



**Community-Campus  
Partnerships for Health**  
A POLICY AGENDA FOR HEALTH  
IN THE 21ST CENTURY



## TRACK 2

### ***Working with our Communities: Moving from Service to Scholarship in the Health Professions***

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**From Community-Campus Partnerships to Capitol Hill:  
A Policy Agenda for Health in the 21<sup>st</sup> Century  
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Creating healthier communities and overcoming complex societal problems require collaborative solutions that bring communities and institutions together as equal partners and build upon the assets, strengths and capacities of each. Community-campus partnerships involve communities and higher educational institutions as partners, and may address such areas as health professions education (i.e. service-learning), health care delivery, research, community service, community-wide health improvement, and community/economic development. Founded in 1996, Community-Campus Partnerships for Health is a non-profit organization that fosters community-campus partnerships as a strategy for improving health professions education, civic responsibility and the overall health of communities. In just four years, we have grown to a network of over 700 communities and campuses that are collaborating to achieve these goals.

Community-Campus Partnerships for Health's 4<sup>th</sup> annual conference was designed to broaden and deepen participants' understanding of the policies, processes and structures that affect community-campus partnerships, civic responsibility, and the overall health of communities. The conference also aimed to enhance participants' ability to advance these policies, processes and structures.

This paper – one of nine commissioned for discussion at the conference – played an integral role in the conference design and outcomes and would not have been possible without the generous support of the Corporation for National Service and the WK Kellogg Foundation. On the conference registration form, participants chose a track that interested them the most in terms of contributing to the development of recommendations and possibly continuing to work on them after the conference. Participants were then sent a copy of the commissioned paper corresponding to their chosen track, to review prior to the conference. At the conference, participants were assigned to a policy action team (PAT). Led by the authors of that track's commissioned paper, each PAT met twice during the conference to formulate key findings and recommendations. These key findings and recommendations were presented at the conference's closing session and are reflected in the conference proceedings (a separate publication). These will be considered by CCPH's board of directors as part of its strategic planning and policy development process, and are expected to shape CCPH policies and programs in the coming years.

The complete set of nine commissioned papers is available on CCPH's website at <http://futurehealth.ucsf.edu/ccph.html>

1. Integrating student learning objectives with community service objectives through service-learning in health professions schools curricula – Kate Cauley
2. Working with our communities: moving from service to scholarship in the health professions – Cheryl Maurana, Marie Wolff, Barbra J. Beck and Deborah E. Simpson
3. Promoting collaborations that improve health – Roz Lasker
4. Public policies to promote community-based and interdisciplinary health professions education – Janet Coffman and Tim Henderson
5. Building communities: stronger communities and stronger universities – Loomis Mayfield
6. Community-based participatory research: engaging communities as partners in health research – Barbara Israel, Amy J. Schulz, Edith A. Parker, and Adam B. Becker
7. Racial and ethnic disparities in health status: framing an agenda for public health and community mobilization – Gerard Ferguson
8. Social change through student leadership and activism – David Grande and Sindhu Srinivas
9. Advocating for community-campus partnerships for health – Charles G. Huntington

The past twenty years have seen a national movement aimed at engaging health professions schools with their communities. As a result, both communities and campuses have come together in a number of innovative ways to build effective partnerships to improve health.<sup>1</sup>

Many of these outreach and partnership efforts build on the 1989 Schroeder, et al concept that the health professions schools represent a public trust. Indeed, Ludmerer (1999) argues for the need to re-establish the social contract between medical education and the society.

As faculty begin to redefine their roles and become more actively involved with their communities, the issue that continually arises is that of faculty rewards, promotion and tenure (Sandmann et al, 2000; Maurana and Goldenberg, 1996; Richards, 1996). Both faculty and administrators acknowledge that community work is not easily rewarded in the traditional academic system. Faculty are pulled in many different directions, and despite their interest in community work, they must pay attention to their own professional development. Administrators and faculty alike are beginning to recognize that we must find ways to address the application of one's discipline to societal problems through academic reward systems.

Much has been accomplished through partnerships between community and academic institutions. However, if we are to continue our progress and institutionalize this philosophy, we must address the issue of faculty promotion, tenure and rewards.

This paper addresses this issue by presenting a model of community scholarship, begins with a historical perspective on scholarship, followed by a

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<sup>1</sup> Examples of these initiatives include the Health of the Public Program funded by the Robert Wood Johnson Foundation and The Pew Charitable Trusts, the Community Partnerships with Health Professions Education Initiative funded by the W.K. Kellogg Foundation, the Partnerships in Training and Generalist Physician Initiatives funded by the Robert Wood Johnson Foundation, the Health Professions Schools in Service to the Nation Program and Community-Campus Partnerships for Health, initially funded by the Corporation for National Service, and the Area Health Education Center Program funded by the Bureau of Health Professions. Other federal agencies, not traditionally focused on health, have also provided opportunities for health professions schools to engage in their community. Examples include the Community Outreach Partnerships Centers funded by the Department of Housing and Urban Development, the Urban Community Partnerships Program funded by the Department of Education, and the Drug Free Communities Program funded by the Department of Justice.

description of four innovative approaches to documenting, recognizing and rewarding faculty work. The authors then propose a model of community scholarship that includes both standards and products, recommendations for implementation, and the qualities of a community scholar.

### **An Historical Perspective on Scholarship**

Traditional definitions of scholarship. According to Ernest Boyer in his landmark publication, Scholarship Reconsidered (1990), scholarship in American higher education has progressed through three distinct, yet overlapping stages. In the first stage, the 17<sup>th</sup> century colonial colleges focused on building the character of the students and producing graduates prepared for civic and religious leadership. These schools, which were patterned after British institutions, were expected to educate and morally uplift the students. Teaching was considered a vocation like the ministry, and the faculty were valued for their religious commitment, rather than scholarly ability.

This perspective was dominant until the mid-19<sup>th</sup> century, the start of the second stage of scholarship. Universities began to focus on the practical needs of a growing nation. These institutions viewed themselves as having a direct role in supporting the nation's business and economic prosperity. In 1824, Rensselaer Polytechnic Institute, one of the nations first technical schools was established. The 1862 Land Grant College Act enhanced the role of state universities in teaching the skills that would support the agricultural and mechanical revolutions. Education was perceived as a democratic function to promote the common good. As a result, universities and colleges formerly devoted to the intellectual and moral development of students began to include service in their mission. By the late 1800s, education was first and foremost to be of practical utility, and application of knowledge to real problems was the focus.

The emphasis on basic research was the third stage of scholarly activity. Many scholars who had studied in Europe were intent on developing research institutions in the United States modeled after the German research universities.

Yale University conferred the first Doctorate of Philosophy in 1861. Gradually, research and graduate education became the model for the American university. The emphasis on teaching undergraduates and service decreased since the ideal university scholar was to be detached from society. The Second World War accelerated the focus on research as an academic priority. The universities offered their help to win the war. The Office of Scientific Research and Development was founded. Federal research dollars were directed to universities and their scientific activities. After the war, federal support continued, and government and higher education continued their collaboration focused on scientific progress, not service or teaching.

In spite of the report from the President's Commission on Higher Education in 1947, and the GI Bill of Rights that concluded that the American universities should be available for all citizens to pursue their educational goals, the criteria for evaluating faculty scholarship continued to narrow. Professors' promotion and tenure depended on conducting research and publishing results. As the research mission extended to all institutions of higher learning, the professoriate became more hierarchical and restrictive. The previous emphasis on undergraduate teaching influenced by the European tradition, was replaced by an emphasis on graduate education and research. Research as the model for faculty work spread to all institutions and was further advanced by the development of the National Science Foundation in 1950.

The academy's obligation to service. Equating research and publication with scholarship and promotion has disconnected the academy from the real world problems of contemporary society at the same time that the complexity and number of social, economic and environmental concerns increase.

Colleges and universities must play an important role in addressing those concerns if we are to re-establish the social contact between education and society. Derek Bok (1990) criticized the detachment of university faculty, and stated that rarely had academics discovered emerging issues of importance and communicated these issues to the public. He charged that higher education was failing in its role as society's critic, and questioned whether universities provided

a service to the nation. Clearly, the academy must become re-engaged in social issues and focus on teaching and the application of knowledge, not just its discovery. This requires a rethinking and redefinition of the concept of scholarship itself.

The movement toward redefinition of scholarship. In 1987 the Carnegie Foundation for the Advancement of Teaching commissioned a report to examine the meaning of scholarship. This report, authored by Ernest Boyer, assessed the roles that faculty perform, and how these roles relate to both the faculty reward system and the mission of higher education.

This assessment led to a new paradigm for scholarship set forth by Ernest Boyer in *Scholarship Reconsidered* and consists of four interrelated dimensions of scholarship: 1) discovery; 2) integration; 3) application; and 4) teaching. The scholarship of discovery refers to the pursuit of inquiry and investigation in search of new knowledge. The scholarship of integration consists of making connections across disciplines and, through this synthesis, advancing what we know. The scholarship of application asks how knowledge can be applied to the social issues of the times in a dynamic process whereby new understandings emerge from the act of the application of knowledge through the on-going dynamic of theory to practice to theory. The scholarship of teaching includes transmitting knowledge but also transforming and extending it as well. These four categories interact forming a unified definition of scholarship that is both rich, deep and broad. Boyer argues for an inclusive view of scholarship that recognizes that knowledge is acquired and advanced through research, synthesis, practice and teaching (Palmer, 1990).

To move beyond research and publication as the primary criteria for reward and promotion, the Carnegie Commission next charged Charles Glassick et al to determine the criteria used to evaluate scholarly work. The following standards emerged from a study of academic press directors, journal editors, granting agencies, and promotion tenure committees as applicable to assess the work of scholars: 1) clear goals; 2) adequate preparation; 3) appropriate methods; 4) significant results; 5) effective presentation; and 6) reflective critique.

These standards form the basis of the model of community scholarship proposed in this paper.

### **Significance of Community Scholarship**

As traditionally defined, research and publication in peer-reviewed journals are no longer sufficient to evaluate an expanded conceptualization of scholarship; new and innovative methods of assessment must be developed. Considerable effort has been devoted to developing new ways to assess and present the accomplishments of scholarly work, particularly in the scholarship of teaching (Simpson and Fincher, 1999; Fincher, Simpson, et al 2000). Less work has been done in the area of community scholarship despite the increasing number of faculty who are working with their communities. The scholarship of discovery, integration, application and teaching all apply to community scholarship, but the principles, processes, outcomes and products may differ in a community setting. Community scholarship requires the scholar to be engaged with the community in a partnership of equals. The role of expert has to be shared, and the scholar's relationship with the community must be reciprocal and dynamic. Community-defined needs direct the activities of the community scholar, with the six standards of assessment as articulated by the Carnegie report serving as the criteria to judge the work as community scholarship

Clear goals, adequate preparation, appropriate methods, significant results, effective presentation and reflective critique are critical to community scholarship. However, the application and assessment of these criteria for community scholarship must involve academic faculty and community partners. If our scholarship is to be judged within the socio-cultural and political context of the community and account for the complexity of community issues.

Challenges to community scholarship. Faculty confront many challenges to participating in community scholarship. There is often a poorly understood

conception of community scholarship in academic institutions with traditional academicians often thinking that community work is simply doing traditional activities in a community setting. Community work is often viewed solely as service, rather than being acknowledged as research, teaching and program development within the community. Similar to all scholarship, community work requires a great deal of effort if it is to be done in an authentic, non-exploitative and honest manner.

For community scholarship to be valued, recognized or rewarded by the institution, it must be perceived not as an inferior activity, but as an equal form of scholarship. The challenge for community scholars is to clearly use Glassick's six standards of scholarship in the context of community. Community activities may look very different than the scholarly activities in a classroom, laboratory or library, but they are informed and guided by the same standards of scholarly rigor in the pursuit of new knowledge. In recent years, several academic institutions and/or professional associations have begun to grapple with the task of revising and expanding the traditional definition of scholarship to meet the changing roles and responsibilities of faculty building on Glassick's criteria.

### **Models for Assessing Community Scholarship**

Four evidence-based models that creatively document and assess scholarly activities were selected for this paper because they contain features and approaches that are applicable to community scholarship. Two models involve the development of a faculty portfolio, a third applies a set of six criteria that underlie the process of scholarship, and the final model is based on a set of four competencies with specific requirements for the various professional ranks.

1. Points of Distinction Project. In 1993 Michigan State University created an "Evaluating Quality Outreach Faculty Working Committee" to investigate more appropriate strategies to assess and compensate faculty who conduct outreach activities (Sandmann, et al 2000). The Outreach Committee developed a guidebook to assist deans, department chairs,



directors, and individual faculty members in the development, documentation, evaluation, and recognition of quality community scholarship. The 52-page document, titled *Points of Distinction: Planning and Evaluating Quality Outreach* (1996) identifies four dimensions of quality outreach: significance, context, scholarship, and impact. Significance refers to the importance of the issues addressed and the value of the project's goals (Glassick's clear goals). Context speaks to the project-environment fit, appropriateness of expertise and methods, degree of collaboration, and the sufficiency and creative use of resources (Glassick's adequate preparation and appropriate methods). Scholarship addresses the application, generation, and utilization of knowledge (Glassick's effective presentation). Impact consists of the effects and benefits of the project on issues, institutions, and individuals (Glassick's significant results).

The guidebook also includes examples of quantitative as well as qualitative indicators of success, sample questions for evaluating a project, and a variety of planning tools and recommendations for developing a faculty portfolio.

Faculty are encouraged to develop an Outreach Portfolio to document their community activities. This portfolio chronicles a significant outreach initiative in which the faculty member played a major role and includes:

- outreach objectives and their connection to the faculty's scholarly activities;
- departmental mission and community concerns;
- indicators for evaluating the quality of the activities that conform to departmental standards and forms of measurement; and
- individual faculty member's reflective critique of the project which are assessed based on the four points of distinction (Sandmann, 1999).

The work of MSU's Outreach Committee was strengthened, and, in part, guided by their participation in the W.K. Kellogg Foundation *National Project on the Documentation and Peer Review of Professional Service and Outreach*. The goal of this initiative was to "facilitate the emergence of an outreach agenda as an institutional priority at all universities, recognizing outreach as having importance and scholarly challenge comparable to the other mission dimensions."

2. Educator's Portfolio®. In 1991, the Medical College of Wisconsin published an Educator's Portfolio® to document educational activities and provide evidence of quality for peer review. Once compiled, the portfolio can be used to: 1) document and evaluate faculty's educational activities for use in promotion or performance review (Simpson, 1994; Lindemann, 1995); 2) assist faculty in personal reflection and evaluation of their individual career planning and development (Beecher, 1997); and 3) increase the value of education within an academic medical center by demonstrating that excellence in education can be measured and based on evidence (Simpson, 1998).

The portfolio is divided into ten sections that represent the major educational areas of responsibility for faculty, including curriculum development and instructional design, teaching skills, assessment of learner performance, adviser and educational administration. Each section begins with a brief description of items and suggestions for evidentiary materials. The supporting evidence must be included in the portfolio in order to document the quality and usefulness of the faculty member's activities in that area.

Since faculty roles and responsibilities vary, the portfolio categories provide a framework that is then adapted to showcase an individual's best work, not all of his/her educational activities. Typically faculty focus on three or four categories consistent with their primary education/teaching roles. To assist faculty in compiling their own portfolio, each section

includes examples from recently prepared faculty portfolios. Over time, the length of the portfolios has decreased as faculty now include their educational roles, teaching activities, committee work, advisees, and instructional materials authored as CV citations. The portfolio now presents the evidence of the quality of these activities and products beyond papers, publications and grants and is typically 3-5 pages in length (Simpson, Marcdante, et al, 2000). Although this model does not specifically address community scholarship, the portfolio concept defines common categories, and the vital role of evidence of quality consistent with Glassick's criteria for scholarship. This template can be revised for the Community Scholarship Portfolio.

3. Conceptual Framework for Public Health Practice. The Association of Schools of Public Health approach can best be described as a series of recommendations for academic public health institutions.

In an effort to bring together the two worlds of public health practice and academic public health institutions, the *Association of Schools of Public Health* created the Council of Public Health Practice. In 1999, the Practice Council issued *Demonstrating Excellence in Public Health*. The purpose of this effort was to encourage academic public health institutions to “reconsider the definition and scope of what constitutes scholarship, and how this relates to their mission, as reflected in their strategic objectives and reward structures” (Association of Schools of Public Health, 1999 p.5).

Traditionally, schools of public health have emphasized and rewarded research over application. However, according to the Practice Council, “academic public health and public health practice intersect at the point of applied, interdisciplinary pursuit of scholarship, in the form of research, teaching and service” (Association of Schools of Public Health, 1999 p.8). This broader definition of public health scholarship requires the ability to integrate and synthesize information or knowledge, apply it in

new ways to address specific health concerns, and to communicate this new information and understanding to both academics and the lay public. The integration/synthesis and application steps in this process have not received the same scholarly recognition within academic public health as research.

The Practice Council not only advocated for greater acceptance of this broader definition of public health scholarship, but also for evaluation of scholarly accomplishments using a set of standards set forth by Boyer (1990) and Glassick et al (1997). In addition, the Practice Council recognized the need to increase the capacity for practice-based scholarship in academic institutions, and recommended a series of organizational and policy options to assist this process. Common to all of these models was “a school practice liaison or coordinator, administrative and faculty appointments that support academic-practice linkages and scholarship, the review and revision of promotion and tenure policies and structures, the formalization of practice-based criteria and reward policies, and consistent administrative encouragement of faculty to perform interdisciplinary practice scholarship” (Association of Schools of Public Health, 1999 p.14).

4. Competency-Based Model. Alverno College in Milwaukee, Wisconsin is a private four-year college that has a national reputation for innovative, competency-based education. The college has divided scholarly activity into four competencies: 1) teaches effectively; 2) works responsibly in the college community; 3) develops and pursues a research agenda; and 4) serves the wider community. Within each of these competencies are specific skills, activities, and requirements that faculty must master in order to progress to the next professional rank, (beginning assistant professor, experienced assistant professor, associate professor and full professor).

For example, the “Teaches Effectively” competency requires that beginning assistant professors teach for appropriate abilities in disciplinary context, provide direction, clarity and structure to students; provide timely and effective feedback to students, be respectful of and available to students, and communicate enthusiasm for one’s discipline. At the Experienced Assistant Professor rank, faculty must be able to meet the previous level of expectations, and also organize learning experiences that assist students to achieve outcomes, provide feedback directed toward specific abilities and individual need, respond to students in a variety of settings with sensitivity to background and learning style, and refine teaching practice based on self-assessment and feedback. By the time one reaches the rank of Full Professor, faculty should have met all of the previous requirements and, in addition, be able to expand the scope of scholarship to include new areas or disciplines that inform student-centered teaching, take a leadership role in developing materials that address specific curricular concerns, and influence professional dialogue about teaching scholarship in the higher education community.

In the community outreach competency, “Serves the Wider Community,” beginning Assistant Professors are encouraged to identify possible areas of service, and participate in general outreach activities. By the time faculty reach the level of Full Professor, they must have progressed to the point where they can provide substantive service and leadership in the wider community (Alverno Education Handbook, 1992).

Such a competency-based review and promotion process expands the traditional definition of scholarship to include activity and service both within the college and in the larger community, while also clearly identifying specific expertise and skills that must be demonstrated in order to progress to the next professional rank.

## **Proposed Model for Community Scholarship**

Judith Ramaley, President of the University of Vermont, is a leading proponent of rethinking the traditional concepts of teaching, research and service. Building on the work of Ernest Boyer, she has challenged academia to replace traditional thinking with a new paradigm of learning, discovery and engagement. In this section, we present a model of community scholarship that is based on this paradigm: 1) learning that combines rigorous academic curriculum with meeting needs of communities; 2) discovery that emphasizes community-oriented research; and, 3) engagement, that moves beyond the concept of service to the formation of strategic campus-community partnerships to improve health. In this model, which builds upon the four described in the previous section, community scholarship focuses on both process and outcome, crosses the boundaries of teaching, research and service, and reshapes and integrates them through community partnership. We hope that this model will provide a basis for constructive discussion at the April, 2000 CCPH conference, and that participant input will strengthen the model.

Definition of Community Scholarship. We define community scholarship as the products that result from active, systematic engagement of academics with communities for such purposes as addressing a community-identified need, studying community problems and issues, and engaging in the development of programs that improve health. Building on the definition for teaching as scholarship as put forward by Hutchings and Schulman (1999), community work becomes scholarship when it demonstrates current knowledge of the field, current findings, and invites peer review. The community work should be public, open to evaluation, and presented in a form that others can build on.

Standards for Assessment of Community Scholarship. Using Glassick, et al (1997) as a framework, we have developed a set of criteria for the assessment of community scholarship.

- **Clear Goals.**
  1. Are the goals clearly stated, and jointly defined by community and academics?
  2. Has the partnership developed its goals and objectives based upon community needs?
  3. How do we identify the community issues? Are these needs and issues truly recognized by the scholar and institution?
  4. Do both community and academia think the issue is significant and/or important?
  5. Have the partners developed a definition of what the “common good” is?
  6. Have the partners worked toward an agreed upon “common good”?
  7. Is there a vision for the future of the partnership?
- **Adequate Preparation.**
  1. Does the scholar have the knowledge and skills to conduct the assessment and implement the program?
  2. Has the scholar laid the groundwork for the program based on most recent work in the field?
  3. Were the needs and strengths of the community identified and assessed using appropriate method?
  4. Have individual needs taken a back seat to group goals and needs?
  5. Do the scholar and the community consider all the important economic, social, cultural and political factors that affect the issue?
  6. Does the scholar recognize and respect community expertise?
  7. Have the community-academic partners become a community of scholars?
  8. Does the scholar recognize that the community can "teach," and that the community has expertise?
  9. Does the scholar stay current in the field?
- **Appropriate Methods.**
  - Partner Involvement

1. Have all partners been actively involved at all levels of the partnership process – assessment, planning, implementation, evaluation?
  2. Has the development of the partnership's work followed a planned process that has been tested in multiple environments, and proven to be effective?
  3. Have partnerships been developed according to a nationally acceptable framework for building partnerships?
- Approach
    1. Are the methods used appropriately matched to the need?
    2. Do the methods build in community involvement sustainability?
    3. What outcomes have occurred in program development and implementation?
    4. Do the scholar and community select, adapt and modify the method with attention to local circumstances and continuous feedback from the community?
    5. Do programs reflect the culture of the community?
    6. Does the scholar use innovative and original approaches?
    7. Does the approach emphasize sustainability?
  - **Significant Results.**
    1. Has the program resulted in positive health outcomes in the community?
    2. Has the partnership effected positive change in the community and the academic institution?
    3. Have models been developed that can be used by others?
    4. What has been the impact on the community?
    5. What has been the impact on the academic institution?
    6. Have external resources (e.g. grant and fund raising) been affected by the program?
    7. Are the results effective as judged by both the community and academia?
    8. Do the scholar and community commit to a long-term partnership?



- **Effective Presentation.**
  1. Has the work (outcomes and process) of the partnership been reviewed and disseminated in the community and academic institutions?
  2. Have there been presentations/publications on community-based efforts at both the community and academic levels?
  3. Are the results disseminated in a wide variety of formats to the appropriate community and academic audiences?
- **Ongoing Reflective Critique.**
  1. What evaluation has occurred?
  2. Does the scholar constantly think and reflect about the activity?
  3. Would the community work with the scholar again?
  4. Would the scholar work with the community again?

Products of Community Scholarship. Lee Schulman (1999) argues that scholarship must be public, accessible for peer review, and presented in a form that others may build upon if we are to advance knowledge in the field. Often, the scholarship in communities takes the form of products, and falls into several categories: guidebooks; technical assistance; program outcomes; and disseminated materials. These products represent the outcomes of our community work, and can be reviewed by peers and built upon to advance the field. The products may be disseminated through local departments, regional or national clearinghouses, web sites, or through traditional outlets (journals, publications, presentations).

- **Community Scholarship Products.**
  - Resources
    1. Guides to effective program development (how to's)
    2. Technical assistance
    3. Tools and strategies to assess community strengths/assets and concerns

4. Tools and strategies and processes to effectively measure program outcomes

- Program Outcomes
  1. Improved community health outcomes
  2. Increased community leadership for health
  3. Increased community funding for projects
  4. Integration of students and residents into community-based efforts (or creative education)
- Dissemination
  1. Presentations to community leaders and policy makers
  2. State, regional, national presentations
  3. Journal articles
  4. Leadership at community, state and national levels
- Other
  1. New partnerships and coalitions, existing collaborations that are strengthened
  2. Program development grants (external funding)
  3. New or innovative approaches to old issues

Recommendations and Future Directions. The following are recommendations for the implementation of the community scholarship model developed by the authors and refined at the April, 2000 CCPH national conference. We hope that they will stimulate local and national evolution from community service to scholarship.

1. Develop better methods to evaluate promotion and tenure practices related to community scholarship. Key to this process is the development of specific position or task descriptions for faculty involved in community work that describe the added dimensions of scholarship that a Ph.D. or M.D. bring to the development of community activities. Also central to improved promotion and tenure practices is the development of a community scholarship

portfolio. This portfolio will include definitions, standards of assessment, products, methods of documentation, examples of faculty CV's, etc.

2. Develop a national network of senior faculty in the field of community scholarship. This network will have multiple tasks:
  - a) Serve as mentors for other faculty in developing their work in communities and developing portfolios for promotion. These faculty will also serve in the important role of national references when junior faculty go forward for promotion at their respective institutions.
  - b) Serve as expert peer reviewers for the products of community scholarship that were outlined in the previous section. They will refine and issue the standards for community scholarship. Faculty can submit guidebooks, curriculum, community outcomes, etc. to these faculty for review.
  - c) Serve as expert peer reviewers of community-based initiatives. Faculty can submit programs at various stages of development for review and feedback. Criteria could be based on the concepts of continuous quality improvement.
  - d) Create a series of cases on community scholarship that can be used for faculty development.
3. Cultivate and educate administrative leaders, senior faculty, and leaders of national associations in health professions education to serve as champions for community scholarship and to advocate for policy change.
4. Develop opportunities for community members to be meaningfully involved in the process of community scholarship. Address such questions as: Can community members be scholars? What is the role of community members in the faculty promotion process?

What are strategies to reward community members for their involvement in community-based activities?

5. Develop a community toolkit for community scholarship. This toolkit will include much of the material discussed above: position and task descriptions for faculty involved in community work; the community scholarship portfolio, contact information for the mentor network, evaluation materials, cases on community development, and other available resources. It can be distributed through national associations.

### **Summary: The Qualities of a Community Scholar**

Glassick (1997) identifies three qualities of a scholar: integrity, perseverance, and courage. Integrity is defined to mean “truthfulness, fairness in dealing, and absence of fraud, deceit and dissembling” (p.63). Perseverance is viewed as vigorous inquiry over the academic lifetime, and likens good scholars to good craftsmen who seek to perfect and build upon their craft over a lengthy period. Courage is “the ability to risk disapproval in the name of candor” (p. 65).

These three qualities are very appropriate for those faculty engaged in community scholarship. Community scholarship challenges faculty to take risks and strike out in new directions with nontraditional partners.

We would add to Glassick’s list a fourth quality: that of leadership. Each of us can be a leader in our moving forward the concept of community scholarship. That leadership is embodied in our willingness to do the following:

- Challenge the status quo: we must be willing to look beyond traditional reward systems and take risks to redefine it;
- Create a shared vision: we must envision the power of community scholarship and encourage others to join with us;
- Create meaningful collaboration: we must advocate from values inherent in community-academic partnerships that build trust, share power and provide support;

- Serve as role models: we must practice what we preach and implement the standards of community scholarship;
- Bring passion to our work: we must be “true believers,” support each other’s efforts, and celebrate each other’s success as we advance health in our community and knowledge in our field.

The road to community scholarship is long and filled with many obstacles. However, the rewards are great as we have the opportunities to make a significant difference in the quality of life of our communities. We hope that this paper helps to catalyze a national discussion in this area, and provides useful information to move this idea to the next stage of its development. Remember, “There are three kinds of groups: those who make things happen; those who wait for things to happen; and those who wonder what happened.” We must be the group that makes things happen, if community health and scholarship are to be a reality. Health, scholarship, and community must be synonymous.

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