial change to the course structure as indicated by the pace at which students are writing as compared to previous cohorts. I also listen attentively to students during class sessions for feedback so that I can make moderate changes to the course and address student needs as they arise during the course. In this way teaching can be an iterative process, adjusting to student learning needs as they occur.

In the online Program Planning and Evaluation course, my co-teacher and I recognized that students needed a way to communicate in our team-based course in a real time method. The discussion forum, an asynchronous learning tool available on Blackboard, was not meeting the students' needs. With a small amount of funds, we made teleconferencing available to all the student teams so that they can meet regularly by phone to work through problems on the weekly assignments. This has increased both team efficiency and student learning.

Service Learning and Active Learning

Central to my educational scholarship and teaching has been a career focus on service learning⁴ and active learning (see Career Statement, CV). Both service learning and active learning share a focus on experiential education, enabling the learner to engage with the community and to have a central role in the learning process.

Service-learning "is a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens."⁴

As a secondary teacher in Rome, GA I developed a service learning course on Poverty and Homelessness in America (before the term was common in education) and since coming to UNC, I co-developed a course (see CV for article under review) with Adam

Goldstein, MD, MPH on Advance Leadership Skill in Community Service for second year medical students, many of whom become Health Care and Prevention (MD, MPH) students between their third and fourth year of medical school. In line with this teaching focus, I have also co-taught Community Competence and Power with Dr. Eugenia Eng, a course that involves students partnering with community groups in taking pictures (photovoice) to reflect critically on issues of concern to them and to discuss effecting positive change. In addition, I taught two doctoral levels courses on community involvement in research in Health Policy and Management and the Public Health Leadership Program.

Currently I teach the HC&P Masters Seminar with the cohort of Health Care and Prevention students and the PHLP distance Program Planning and Evaluation course. These two courses are based more on an active learning and critical thinking model where students are given the opportunity to develop their own projects based on interest and often community need.

Future

I became a teacher before I became an academic. It is a vital part of who I am professionally. I have built life-size milk carton boats with middle school girls, featured on Fox Evening News (1992), and now teach and mentor medical students committed to public health (MD, MPH students) and public health practitioners in both residential and distance settings. In the Spring of 2009, I will be co-teaching an innovative program planning and evaluation hybrid course, part residential and part distance course in partnership with the Department of Maternal and Child Health.

I am starting to explore how to bring my current interest in mind-body healing (see Career Statement) into my teaching position here in the School of Public Health. The Fetzer Institute (<http://www.fetzer.org/>) has a number of teaching fellowships and grants that encourage faculty in higher education to develop courses or seminars that recognize that "efforts to address the world's critical issues must go beyond political, social, and economic strategies to their psychological and spiritual roots."⁶ I foresee developing a seminar that focuses on the relationship between healing, compassion and public health. While the mission of public health is supported by a foundation based on compassion, it is a topic and a term that we do not regularly discuss. Likewise, our work to improve the health of communities often means that it will involve the healing of individuals and communities and yet, we often do not explore what the term healing means to us as professionals. I hope to bring this focus to the School, both in my teaching and in my writing (see Career Statement) in the near future.

References

¹Palmer, Parker. (1998) The Courage to Teach. San Francisco: Jossey-Bass.

²Nowen, Henri JM. (1972.) With Open Hands. Ave Maria Press.

³Association of Schools of Public Health, <http://www.asph.org/> .

⁴Seifer, SD. (1998). Service-learning: Community-campus partnerships for health professions education. *Academic Medicine*, 73(3):273-277.

⁵Meyers, Chet. Jones, Thomas B. (1993). Promoting Active Learning. Strategies for the College Classroom. Jossey-Bass.

⁶Fetzer Institute, <http://www.fetzer.org/>.

Statement of Teaching Responsibilities

In this section, I describe my primary teaching responsibilities and also briefly describe the courses I have taught during my eight years on the faculty here at UNC.

1. Health Care and Prevention Masters Seminar. This course is designed for students in the HC&P MPH Program who are actively working on their master’s paper. We have designed this course for 3 credits total (5 required evening sessions in the fall) and the regularly scheduled course in the spring (Mondays, 2-3:50pm). I am the lead instructor for this course (see attached syllabus) and have the primary responsibility for creating the structure, coordinating the course and managing the team of instructors who work in small groups with students throughout the academic year on their paper. This is a central and critical course to the HC&P program because our students need to gain the skills to write their papers in 12 months. The last month of the course focuses on leadership style, teams and vision.

2. Advisor for approximately 12-14 masters paper annually. As part of the masters course, we form small groups consisting of a policy group, a systematic review group, a research design/analysis group and a program planning and evaluation group. I currently advise between 12-14 program planning and evaluation HC&P masters papers annually. Please see individual student letters in this portfolio for an evaluation of this teaching.

3. Program Planning and Evaluation (Distance, Residential, Self-paced Independent Study)

In 2005, my co-instructor Pamela Dickens and I and built the distance course Program Planning and Evaluation. We currently teach approximately 30 students a year. In this course, students work in teams to create a program plan and an evaluation plan. Masters students also use this course as a teaching tool for writing their masters papers. Thus, it currently serves two purposes. In Spring of 2009, we will disseminate this course to Maternal and Child Health, creating an innovative hybrid residential and online course. We will conduct a rigorous evaluation of this pilot course to determine its effectiveness. I also now use this course for Health Care and Prevention students as an independent study. Thus this course has been disseminated in three different settings and with a diverse group of students.

4. Previous courses taught, 1999-2005. I have taught 3 courses on community-based participatory research: (1) Community-Based Participatory Research (Summer, 2004, residential DrPH); (2) Community Capacity, Competence, and Power: Community-Based Participatory Research and Photovoice, (with Dr. Eugenia Eng); (3) Community Involvement in Research, HPAA, DrPH Distance Program (Spring, 2006). In addition, as noted in the table below, I co-taught Advanced Leadership Skills in Community Service with Dr. Adam Goldstein, MD, MPH, Fall 2004 and 2006 and taught in both the Family Medicine Faculty Development Fellowship as a research advisor and the General Medicine Fellowship as the Co-Director of the research component.

Documentation of Courses Taught (2005-2007)

Dates	Course Number	Title	No. students	No. credits
Fall, 2005 (also, Fall, 2004)	Humanities and Social Science (HSS)	Advanced Leadership Skills in Community Service	12	selective
Spring, 2005	PUBH 201	HC&P Master Seminar	19	variable
	PUBH 246	Program Planning and Evaluation	24	3
	PUBH 249	Program Evaluation	5	2

Fall, 2006	PUBH 246	Program Planning and Evaluation	32	3
Spring, 2006	PUBH 201	HC&P Master Seminar	31	variable
	HPAA 952	Community Involvement in Research	12	2
Fall, 2007	PUBH 746	Program Planning and Evaluation	28	3
Spring, 2007	PUBH 690	HC&P Master Seminar	34	3

Note:

1. For PUBH 246/746, I combined residential and distance sections in order to provide a total number of students in the course.
2. I co-taught Advanced Leadership Skills in Community Service at the UNC Medical School. All students were second year students.

Description of Student Advising

Student advising within the Health Care and Prevention program is closely linked with the students we advise on their masters papers. As noted above, I advise between 12-14 students annually now and as described in the Teaching Philosophy, I focus on listening to student interests and passions and work with them to recommend courses and craft a masters paper that fits their unique goals. I also talk with my advisees about how integrating the individual patient with a population and community health focus. The MPH year is important as it is a time to step back from medical school and revisit their intentions and goals. They ask questions about how to sustain and create work that will allow them to use both their clinical and public health training, while maintaining balance in order to foster a meaningful life outside of their careers. Thus my advising role focus on both the masters paper as well as conversations with students that reflect on these topics of concern to them.

Self Evaluation of Teaching

In my evaluation course, I emphasize the need to address, “What went well? What can be improved?” This is what I ask of my teaching as well; I focus on quality improvement. In the next year, I will seek more ways to interact and establish relationships with my distance students and add more current examples of public health programs and evaluations. I look forward to developing and co-teaching an innovative hybrid (part residential, part distance) program planning and evaluation course in partnership with the Department of Maternal and Child Health. We are working in close consultation with the Online Instructional Group to develop this course.

My primary strengths as a teacher involves creating course structures to fit the objectives, activities and needs of learners, and mentoring learners in the context of their masters papers (see individual student evaluations). As I reflect on my teaching, I also ask myself, “How can I bring what I am learning to my teaching?” I am starting to look for teaching spaces to discuss with learners (whether students or faculty) what it means to heal, and how we can integrate individual healing with community-level healing (see Future section of Teaching Statement). I foresee mentoring faculty who seek to improve their own teaching process with learners, as a subset of the School’s current faculty mentoring program.

Peer Evaluation of Teaching

This section includes two peer evaluations, one for the HC&P Masters Seminar and one for the online Program Planning and Evaluation course.

Note: Dr. Harris co-taught this course with me from 2004-2007. I was the lead instructor. He did not co-teach this course with me Spring, 2008 as he is on sabbatical. Page 43 of the APT manual indicates that members of a teaching team can serve as observers of the candidate's teaching.

Peer Observation Form Public Health Leadership Program, University of North Carolina at Chapel Hill
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Course No: <u>PUBH690</u>	Date: <u>Dec. 1, 2007</u>
Instructor: <u>Diane Calleson, PhD</u>	Time: <u>5-7pm</u>
Course Type: (lecture, seminar methods)	Observer: <u>Russell Harris, MD, MPH</u>
Number of Students: <u>34</u>	

Part 1: REVIEW OF COURSE MATERIALS

1. *Is the course structured logically?* **YES**

<p>Dr. Harris: The course is structured in alignment with the three primary goals of the course. The primary goals of the course focuses on the resources needed for writing the masters paper: (1) types of papers; (2) IRB issues; (3) critical appraisal of the literature; and (4) writing specific sections of the paper. The second goal focuses on specific skills related to completing the masters paper including: (1) use of Endnote; (2) survey design; (3) qualitative research; and (4) health services research. The third goal addresses leadership in the context of integrative public health and medicine.</p>

2. *How does the material covered relate to objectives of the session, the course, and the Department?* **YES**

<p>Dr. Harris: In addition to developing the course materials (as indicated in question #1), Dr. Calleson has worked with the Director of the HC&P concentration to develop a team approach to the course. Dr. Calleson is the lead instructor and coordinated key health care and prevention faculty to work in small groups with students on the main types of masters papers (systematic review, program planning and evaluation, policy, and research design/analysis). This team approach is core to the course since the cohort involves nearly 40 students and thus breaking the class into small groups to focus on specific paper types is essential.</p>
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3. *Are course materials appropriate for and well-integrated into the course?* **YES**

<p>Dr. Harris: Over the last four years that this course has been taught, Dr. Calleson has thoughtfully included the most needed and pertinent materials into the course. For example, over the last two years students have requested more training with qualitative methods. Dr. Calleson invited Alfred Reid,MS, faculty in Family Medicine, to provide an overview lecture for the class and to become part of the team to work in small groups with students who are developing this skill for their masters paper. This has been a successful addition to the course. By the end of the semester, the majority of the students have written nearly half of their masters paper.</p>

4. *Are the depth and complexity of the material appropriate to the course and the students?* **YES**

Dr. Harris: Dr. Calleson develops this course with quality improvement at the fore. In collaboration with the Director, the course that meets the needs of the students goals for completing the masters paper.

5. *Does the instructor include recent developments and trends in the field?* **YES**

Dr. Harris: This course is now in its fifth year and Dr. Calleson and her co-instructor have made important changes to meet the needs of the students. All resources are available on Blackboard and this year the course has moved to a two semester course to provide students additional time to decide on a paper topic and to feel more confident that they can complete the paper before they enter their four year of medical school or begin residency.

Part 2: IN-CLASS OBSERVATION

Directions: Summarize your observations, using the questions provided to guide your evaluation; give specific examples where appropriate.

A. Knowledge of Subject Matter

1. *Does the instructor exhibit mastery of the subject matter and content?* **YES**
2. *How does the instructor demonstrate this mastery?*

Dr. Harris: Dr. Calleson has increased in confidence and mastery with regards to how to provide students with the skills and resources needed for writing and completing the masters paper. Dr Calleson's specific area of expertise is program planning and evaluation and currently will work with nearly 10 students who will be writing this type of paper. She has provided them with a well-organized template for writing this paper in addition to allowing them access to her online program planning and evaluation course. She also meets individually with each student on a regular basis to listen to their paper ideas.

Recently Dr. Calleson has begun meeting with faculty advisors for whom students are working with in developing programs and writing their masters paper on to provide professional expertise related to developing and evaluating these program a public health focus. Thus, her work with these students extends beyond the paper to a focus on public health practice.

B. Presentation Style

1. *Can the instructor be heard? Is the delivery speed appropriate for note taking (i.e., not too fast/too slow)?* **YES**

Dr. Harris: Dr. Calleson has a strong voice and can be easily heard by students. While the course is not oriented towards note taking, she speaks clearly at a well-modulated pace.

2. *Does instructor exhibit distracting mannerisms?* **NO**

Dr. Harris: Dr. Calleson does not exhibit distracting mannerisms.

3. *Does the instructor display enthusiasm for teaching and the subject?* **YES**

Dr. Harris: Dr. Calleson presents material with clear organization as well as with energy and enthusiasm for the subject matter. Over time, she has gained more confidence in

working with this cohort of students as she has seen that she has much to contribute to this group of students. In addition, it is obvious that she enjoys working medical students who have a public health focus.

4. *Is the instructor well-prepared for class?* **YES**

Dr. Harris: Dr. Calleson is a well-prepared instructor. She sends out regular communication with students via Blackboard. She also communicates well in advance with speakers prior to their attendance in class.

5. *Does the instructor provide an overview of the session? present and explain material clearly? Summarize and integrate major points at the end of the presentation?* **YES**

Dr. Harris: Dr. Calleson summarizes the goals and objectives of the session and clearly presents material. She answers students' questions and closes the session with a good summary of the main points she intended for students to gain from the session.

6. *Does the instructor use class time efficiently?* **YES**

Dr. Harris: Dr. Calleson and her co-instructor have made efficient use of the class time. The first half is generally focused on one of the goals described above and then the second hour is used to mentor students individually or in small groups on their specific master paper topics.

7. *Does the instructor integrate instructional elements (e.g., lecture, blackboard material, handouts, and audiovisual materials) effectively?* **YES**

Dr. Harris: The instructional elements are well-integrated into the course. All resources are located on Blackboard including handouts, articles and any power point lectures.

C. Instructor-Student Interaction

1. *Does the instructor encourage student participation?* **Yes** No
How? Is it successful?

Dr. Harris: Dr. Calleson encourages students to take initiative in asking questions related to their masters paper, and willingly meets with students after class to guide them with specific questions. The small group format of the course enables students to actively participate with students who are doing similar types of masters papers (i.e., systematic reviews, policy, etc.).

2. *Are student questions encouraged? answered clearly and simply?* **YES**

Dr. Harris: Dr. Calleson is very sensitive to student questions and responds with clear and thoughtful answers. Students feel comfortable asking Dr. Calleson questions as she has a kind honest, and assuring presence as a teacher.

3. *Is the instructor sensitive to student confusion or difficulty in understanding?* **YES**

Dr. Harris: Dr. Calleson is a caring, thoughtful and sensitive instructor. She can sense when students are not clear on a particular point or topic and is quick to explain topics in new ways when needed.

4. Are the students generally attentive? **YES**

Dr. Harris: Students are attentive and engaged with Dr. Calleson's presentation style and the course material she uses to move students forward in writing their masters paper.

D. Summary of Strengths and Recommendations

1. What are the strong points about this instructor's classroom style and performance?

Dr. Harris: Dr. Calleson teaches with energy and enthusiasm and encourages students in their goals to write and complete the masters paper. In addition, Dr. Calleson exhibits a strong ability to organize a large seminar with multiple speakers, coordinate a team to work with students in small groups, and at the same time, provide individual mentoring for students working on the program planning and evaluation course.

2. What specific changes would you recommend to improve teaching performance i.e., process, content, outcome)?

Dr. Harris: I have no specific recommendations for improving Diane's teaching performance. She excels as a teacher in the Health Care and Prevention program.

I certify that the above information is correct and true and knowledge that this form will be placed in the permanent personnel file of the instructor.

See hard copy for signature _____ Date _____

Peer Observation Form	
Public Health Leadership Program, University of North Carolina at Chapel Hill	
Course No: <u>PUBH746</u>	Date: <u>March, 2008</u>
Instructor: <u>Diane Calleson, PhD</u>	
Co-Instructor <u>Pamela Dickens, MPH, Adjunct instructor</u>	
Type: <u>PHLP Distance course Anita Farel, DrPH; Marcia Roth, MPH</u>	
Number of Students: <u>28</u>	

Part 1: REVIEW OF COURSE MATERIALS (Complete prior to classroom observation)

Directions: Review course materials, including syllabus, texts, course pack, assignments, and exams and complete the following questions.

NOTE#1: We also met with Dr. Calleson to learn more about how the course is structured and implemented. We felt this would be an effective way to learn about this course since it is taught in a distance format.

NOTE#2: Please also see co-instructor letter by Pamela Dickens, MPH, Adjunct instructor in PHLP.

1. Is the course structured logically? **YES**

The course structure is logically integrated with the course objectives, to develop a program plan and to develop an evaluation plan in a team-based distance learning course for public health practitioners. All the assignments for the program plan build sequentially to form a complete public health program plan. This section of the course is taught by Pamela

Dickens, MPH. Teams use this program plan to develop a full evaluation plan for this program. This section of the course is taught by Dr. Diane Calleson. There is an excellent synergy between the co-instructors with regular communication that ensures that the program plans are developed to support the evaluation plan, and visa versa. Diane Calleson has primary responsibility for course management and facilitating good communication with the rest of the distance learning faculty.

2. *How does the material covered relate to objectives of the session, the course, and the Department?* **YES**

Program planning and evaluation is a core public health competency and is central to the training mission of the Public Health Leadership Program. The course instructors are thus involved in the work of the distance program, its core curriculum and this year developed a comprehensive exam question for the MPH Distance Leadership students on program planning and evaluation. Each course session relates directly to the objectives indicated in the syllabus and the online lectures. For example, one of the evaluation sessions relates directly to the role of the evaluator. The readings, lectures and assignment correspond directly to this topic, all further reinforcing and enhancing student learning.

4. *Are course materials appropriate for and well-integrated into the course?* **YES**

The course is designed for public health practitioners who work full-time in diverse public health settings. The course is designed to enable practitioners employed in the field develop the skills necessary for designing a public health and evaluation plan. Dr. Calleson indicates in the syllabus and the initial lecture that if students want to develop the skills to actually function directly as an internal or external evaluator and actually implement an evaluation, they would need to take additional methods courses such as research evaluation methods, survey design, and statistics. The goal of this course is to prepare students to work effectively with a program evaluator and to effectively design a program with an eye toward conducting an evaluation. The evaluation section of the course uses relevant and appropriate materials from the CDC, W.K. Kellogg Foundation as well as readings from the text; all of these references and reserve materials are fully consistent with those currently employed by public health practitioners in diverse practice settings.

4. *Are the depth and complexity of the material appropriate to the course and the students?* **YES**

As noted above, this course is designed for public health practitioners. The focus is on learning practical skills to readily apply in their work settings. The instructors have found that the majority of the students are engaged in designing and implementing public health programs and have some background prior to the course. However, many of the students come into the course with less program evaluation experience. As a result, Dr. Calleson has designed this section of the course at an intermediate level. She works to provide resources and other course options for students who want to learn more after this course is completed.

5. *Does the instructor include recent developments and trends in the field?* **YES**

This course has been taught for 3 years. Dr. Calleson and her co-instructor have updated materials and program examples as needed to reflect changes in practices in the field. One constraint of the distance course is that the lectures are pre-recorded and it is very costly to update these lectures. In order to include recent developments, the instructors send students resources and are considering using a new technology, Adobe Presenter in the next year of the course. This technology will enable

the instructors to create their own recorded lectures at no cost. In general though, the core material covered in this course is not highly subject to change as program planning and evaluation methods and approaches in public health are well established in the field.

Part 2: IN-CLASS OBSERVATION

Note: For this section, we reviewed the specific course lesson, Using a Logic Model and Developing Evaluation Questions. We reviewed the lecture, the assignment, the readings and a student assignment.

A. Knowledge of Subject Matter

1. *Does the instructor exhibit mastery of the subject matter and content?* **YES**

2. *How does the instructor demonstrate this mastery?*

Dr. Calleson clearly demonstrates knowledge of the rationale for program evaluation with even attention given to the need to “improve and the need to prove” -- dual (and potentially, conflicting) needs within public health programs. She also clearly presents an introduction to the use of a Logic Model and how to develop different levels of evaluation questions based on the program’s objectives and its logic model. This lecture is then followed by an additional lecture with a relevant public health example by Dr. Carri Castel, focusing on how the evaluation for the Access for All Program, referred to in the program planning section of the course, was developed and implemented.

B. Presentation Style

1. *Can the instructor be heard? Is the delivery speed appropriate for note taking (i.e., not too fast/too slow)?* **YES**

Dr. Calleson has a strong voice and is easily heard on the pre-recorded lectures. While the course is not oriented towards note taking, she speaks clearly at a well-modulated pace. New concepts are introduced with practice-based examples and consistently tied to the assigned reading materials.

2. *Does instructor exhibit distracting mannerisms?* **NO**

Dr. Calleson does not exhibit distracting mannerisms in her voice on the pre-recorded lectures.

3. *Does the instructor display enthusiasm for teaching and the subject?* **YES**

Dr. Calleson presents with energy, enthusiasm and has a clear organization in her presentation. The lesson began with specific objectives and the content in the lecture spoke specifically to each objective. She establishes credibility with the content by discussing previous and current experiences with program evaluation and how these help to inform her teaching. Course evaluations for the past three years further document Dr. Calleson’s effectiveness as a presenter in the distance medium.

4. *Is the instructor well-prepared for class?* **YES**

Dr. Calleson is a well-prepared instructor. She sends out regular communication with students via Blackboard and there are clear instructions available to students as to how to engage course instructors. She responds quickly to student emails and concerns and makes course improvements where possible during the semester. Course evaluations document Dr. Calleson’s ongoing responsiveness and engagement.

5. *Does the instructor provide an overview of the session? present and explain material clearly? Summarize and integrate major points at the end of the presentation?* **YES**

Dr. Calleson summarizes the goals and objectives of the session and presents material clearly. See #3 above. She clearly covered each point and discussed other options for students interested in deepening their understanding and skills in relation to a particular area.

6. *Does the instructor integrate instructional elements (e.g., lecture, blackboard material, handouts, and audiovisual materials) effectively? YES*

The instructional elements are well-integrated into the course. All resources are located on Blackboard including lectures, assignments, articles and power point lectures. This course is designed to fit the structure of the PHLP distance courses so that students are familiar with the design and effectively use this medium for learning.

C. Instructor-Student Interaction

1. *Does the instructor encourage student participation? YES*

The course is structured in a team-based format. Two individual assignments give students a chance to show their individual competency. Thus students are in an active learning role throughout the course. Students are expected to take turns leading the team in fostering discussion, writing and turning in the weekly assignments for feedback. To further encourage participation, Dr. Calleson enables students to work together as a team using teleconference calls in addition to discussion forums. Dr. Calleson and Pamela Dickens also join group teleconference calls as requested.

2. *Are student questions encouraged? answered clearly and simply? YES*

Dr. Calleson is attuned to student questions and responds with clear and thoughtful answers. When one student has a question, she then summarizes her answer and provides this information to the entire course cohort.

3. *Is the instructor sensitive to student confusion or difficulty in understanding? YES*

Dr. Calleson is a thoughtful and attentive instructor. When students become confused about an assignment or want clarification about a topic, she communicates with them individually and then if appropriate, sends an email to the class to clarify any points that are causing difficulty.

D. Summary of Strengths and Recommendations

1. *What are the strong points about this instructor's classroom style and performance?*

Dr. Calleson has a strong background in program evaluation and has created a course that is well constructed, contemporary, and given the focus on practice, well suited to the learners in the distance cohort. She consistently demonstrates an awareness of the complexity of designing and conducting public health evaluations, yet stays focused on the primary issues that must be mastered by the student in her course. In speaking with her about the course, we also learned that her Health Care and Prevention students currently use this course to develop their program plan and evaluation papers. These masters students take the course individually and work through the lectures and assignments with mentoring by Dr. Calleson to create excellent masters papers. Thus, the course is currently being disseminated to multiple learners. In the Spring of 2008, Dr. Calleson and Pamela Dickens will be working with Maternal and Child Health to widen the dissemination of this course even further, creating a hybrid course, part online and part residential. This will be an innovative course design and a new model for the School of Public Health and will require the integration of some new material such as a focus on global health as well as domestic program planning and evaluation.

2. What specific changes would you recommend to improve teaching performance?

Dr. Calleson has shared that she intends to continue to improve the team-based focus of the course with more explicit guidance in the syllabus and expectations for what is expected by each team member. The challenges inherent in working collaboratively and in teams (while reflective of a typical public health work environment) are addressed squarely throughout this course by the instructors and the course materials. Dr. Calleson also plans to use Adobe Connect in the course to provide flexibility in updating lecture materials and in integrating recent developments in the field on a continuous basis.

I certify that the above information is correct and true and knowledge that this form will be placed in the permanent personnel file of the instructor.

Anita Farel

Observer Signature

Date: March 12, 2008

Marcia Pelt

Observer Signature

Date: March 12, 2008

Student Evaluations (A. Course Evaluation and B. Individual Student Evaluations)

A. Course evaluations

PHLP Residential Course Evaluation Report,
 HC& P Masters Seminar Course #: PUBH 201,
 Instructor(s): Diane Calleson (lead instructor). Russell Harris
 Semester & Year: Spring 2005 (N=18); Spring 2006 (N=29); Spring, 2007 (N=29)

Spring, 2005, Note: The course evaluation for 2005 used different items than the 2006 and 2007 course evaluation. I present the overall items and the instructor items for 2005 as a summary table.	Mean 2005 N=18
OVERALL	
1. This course increased my understanding of how to write a masters paper.	4.4
2. I can apply the information and skills I learned in this course.	4.6
3. I would recommend the course to other students.	4.3
4. Overall, I was satisfied with this course.	4.4
INSTRUCTOR (We indicated A for Diane Calleson and B for Russ Harris. These items pertain to Diane Calleson.)	
5. The instructor clearly identified the learning objectives for this course	4.5
6. The instructor presented material in an organized manner.	4.6
7. The instructor provided opportunities for active learning (e.g. discussions, questions, small group activities).	4.8
8. The instructor made good use of examples.	4.5
9. I am satisfied with the amount of interaction I had with the instructor.	4.6
10. The instructor created a positive learning environment.	4.9
11. Overall, the instructor is an effective teacher.	4.8
Please highlight what went well.	
1. Motivation for finishing the masters paper, setting deadlines. (n=9)	
2. Leadership seminars were interesting (n=3).	
3. Diane is positive and made a stressful task easier. (n=2).	
Please suggest ways in which the seminar could be improved.	
1. Better flow and cohesion of topics (n=6)	
2. Expand leadership panel to more than one session and invite groups of different leaders to present. (n=1)	

HC&P Masters Seminar Spring, 2006, 2007	Mean 2006, (N=29)	Mean 2007, (N=29)
OVERALL		
1. The course objectives were met.	4.46	4.41
2. I am confident I can apply the information and skills I learned in this course.	4.38	4.24
3. I would recommend the course to other students.	4.57	4.48
4. Overall, I was satisfied with this course.	4.53	4.34
INSTRUCTOR		
5. The instructor effectively presented course material clearly and in an organized way.	4.46	4.51
6. The instructor demonstrated competence in the subject matter.	4.50	4.75
7. The instructor provided opportunities for active learning (e.g. discussions, questions, small group activities).	4.53	4.72
8. The instructor provided useful feedback on assignments/cases/projects/exams.	4.54	4.55
9. The instructor communicated changes to the course (e.g. assignments, class schedule) in a timely way.	4.61	4.41
10. The instructor recognized others' viewpoints as valid.	4.65	4.79
11. The instructor conveyed a sense of excitement/importance about the material.	4.69	4.86
12. The instructor created a positive learning environment.	4.65	4.89
13. The pace at which we worked was appropriate.	4.57	4.27
14. The activities, readings, and assignments fit well together.	4.58	4.27
15. I am satisfied with the amount of interaction I had with the instructor.	4.38	4.48
16. The instructor was available outside of regular course activities.	4.60	4.62
17. Overall, the instructor was effective.	4.57	4.68
LEARNING RESOURCES		
18. Lectures	4.34	4.23

COURSE TECHNOLOGY RESOURCES	2006	2007
19. I was able to access the materials on the Blackboard site.	4.84	4.68
20. I was able to easily navigate the Blackboard site.	4.80	4.72
21. I am satisfied with the technical support I received during the course.	4.72	4.52
SPECIFIC COURSE OBJECTIVES		
22. I can develop a focused question that takes a population perspective on a health-related problem.	4.65	4.44
23. I can gather and critically analyze important background evidence on the question, and be able to do a limited systematic review of the key literature.	4.61	4.31
24. I understand the key components of each section of the paper, including Background, Methods, Results, and Discussion.	4.53	4.44
25. I can develop an outline of the paper, showing a logical progression from the question and background to the discussion and conclusion.	4.61	4.34

Please describe one or two aspects of the course you would like to see retained. (2005)

Motivation for finishing the Masters's paper, setting deadlines (n=9)
 Leadership seminars were interesting (n=5)
 Good forum for questions. Liked the feedback and discussions. (n=3)
 Diane is positive and make a stressful task easier. Her skills should be utilized more in PHLP. (n=2)

(2006)

Masters paper schedule (assignments 1,2,3) was very helpful (n=7)
 The Myers Briggs Leadership assessment session (n=6+)
 Lectures about paper types (n=3)
 I liked the components of the course—the guest lecturers were good-I especially liked the panels of speakers that we had and the leadership assessment. The masters paper resources were very helpful (as well as the lectures).

(2007), Due to space here, same trends as in 2006.

Please feel free to add any additional comments about the course.

(2005)

Better flow and cohesion of topics (n=6).
 Disappointed that there was no information on policy. Lots of info about methods, data surveys,etc. but none on policy.

(2006)

Great job Russ and Diane!; Great course- very helpful.; Great course for helping to clarify the expectations for the Master's paper.
 It would have been helpful to have this background material sooner, and really get started writing the paper at the very beginning of semester two. Clearly we could have started sooner on our own but it would have been helpful to have some motivation from the lectures/ course too. (n=2)

(2007)

Due to space, same trends but increased comments on need to expand course to two semesters. Note: We incorporated this recommendation into our course.

Please feel free to add any additional comments about the course. (2006); (2007),

I was glad Dr. Calleson recommended the survey course (at Odum Institute). It was excellent. The instructors were excellent facilitators and very supportive in the challenge of writing a masters paper. Thank you both.

**SEMINARS IN THE HUMANITIES AND SOCIAL SCIENCES (MEDI 231) - Fall
2004,2005**

Student Evaluation of Selective Seminars

SUMMARY, FALL 2004, 2005

Advanced Leadership in Community Service

Diane Calleson, PhD and Adam Goldstein, MD

Note: Table 1 represents a pre and post survey that we administered in addition to the regular MED231 survey as part of the Education for Lifelong Survey HRSA Training Grant (see CV). This table is drawn from a paper that is currently under review with a peer review journal

TABLE 1 . Effects of Leadership Class on Confidence Levels in Leadership Activities among Second Year Medical Students

Survey question	Fall, 2004 (N=11)					Fall, 2005 (N=13)				
	Pre		Post		Sig. ‡	Pre		Post		Sig. ‡
	Mean†	Std. Dev.	Mean	Std. Dev.		Mean	Std. Dev.	Mean	Std. Dev.	
I am confident I can...										
Communicate my leadership vision to those in my organization	3.17	1.10	4.20	0.78	<0.01	3.09	0.54	4.09	0.70	<0.01
Effectively network with people to gain the support needed to accomplish my service goals	3.25	0.57	4.10	0.88	<0.01	2.82	0.60	4.00	0.78	<0.01
Work collaboratively with diverse groups to accomplish tasks.	3.67	0.68	4.00	0.52	0.04	3.27	0.65	4.27	0.47	<0.01
Develop a coalition to build support for health care issues in which I am currently involved.	2.67	0.68	4.50	0.82	<0.01	2.45	0.84	3.82	0.60	<0.01
Effectively organize and facilitate meetings	3.50	0.70	4.00	0.95	0.01	3.73	0.79	4.18	0.60	0.05
Negotiate and resolve conflicts that arise in my service work	3.50	0.71	4.30	0.67	0.05	3.45	0.69	3.91	0.54	0.14
Effectively advocate (writing letters to legislatures, media advocacy) for health care issue that I am committed to.	2.42	1.06	4.00	0.99	<0.01	2.09	0.94	3.55	0.82	<0.01
Raise money for community service organizations	2.67	1.34	4.10	0.82	<0.01	2.27	0.91	3.91	0.70	<0.01
Motivate people to serve those in need	3.00	0.87	4.30	0.87	0.02	2.82	0.60	3.91	0.78	<0.01
Give a highly effective 20 minute presentation to a group of 20 people	3.00	1.34	4.30	0.95	<0.01	2.91	0.70	4.18	0.75	<0.01
Write and receive a grant to support the service work I am involved with in my community.	2.58	0.84	4.00	1.16	<0.01	2.18	0.87	3.73	0.91	<0.01
Effectively transfer leadership of an organization to the next generation.	3.25	1.14	4.10	0.99	0.07	3.00	0.63	4.00	0.63	<0.01
Use my knowledge of leadership styles to become a more effective leader	3.17	0.816	4.40	0.70	<0.01	2.64	0.674	4.27	0.64 7	<0.01

† Means are based on Likert scales ranging from 1 (Strongly disagree) to 5 (Strongly agree)

‡ Significance relates to the probability of a paired t test with a two-sided alpha set at 0.05

2. For the following items, please circle the one response which comes closest to your judgment at this time.

Item	Fall, 2004 (N=12)		Fall, 2005 (N=13)	
	Mainly Agree	Mainly Disagree	Mainly Agree	Mainly Disagree
The instructors were genuinely interested in the course topic.	11		13	
The instructors gave examples, illustrations, or applications to clarify course material and concepts.	11		13	
The instructors presented divergent viewpoints on the topics covered in class.	10		12	1
The instructors had realistic definitions of student performance in the class.	11		13	
The instructors created positive class environments that were conducive to learning.	11		13	
The instructors regularly checked on and gave feedback of student progress in learning.	11		13	
The instructors suggested specific ways that I could improve my work in the seminar.	11		8	5
A teacher/student partnership in learning was encouraged.	11		13	
The instructors encouraged students to express their opinions.	11		12	1
I felt free to challenge the instructors' ideas in class.	9		12	1
The instructors respected divergent viewpoints.	11			
This course challenged me intellectually and I felt motivated to learn.	11		10	2
I have become more competent in the subject matter of the seminar because of this class.	11		13	

2. Would you recommend this seminar to others

Fall, 2004, Yes 11 No 0

Fall, 2005, Yes 13 No 0

Comments: Please convey to your professors and the course director any evaluation or suggestion you think would be helpful in improving this seminar in the future. Both positive and critical comments are welcomed.

I particularly enjoy how the class assignments “force” me to take charge of my medical school education by reflecting on my leadership style so that I can be a more effective leader and thinking about my future plans as a physician.

I no longer feel like I’m a passive medical school student. I feel like I have more control over what happens to me on the daily basis because I have developed tools and a better understanding of what I want, how to achieve these goals, and who to contact to help me in these endeavors.

I've enjoyed reading the required text and find that the readings encourage me to think about leadership in ways I have not considered in the past. The class dynamics are great.

I have learned to take my ideas more seriously and to take a more systematic approach to putting them into action.

This course has equipped me with useful skills in implementing a service project such as fundraising, networking, etc. skills which are useful to me now and will certainly be in the future.

I like the discussions in that they are enlightening and stimulating. However, I feel like we should probably get more "lecture" or instruction time when we are actually learning a new skill.

Using more physician-leaders is better for us, I think, than other types of leaders.

I am greatly enjoying the speakers, in fact that is my favorite part of the class. I also think the topics are in a good order. I think there is just enough balance between the different exercises in terms of working with classmates, listening to speakers and listening to our leaders.

I think that the classes have been helpful ... in showing us how to develop our leadership skills. The networking classes and information on how to run meetings have been especially good and I definitely think I'm learning a lot.

I learned how to effectively accomplish what needs to be done in an organization and gained the confidence to implement my ideas.

I am an effective leader & my age & life inexperience doesn't prevent me from planning & executing agendas. I can beg for money and/or important people's time without shame.

I feel like I've gotten a better understanding of all the tools available to leaders in order to effect change.

PHLP Course Evaluation Report: PUBH 746 Program Planning and Evaluation

Program Planning and Evaluation	2005	2006	2007
Number of Responses:	20	21	21
Total Possible Responses:	24	32	28
Response Rate:	83%	66%	75%
	Mean	Mean	Mean
Overall	(1=Strongly Disagree; 2=Disagree; 3=Neutral; 4=Agree; 5=Strongly Agree)		
1. The course objectives were met.	4.15	4.62	4.33
2. The course content covered the most important issues.	4.25	4.67	4.24
3. I am confident I can apply the information and skills I learned in this course.	4.10	4.48	4.38
4. I would recommend the course to other students.	4.15	4.62	4.24
5. Overall, I was satisfied with this course.	4.10	4.57	4.14
Instructor			
6. The instructor(s) effectively presented course material clearly and in an organized way.	4.10	4.67	4.33
7. The instructor(s) demonstrated competence in the subject matter.	4.45	4.81	4.38
8. The instructor(s) provided opportunities for active learning (e.g. discussions, questions, small group activities).	4.32	4.71	4.57
9. The instructor(s) provided useful feedback on assignments/cases/projects/exams.	3.90	4.43	4.10
10. The instructor provided feedback on assignments/cases/projects/exams promptly enough to benefit me.	4.00	4.57	4.33
11. The instructor(s) communicated changes to the course (e.g. assignments, class schedule) in a timely way.	3.90	4.52	4.38
12. The instructor(s) recognized others' viewpoints as valid.	4.26	4.60	4.24
13. The instructor(s) conveyed a sense of excitement/importance about the material.	4.40	4.67	4.25
14. The instructor(s) created a positive learning environment.	4.47	4.76	4.15
15. The pace at which we worked was appropriate.	3.85	4.67	4.10
16. The activities, readings, an assignments fit well together.	4.20	4.45	4.19
17. The instructor(s) used the online instructional environment to facilitate interaction among students in the course (discussion forum, teleconference calls, email, etc.)	4.16	4.52	4.24
18. I am satisfied with the amount of interaction I had with the instructor.	3.74	0.00	4.14
19. The instructor was available outside of regular course activities.	4.11	4.22	4.32
20. Overall, the instructor is an effective teacher.	not asked	4.57	4.29
21. The instructor(s) demonstrated concern about student learning.	not asked	4.63	4.38

22. The instructor(s) made good use of examples and illustrations.	not asked	4.52	4.45
23. The instructor(s) were well prepared for class.	not asked	4.63	4.58
24. The instructor(s) effectively clarified points made in readings or assignments.	not asked	4.33	4.19
Student Learning			
25. My interaction with fellow students contributed to my learning.	4.05	4.52	3.86
26. The peer evaluation process was an effective method of measuring team member input.	3.65	4.00	3.90
Learning Resources (Rate how well each of the following contributed to your ability to learn the course material.)			
27. Lectures.	4.20	4.57	4.52
28. Textbooks.	3.80	4.00	4.11
29. Articles, required readings.	4.05	4.48	4.40
30. Group discussion forum.	4.10	4.42	3.90
31. Group assignments.	4.25	4.67	4.05
32. Individual assignments.	4.00	4.48	4.00
33. Projects and papers.	not asked	4.60	4.37
Course Technology Resources			
34. I was able to access the materials on the Blackboard site.	4.75	4.81	4.62
35. I was able to easily navigate the Blackboard site.	4.80	4.76	4.57
36. I am satisfied with the technical support I received during the course.	4.00	4.50	4.53

Summary of Open Ended Comments (2005-2007)

Please describe one or two aspects of the course you would like to see retained.

(2005)

Working with a good group helped the learning process. (n=4)

Good overview of key elements; nice idea to have it broken into parts.

I really like the option of having a conference call. I was fortunate to have a great group. I liked that we could submit our summaries for feedback before we were graded.

Developing a plan. Recognizing what an evaluator needs to do for a project.

Understanding the cause and effect relationship between the main components of (1) Program Plan and 2) Evaluation is crucial when developing a program plan. The course prepares us well for this understanding.

Excellent instructor feedback. It was nice that the weekly assignments lead up well to the final project.

(2006)

The development of a community public health project that was relevant to an issue that is taking place today and could be really used.

The group project. Actually planning a program and determining how to evaluate it.

Steps to developing a program plan and important role of evaluation.

The organization of the course.

Assignments directly correlate with readings and articles.

Group discussion, tutorials, teachers are very knowledgeable in their subjects.

Evaluation politics and utilizing theories for planning

Feedback from instructors is valuable and timely.

The setup of the course was great. Doing a portion of the final paper each week was a great way to complete a large paper without being overwhelmed.

(2007)

Very practical, concise and useful.

The most valuable parts of the course were the group projects and their applicability to the real world.

(n=2)

The course is neatly organized into program planning and evaluation, making it easy to learn both skills. The assignments fed well into each other resulting in final projects. (n=2)

Using the Logic Model, the CDC resource Into to Program Evaluation for Public Health Programs.

Open and respectful approach of instructors—all input was valued.

Also, it was evident that the instructors knew their stuff—not in an ivory tower sort of way—but in a way that was based on experience.

Please describe one or two aspects of the course you would like to see changed or added.

(2005)

Pace of course was too fast. (n=2)

Could we learn along with the other groups and see how they developed their plan?

(2006)

Nothing. I was quite happy with the course (n=10)

Maybe a bit more examples from real life program planning and evaluation.

More interaction with the instructors.

The instructions were not always clear, but the instructors were on hand for assistance. It was wonderful to have instructors to passionate about their work.

I found this course to be extremely helpful and should be used as a model layout for an online leadership course.

(2007)

Course is very demanding. Would like to see more time added or less work. (n=2)

I would have liked a little more individual work to gauge my personal strengths and understanding of the work.(n=2)

More examples (n=2)

Note: Some like the text and others would like a different text.

B Individual Student Evaluations

1. Tiona Guess, MPH, MD candidate

Dear Dr. Sollecito,

I am writing this letter in support of promotion for Dr. Diane Calleson. Dr. Calleson has been an exemplar of what a true educator should be. She has conveyed a passion for public health during pedagogical exchanges in the classroom, and also in her role as my master's paper mentor. She was always available to meet and during our meetings, it was apparent that she was fully present and committed to helping me to develop a quality project. Particularly of note, she was very instrumental in helping me to understand that my project was both an academic exercise for personal development, but also a meaningful contribution to the organization with whom I was working. She challenged me to facilitate a discussion of tense group dynamics that could presumably limit the effectiveness of the organization, although this would potentially generate conflict. Engaging in this challenge has strengthened my leadership skills and was very important to the overall success and reception of my final project.

On a more personal level, my relationship with Dr. Calleson has indeed been life changing. Ever since my undergraduate years at Duke University, I have struggled with insecurity and self-doubt. Dr. Calleson believed in me before I truly realized the magnitude of what I was capable of achieving. Her genuine investment in helping me to harness all of my potential was apparent from our first meeting. Her encouragement and her willingness to candidly discuss her own personal experiences and challenges have strengthened my self-confidence and resolve. Furthermore, even after the culmination of my project, she invited me to discuss career goals, decision making, and most importantly empowering and being kind to myself. It is apparent that Dr. Calleson is committed to seeing me flourish as both a student and as a human being.

Dr. Calleson is someone whom I truly admire. I believe that she is a dedicated, skilled asset to the faculty at the school of public health. It is with great pleasure that I express my utmost thanks to and support of Dr. Calleson.

Sincerely,
Tiona D. Guess

2. Andy McWilliams, MPH, MD candidate

Dear Dr. Sollecito,

This letter is to express my utmost support for the promotion of Diane Calleson to Clinical Associate Professor. Over almost four years, I have gotten to know Dr. Calleson very well. During that time, she has instructed courses that I have taken both in the UNC Schools of Medicine and Public Health, mentored me while writing my Master's paper, served as a mentor for my career decisions, and co-authored a peer reviewed publication.

Dr. Calleson co-directed an elective on physician leadership in communities that I took during the second year of medical school. Three things stand out in my mind about this course. First, the course was masterfully orchestrated with both instructors seamlessly transitioning roles and building off of each other's strengths. Second, Dr. Calleson skillfully guided conversations in the classes, which were very driven by dialogue and discussion. As a result, students walked away with a clear understanding of the concepts, but without feeling that we had been lectured at. Third, the instructors so successfully taught about the

basic tenets of public health that the course played an important role in my decision to pursue a Master's in Public Health.

While I was a student in the School of Public Health, Dr. Calleson mentored me through the process of writing my Master's paper. Dr. Calleson helped me to discern what my interests were and how to encompass my interests into one project. Again in the role of instructor, she taught me about program planning and evaluation design and helped me apply this knowledge to my project. Furthermore, Dr. Calleson worked with me to form a timeline to successfully meet my goal of starting and finishing my Master's paper ahead of schedule. Throughout the process, she went through numerous proof-readings of my drafts, consistently giving me feedback. Most importantly, Dr. Calleson was always available to talk, be it in a scheduled meeting or an impromptu encounter at the bus stop. During this time, Dr. Calleson also led an effort to nominate me for the Theta Chapter of Delta Omega Service Award, which I had the honor of receiving in 2006.

In large part because of Dr. Calleson's advice and guidance with my Master's paper project, I was able to take the next step during the following year and submit my work to a peer reviewed journal. After months of rewriting, Dr. Calleson, myself, and others have published our paper in the Journal of Gerontology and Geriatric Education and presented our work in national and international forums. The paper's focus on service-learning is just one example of how Dr. Calleson's efforts have had, and will continue to have, far reaching effects on student education.

The common thread running through all of these experiences is Dr. Calleson's enthusiasm and passion for teaching students. She easily stands out as one of the most exceptional, motivated teachers and mentors that I have encountered in both the Schools of Medicine and Public Health. So in conclusion, it is without any hesitation that I recommend Dr. Calleson for the promotion to Clinical Associate Professor.

Sincerely,
Andy McWilliams, 2008, MD/MPH Candidate

3. Tausha Robertson, DrPH

Dear Dr. Sollecito,

Diane has a passion for teaching and it is apparent in the design and preparation of her courses. The Community Based Participatory Research course I took was focused on research but Diane went the extra mile by taking us to see the work in action at a local program in Efland, NC. Diane's unique approach to teaching challenged me as a student and inspired me to look at public health issues in a different light. I really admired her keen awareness of each of our learning styles and strengths. Paying attention to those details allowed her to personalize the feedback on assignments in a way that was most helpful to each individual student.

The positive experience with Diane as an instructor led me to ask her to serve as a member of my dissertation committee. Her technical knowledge related to qualitative research methods was a key contribution to the make up of my committee. Diane's input during the process was timely and thoughtful. More specifically, she was able to provide guidance when I reached a stumbling block in my data analysis. Her ability to provide constructive criticism along with support and encouragement helped me through that difficult time.

Many of my positive memories of the doctoral program are related to my relationship with Diane and the joy she brought to her work. She is a skilled research professional but also a compassionate and engaging mentor. The School of Public Health can only benefit

from the continued cultivation of faculty like Diane. She is a stellar example of a faculty member who has the skills inspire and challenge students. In closing, I ask that you give Diane your strongest consideration for promotion to Clinical Associate Professor.

Sincerely,
Tausha Robertson, DrPH

4. Karen Leniek, MD, MPH, Preventive Medicine Fellow

Dear Dr. Sollecito:

I highly recommend the promotion of Diane Calleson, PhD, from the position of Clinical Assistant Professor to Clinical Associate Professor at the UNC School of Public Health. Diane has the unique gift of genuinely connecting with her students and supporting their growth and development.

In the Public Health Leadership Program, Diane served as my advisor and primary reader of my Masters paper. She provided timely feedback and invaluable insight into the community-based participatory research process; she guided the development of my Masters paper from a description of a Photovoice project within the Occaneechi community into a rich qualitative data analysis and piece worthy of publication. Diane was available for in-person meetings about my Masters paper as well as for career guidance.

During our informal mentoring discussions, Diane actively listened to me and offered ideas and solutions to assist me in achieving my goals and future career plans. She played a fundamental role in my decision to pursue further training in community-based participatory research as a post-graduate fellow. If accepted, she offered to mentor me in the Kellogg Community Health Scholars Program.

Diane utilizes her background in education to be an effective teacher and mentor. She encouraged me to explore social determinants of health in a broad context. As a result, I audited a course on American Indian cultures within the UNC Department of Anthropology. In addition, Diane expressed a genuine interest in learning about the Occaneechi community and visited with one of the elders.

With regards to awards and publications, Diane supported my applications to post-doctoral training programs with strong letters of reference, and I am currently awaiting a reply from these programs. If accepted, I will have funding for two to three years to continue my work with the Occaneechi Band of the Saponi Nation. I am also in the process of drafting a manuscript from my Masters paper which will be co-authored with Diane.

Respectfully,
Karyn L. Leniek, MD, MPH

3. Anthony Fleg, MD, MPH

Dear Promotions Committee,

I have the pleasure of being one of Diane Calleson's students, working with her over the last eight months to write my master's paper. I have nothing but good things to say about the intangibles that she brings to her students, her work at UNC, and to the school of public health.

I would say that Diane is one of the most inviting and inspiring professors I have had here in six years of medical and public health schooling. She takes time to listen to students and meet them where they are – on my paper in particular, she also did the reverse,

listening to me as I described the unique issues surrounding American Indian health, so that she could advise me optimally.

I am excited that Diane is being considered for promotion and would wholeheartedly support her cause. Not knowing if there are other student voices being considered, I would also say with confidence that any other student who is asked would give her equally high accolades. Please contact me with any further questions you may have!

Sincerely,
Anthony Fleg

6. Trudy K. Singzon, MD, MPH

Dear Dr. Sollecito:

It is my pleasure to write a letter of strong support for the promotion of Diane Calleson to Clinical Associate Professor at the UNC School of Public Health. She was my professor for several courses during the MPH program in Public Health Leadership (Director: Russ Harris), my Masters paper adviser and unofficial career counselor during this time.

I first met Diane during the Masters paper writing course for the Public Health Leadership students. My paper was a program evaluation and since this was a bit outside the norm for the MD students, Diane helped me to find an appropriate second reader and was very involved in providing me with guidance and direction. She was always available for consultation and was very prompt with her detailed feedback.

I extended my MPH to a third semester and, during the spring of 2005, Diane was a co-teacher for a course in Community-based Participatory Research (CBPR) with Geni Eng. My experiences with this course would prove to be very influential on my future career. I have been chosen to join the 2008 cohort for the UCLA Robert Wood Johnson Clinical Scholars Program and I had proposed a CBPR project in my application. Diane was one of a few mentors who I asked to read and give feedback on my application.

She was personally and professionally a very important part of my MPH experience and continues to influence my career with her mentorship. I would be more than happy to give any additional information. Please don't hesitate to contact me at (415) 912-6990 with any questions.

Sincerely,

Trudy K. Singzon, MD MPH
UCSF Residency Program in Family and Community Medicine

7. Julie Strum, MD, MPH

March 3, 2003

To the Full Professors in the department of Family Medicine

This letter is in support of Dr. Diane Calleson, Ph.D. I have had the privilege to work with Diane Calleson while seeking my MPH degree at the UNC School of Public Health. Dr. Calleson served as a teacher, reader, and mentor during my completion of a master's paper and practicum in the Health Care and Prevention program. For my practicum, Dr. Calleson helped to develop a meaningful and educational experience within the department of Family

Medicine's Education for Lifelong Service (ELS) program. She immediately made me feel like a valuable team member within the ELS group by thoughtfully listening to my opinions and suggestions. I witnessed her dedication to medical and public health education during the process of creating a lecture and small group session on cultural competence that was delivered to first year medical students in the spring of 2003. Dr. Calleson's background in education made her uniquely suitable to creating an interactive session that both challenged and engaged medical students in a topic that is often viewed as trivial and unimportant during the first year of medical school. In addition, she actively sought feedback from small group leaders after the session in order to improve the experience for next year's class. Dr. Calleson's expertise in community-campus partnerships has also allowed her to create a leadership course for medical students in the fall of 2003 which will benefit enrollees in developing a community perspective on medicine practices.

I also worked extensively with Dr. Calleson in creating a master's paper and project based on medical student's characteristics and intent to work with the underserved. Despite her busy schedule, she was always available to meet whenever I needed assistance. In addition, her suggestions and comments continually challenged me to think critically about the project throughout the entire process.

Working with Dr. Calleson has been one of the most rewarding experiences during my education in both the UNC School of Medicine and School of Public Health. She has been a true mentor in that she is dedicated to the educational development of her students. Her interests and knowledge in research, education, and community-campus partnerships make her an invaluable addition to the department of family medicine as she brings a refreshing and unique perspective to medical education. I can only hope that Dr. Calleson remains a part of the family medicine department so that other students may have the joy of working with her.

Sincerely, Julie R. Strum, MD, MPH

Impact of Teaching (Please see Career Statement, Table 1A)

Since I am going up for promotion based on my teaching, I have included the Impact descriptive section throughout in my career statement and in Table 1A. In addition, impact in this portfolio is indicated by the student letters, awards won by students, and co-authored publications and presentations.

Co-authored publications with students

*Please see CV, indicated by a star by each peer-reviewed publication and presentation

Awards won by students

1. Andy McWilliams, MD, MPH
 - Recipient of the Theta Chapter of Delta Omega Service Award, 2006
 - McWilliams A, Rosemond C, Roberts E, **Calleson DC**, Busby-Whitehead J. An Innovative Home-Based Interdisciplinary Service-Learning Experience. (2007). *Gerontology and Geriatrics Education*. 55(4):89-104.
2. Kimberly Burrows, MD, MPH
 - Nominated for Theta Chapter of Delta Omega Service Award, 2008
 - Graduate Professional School Fund Travel Award (\$500)
 - Medical School International Fellowship Program (\$600)
3. Trudy Singzon, MD, MPH
 - Robert Wood Johnson, Clinical Scholar, UCLA (2008-2010)
4. Karen Leniek, MD, MPH
 - Secondary Mentor, UNC Fellowship in Research in Integrative Medicine

