Re-Framing Reappointment, Promotion, and Tenure Documents to Facilitate the Transformation of Service-Learning Pedagogy to Community-Engaged Scholarship

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Abstract

In the College of Allied Health Sciences at the University of Cincinnati, John Kotter's eight stage model of organizational change was utilized as a template by faculty while focusing efforts on facilitating community-engaged scholarship. The Kotter model proved to be a beneficial tool when developing a framework for transforming service-learning pedagogy to community-engaged scholarship. Additionally, use of the model allowed the group to focus attention on needed areas for future development.

Traditionally, higher education has served the public good through teaching, research, and service. The scholarship of engagement, a commitment to service coined by Ernest Boyer (Boyer 1990), has been adopted by the faculty in the College of Allied Health Sciences (CAHS) at the University of Cincinnati (UC). Many faculty had been involved in the development of service-learning experiences for their students, but few had transformed that pedagogy into a scholarly endeavor by participating in community-engaged scholarship (CES). By definition, according to the Commission on Community-Engaged Scholarship in the Health Professions (2005), CES is "scholarship that involves the faculty member in a mutually beneficial partnership with the community. CES can be transdisciplinary and often integrates some combination of multiple forms of scholarship. For example, service-learning can integrate the scholarship of teaching, application, and engagement, and community-based participatory research can integrate the scholarship of discovery, integration, application, and engagement." A major challenge to sustained faculty involvement in transforming community-engaged activities to scholarly work is the perceived risk of poor acceptance of the value of this type of work when attempting to achieve promotion and tenure. In many institutions of higher learning, the more traditional view of scholarship resides in the scholarship of discovery.

As part of the Community-Engaged Scholarship for Health Collaborative, convened by Community-Campus Partnerships for Health with grant support from the Fund for the

Improvement of Postsecondary Education in the U. S. Department of Education, a team of faculty and administrators from University of Cincinnati College of Allied Health Sciences participated and represented the allied health professions. Noting that involvement in activities which serve the community and which encourage student interaction with the community are important, but often under-recognized in the reappointment, promotion, and tenure (RPT) process, the Collaborative sought to facilitate RPT processes which recognize and reward scholarly activities that utilize a community-based approach (Seifer et al. 2009). Through participation in the Collaborative, the UC team sought to influence change in the RPT criteria in the CAHS.

The College of Allied Health Sciences adapted John Kotter's model of change (Kotter 1996) to describe its process of infusing CES into all facets of its programming. Kotter developed an eight stage model (establish a sense of urgency, create a guiding coalition, develop a vision and a strategy, communicate the vision, empower broad-based action, create short term wins, consolidate gains and produce more change, and finally, anchoring new approaches in the culture) to ensure that successful change occurred in organizations (Figure 1). The team applied the Kotter model as a lens to assess our progress toward the goals of transforming service learning into CES and institutionalizing this type of activity as a valid claim for RPT purposes. Using Kotter's model, the team was able to chronicle progress in each of the eight steps and subsequently determine areas for future concentration. The team discovered that the model served as an excellent template from which to frame our journey. The hope is that this model would be useful for others involved in working on similar goals.

Figure 1: Kotter's Eight Stages for Change (Kotter 1996)
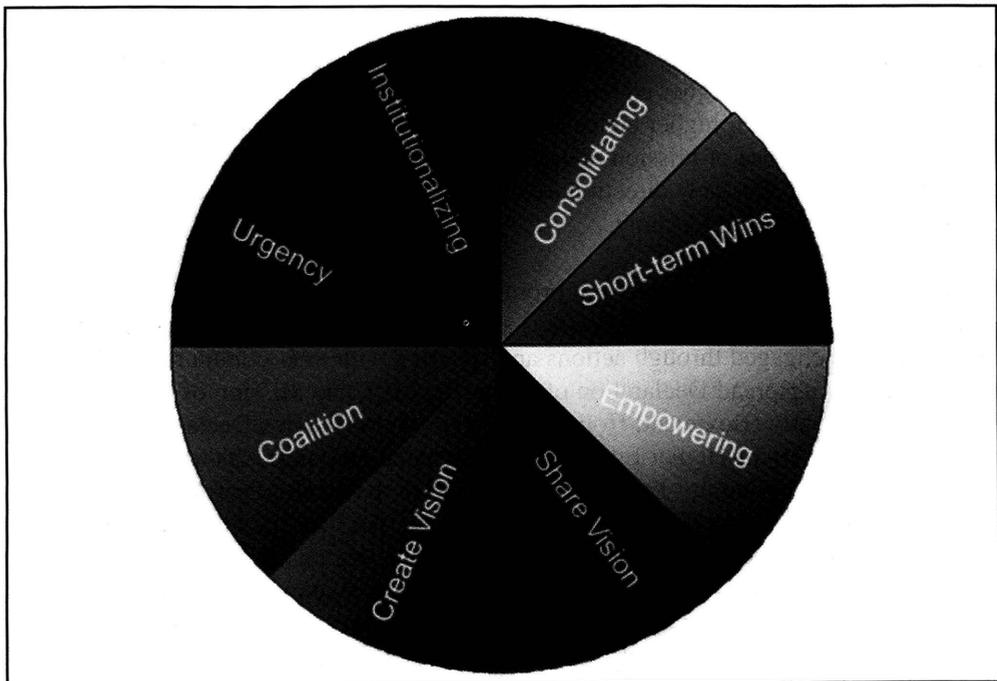
Step 1. Establishing a Sense of Urgency

The first stage in Kotter's model is to "establish a sense of urgency." To do so, organizations must reflect on how they are functioning to determine whether they are continuing to perform according to conventional practice because they have neither identified nor responded to important advances that are arising. For the CAHS, that translated into responding to advances in the areas of service-learning and CES (Kotter 1996).

Before making global recommendations to the faculty within the CAHS for changing the manner in which students are educated and trained and the manner in which faculty respond to opportunities for scholarly work, we as a team realized the need to convey a sense of urgency for doing so. A review of the current health care environment and related critical issues reveals a strong case for the necessity for change.

Diverse events, both nationally and locally, contributed to a sense of urgency within the university as a whole to link teaching, scholarly work, and service activities to address the newly defined health care challenges within the Cincinnati community and beyond. On the global scale, dramatic changes were occurring in health care that had permanently refocused priorities in educational institutions. Variance in environmental and occupational health standards, threats of bioterrorism, and emerging and re-emerging diseases such at tuberculosis, malaria, and food-borne infections are on the rise. Scientific and medical technologies, including wider dissemination of health information, and related issues regarding confidentiality and medical misinformation advance daily. Demographic transitions, including the aging of the population with increased chronic disease risk and an increasingly diverse population are additional challenges faced by health care providers. Over a decade ago, Ernest Boyer acknowledged these changing times and related it to pubic health education by calling for a new direction for higher education. He stated, "I have this growing conviction that what is needed (for higher education) is not just more programs, but a larger purpose, a larger sense of mission, a larger clarity of direction in the nation's life"(Boyer 1990). This new direction as he defined it was distinguished by engaged scholarship and engaged teaching.

Boyer's call was amplified by several prominent national groups challenging higher education, in particular health professions schools, to re-examine their public purposes and to become engaged through actions and teaching with their communities. These included the Wingspread Declaration of Renewing the Civic Mission of the American Research University (Boyte and Hollander 1999); the President's Declaration on the Civic Responsibility of Higher Education (Ehrlich and Hollander 2000); the Commission on Community-Engaged Scholarship in the Health Professions' report, "Linking Scholarship and Communities" (2005); and the Institute of Medicine (IOM) report, "Who Will Keep the Public Healthy?" (Gebbie, Rosenstock, and Hernandez 2002). The IOM Report in particular developed a set of recommendations for how public health education, training, and research could be strengthened to meet the needs of future public health professionals and the populations they serve.

Central to the IOM Report was a recommendation for graduate programs and schools of public health to include training in the area of community-based participatory research. Community-based participatory research, as defined by Israel and others (2001), is a partnership approach to research that equitably involves members of the community, representatives from key organizations, and researchers in all aspects of the research process. According to Israel, evaluating and training students in engaged research was seen as essential to preparing a diverse workforce of health professionals, students who would become active and engaged citizens who would contribute productively to public health in their communities and beyond.

The national events as described above contributed to our sense of urgency as a team to change the manner in which we educated and trained our students and engaged in service and scholarly work.

On the local level, within our own university, a strategic plan was created in 2004 and is currently being implemented entitled UC|21: Defining the New Urban Research University (University of Cincinnati, Comprehensive Academic Planning Process Committee 2004). This plan embraced the University of Cincinnati's commitment to serve a rapidly changing world and the local Cincinnati community. The plan reflected a changing research arena where globalization and technology encourage interdisciplinary approaches. UC|21 emphasized scholarship and partnership by encouraging collaborative efforts to address complex issues both within and beyond the boundaries of the university.

Key action steps in the UC|21 strategic plan were designed to promote scholarship *and* partnership, and scholarship *from* partnership. These included: (1) to establish high profile centers that cross disciplines to best address societal changes, and (2) to establish and nurture relationships and partnerships between colleagues within the university and the local and global communities.

The first strategy recognized the role partnerships play in future research excellence. With the planning document, the university made a commitment to establishing and strengthening existing partnerships including, but not limited to, the community, industry and business, government, and hospital systems. UC also made a commitment to developing a mechanism to invest resources to facilitate partnerships internal and external to the university.

The second strategy recognized that in order to make CES possible, new partnerships must be formed and existing partnerships nurtured. To do this, the commitment both in terms of time and resources for faculty is considerable. To lessen the barriers, with the UC|21 planning document the university administration made a commitment to establishing an infrastructure to support campus/community connections including creating a campus center supporting community engagement, outreach, and service-learning programs and services; providing release time or stipends for faculty to engage in research related to community engagement; and recognizing and showcasing best practices for community service among faculty and students. The University of

Cincinnati's commitment to enhancing scholarship and partnership, and scholarship from partnership was evident in its new vision. This new vision provided CAHS with a "sense of urgency" and the impetus for increasing our efforts in the area of community engagement, and moving our attention from pedagogy toward scholarship.

Step 2: Forming a Guiding Coalition

The second stage is to create a guiding coalition. Kotter explains that the individuals who are part of this coalition need to possess particular qualities. They need to have sufficient power so that they can effect change. They also need to have expertise in the area in which they will lead. The organization needs to perceive them as credible so that its members will accept their suggestions. Lastly, they need to be seen as leaders so that they can indeed manage the change process (Kotter 1996).

A group of CAHS faculty who were interested in learning about linking service-learning to scholarship participated in the September Institute, a faculty development opportunity supported by the University of Cincinnati. This group of faculty with shared interests formed a cohesive team throughout the week-long faculty development workshop and grew into the CAHS Service-Learning Task Force. Since the group had actively participated in faculty development activities related to service-learning and community engagement, the team held shared levels of understanding about these topics, which lead to improved communication and collaboration between and among the group members. This team initially had representation from every department within the college, providing a proactive voice for community engagement within each department.

The Service-Learning Task Force developed a set of goals and activities to move forward in the area of community engagement. The members of the task force were passionate about their work in the community, and it was clear that the members approached their work with an intensely focused effort. Commitment levels were very high, as evidenced by the team meeting on a weekly basis consistently for the first year.

Soon after the inception of the task force there was a change in the administrative leadership of the college with the arrival of a new dean. The change in administration provided an incentive for the task force to assume the role of a guiding coalition for the college. The new administration recognized the task force (the team) as the group of individuals who had developed expertise in service-learning and who could act as a resource and as leaders in this initiative for the college.

The team presented information regarding service-learning and community engagement during a college retreat, thus allowing all members of the CAHS faculty to be exposed to the scholarship of engagement. The presentation also served as an opportunity for the team members to offer assistance as mentors to others within the college who expressed interest in embedding service-learning pedagogy into their course or who were interested in transitioning into the realm of CES activities. Community-engaged activities led by the college have increased since the inception of

the team and more faculty are providing opportunities for their students to interact with the larger community.

One aspect the team attempted to facilitate was to increase collaborative research opportunities. Allied health professionals work in collaborative team settings and the team wanted opportunities for our students to have exposure to other disciplines while involved in their professional training. The members of the team had defined skills and attributes that students in all disciplines needed in order to perform their work effectively. With a shared understanding of the commonalities of these generic abilities—such as effective communication skills, sound critical thinking and problem-solving—the team sought out community agencies that might have needs that allied health students could address. Combining opportunities for students from communications disorders and students from physical therapy to provide service to the community as team members in a preschool situation was just one of many ideas that grew from interactions with agency participants. Student availability was significantly limited, however, due to a very time-intensive curriculum. Meshing classroom and laboratory schedules, and many times, student work schedules, with the time of day needed to be onsite for the preschool proved to be large barriers. Although this has been difficult to achieve, this continues to be an aspect that is of interest to the team members and continues to be an area for improvement.

Step 3. Developing a Vision and Strategy

The third stage is to develop a vision and a strategy. Kotter emphasizes the importance of a vision to create and guide the direction of change. The goal of the vision is to set the course of change in the right direction. This will establish a basis for the actions needed to yield the projected outcome. By having a clear vision an organization can be efficient as the change process unfolds (Kotter 1996).

With input from the entire CAHS faculty, a college strategic plan was developed to closely align with the goals outlined in the university's strategic planning document, UC|21. The team collaborated with other faculty during this process in building strategic action steps for enhancing interdisciplinary research collaborations, developing an appropriate infrastructure within the college to support community-engaged research efforts, and making CES a valued component of the faculty RPT process within the college.

Strategic action steps related to growing research excellence within our college focused on building on our existing strength of active faculty-community collaborations. Many of the college faculty were already engaged with community partners in service and teaching, so extending these collaborations to CES seemed both feasible and a logical next step. The CAHS strategic action plan that was developed to increase interdisciplinary research collaborations called for setting regularly scheduled brainstorming and grant writing sessions with interdisciplinary teams of researchers selected for their expertise, and providing ongoing financial support for

interdisciplinary grant writing workshops. Driven by the inception of UC|21, in conjunction with the dean of CAHS's support, both of these steps occurred.

Expanding faculty and student involvement within established and new interdisciplinary centers within the university was essential for forming new research collaborations, developing fundable research avenues, and increasing the visibility of researcher talent within CAHS. Collaboratives that exist today as a result of CAHS's increased participation in community-engaged initiatives are the Academic Chronic Care Collaborative (collaborative between Nutrition, Physical Therapy, Communication Sciences and Disorders, and University Hospital), the Maternal and Child Nutrition Center (collaborative between Nutrition and Obstetrics and Gynocology at University Hospital), and the Primary Stroke Center (collaborative between Communication Sciences and Disorders, Neuroscience, and University Hospital).

Forging key relationships and partnerships was a goal that was already in progress among many faculty within CAHS. Changing the focus of these partnerships from pedagogy to scholarship was set as the new challenge for the college. A CAHS Research Task Force including members from the team was established and charged with the task of developing action steps to make this happen. This task force currently continues to work toward this goal.

Having experienced the time and financial constraints of establishing and nurturing community partnerships, college faculty identified the need to create an infrastructure within CAHS to support faculty and community preceptors involved in experiential education or who would like to become involved. Faculty determined that having a central person skilled in understanding communities and acting as a liaison among diverse community agencies and partners would be a first step in helping to maintain good, consistent relationships with community partners. Additionally, faculty also suggested that having a reward system for faculty and community preceptors would be essential toward forging good relationships with partners in Cincinnati and beyond.

As faculty develop in the area of community engagement and scholarship, creating an ongoing support mechanism for faculty mentoring—whether it be from visiting experts, from model efforts within CAHS, or from the hiring of an Associate Dean for Research with expertise in CES—was identified as critical to sustaining CES within the college. Additionally, including CES as a valued component of CAHS and department RPT documents was viewed as an essential element to increasing the value of this form of scholarship.

Step 4: Communicating the Vision

The fourth stage is communicating the vision. For this stage the change agents need to identify the vehicles for change within the organization. Of great importance is that communication occurs efficiently. Kotter describes that communicating the vision should be a simple process with a minimal amount of jargon. There should be multiple venues to communicate the message which should be repeated in many different ways.

The guiding coalition should provide role models in implementing the vision. Of great importance is that communication be a collaborative process with input being sought from all parties involved (Kotter 1996).

In spring of 2004 the college requested inclusion in a three-year grant funded by FIPSE which was aimed at recognizing and rewarding community engagement as central to the role of faculty members at their own institutions and nationally. The Service-Learning Task force came together to plan for the grant submission which required that a representative from the provost's office and the college dean become members of the team. The college was the only school of allied health selected to participate in the grant.

The application process afforded the team an opportunity to further "communicate the vision" to our administrative leaders in the Academic Health Center. Our subsequent participation in the Collaborative throughout its three-year grant cycle (2004-2007) allowed the team to continue to communicate our vision with faculty across the university as well as with our partners in the Collaborative.

The team also applied for and received internal grant monies from the university's faculty development fund which allowed us to serve as coaches for other faculty in the college who were interested in the integration of service-learning with scholarship. The grant gave us funding to sponsor two college-wide workshops which were facilitated by a team of experts from Wright State University who presented information on the pedagogy of service-learning and touched on creating community-engaged participatory research opportunities.

The team disseminated information and reported on our progress in the initiative through various presentations at university meetings and retreats throughout 2004-05. Additionally, two members were asked to attend a provostal meeting to review and give input to university-wide initiatives on service-learning, community engagement, and community-engaged participatory research.

As a result of our annual Collaborative meeting in February 2005 the team agreed that the next step in "communicating the vision" was to focus on the process of converting our own service to scholarship. In keeping with our previous goal of dissemination and mentoring we decided to seek a mechanism to include other like-minded faculty in our effort.

In 2006 the team obtained another internal grant to sponsor a consultant to mentor the team and facilitate CAHS and other community-engaged university faculty in the transformation of "service to scholarship." CCPH consultant Maralynne Micham PhD, OTR/L from the Medical University of South Carolina facilitated this workshop (http://www.ccph.info). The outcome of this activity was that the now "expanded" team submitted an external grant proposal in 2007. We partnered with a local inner-city high school to seek funding to address one of that community's self-professed priorities: obesity. Subsequently, an internal interdisciplinary research grant was

submitted to obtain funds to generate pilot data in preparation for submission of the grant proposal.

Step 5: Empowering Others to Act on Vision

The fifth stage is empowering a broad-based action. To empower the broad-based action Kotter suggests that individuals need to engage in education and training that will enable them to implement the components of the proposed change. This process helps ensure that the implementation of the change is consistent with the vision (Kotter 1996).

As mentioned previously, opportunities for faculty development were offered to the wider CAHS faculty. Additionally, faculty will feel more empowered to participate in CES if that work is recognized and supported by the college as well as integral to the mission of the college. Therefore, after our first FIPSE annual meeting, the team reviewed the college mission statement. The team recognized that community-engagement was not mentioned, and it was time for revision. The revised mission statement now reads "The College of Allied Health Sciences educates and prepares future allied health and other health science professionals to provide high quality service in their respective fields. In conjunction with community-based partners, students achieve clinical skills and learn the values of critical thinking, good communication, teamwork, cultural competence, and service-learning. The college faculty is committed to excellence in teaching, research, service, and leadership." CES is now formally recognized as a valid mechanism of contributing to the college mission.

Additionally, the RPT documents at both the college and department levels were reviewed and revised. While CES may not have been mentioned directly by name, wording was carefully crafted to include the concept. One example of the research acceptable to a department includes the statement, "Research may appropriately involve basic, applied, field and/or clinical studies and may be appropriately conducted in a number of settings. These settings may include, but are not limited to, "wet" physiology labs, computer labs, classroom interactions, and community organizations."

Step 6: Planning for and Creating Short Term Wins

The sixth stage is to create short term wins. The concept of short term wins is to implement the goals of change and demonstrate their efficacy. Kotter suggests that short term wins confirm the positive outcomes of the change. It affirms the competence of the guiding coalition as well as the vision. Finally, the impetus for change is set in motion (Kotter 1996).

Faculty development activities helped change faculty perspective regarding CES. Perhaps most importantly, it created clarity of scholarly agenda for the many faculty who were dedicated to providing service-learning opportunities for their students. Several faculty were involved in pursuing teaching excellence in one aspect of their discipline, participating in community service in another aspect of their discipline, and facilitating scholarly research in yet another area of their discipline. While attempting to

participate in all three aspects of the academic triumvirate, some faculty felt frustrated and pulled in different directions. Through seeking appropriate mentors, some of the faculty achieved a relative epiphany and were able to redefine their scholarly work to reflect more genuinely their work in the classroom and the community.

The marriage of faculty efforts in regard to teaching, public service, and scholarship keeps the focus on areas that are important to the faculty member. When these three aspects of the life of a faculty member are more closely aligned with each other, there is potential for greater satisfaction and productivity as well.

Step 7: Consolidating Improvements and Producing Still More Change

The seventh stage is consolidating gains and producing more change. The focus of this stage is modifying the strategic plan. At this stage there is a need for systemic changes. There are more individuals in the organization who not only embrace the vision, but who are also implementing the vision (Kotter 1996).

The team had members included on the college mission statement task force, the college RPT revision committee, and academic unit RPT revision committees over a two-year period of time during focused work toward change. Changes have been made to include language about community-engagement and community-based participatory research. These accomplishments, as others have found, helped to institutionalize change (Nora et al. 2000). However, through the use of Kotter's model for framing our progress, we realized that more needs to be accomplished in this area. The team now has a goal to work with the university's Institutional Review Board (IRB) in an attempt to "streamline" the process of obtaining IRB approval for community-engaged research. The team has begun meeting with the IRB director to advance this goal. The team has also requested a presence during interview sessions for the new associate dean of research to select a candidate who places a positive value on CES activities. Members of the team want to continue to be available for collaboration and mentoring with our colleagues. Information on the community-engaged research will be included in the CAHS new faculty orientation materials to encourage participation by our new faculty and to facilitate their participation. The team believes these activities will help to further institutionalize change.

Step 8: Institutionalizing New Approaches

The eighth stage is anchoring new approaches in the culture. In this stage change has occurred and the new practices become the accepted system. This happens because the short term wins have demonstrated their effectiveness as a result of strong leadership, communication, and validation of outcomes (Kotter 1996).

The involvement of students of all levels has strengthened and diversified our involvement in the community. Recognizing that many students interested in health careers have

participated in service-learning opportunities in high school, the First Year Experience (FYE) program has involved freshmen in community-engaged activities. As these activities proliferate, the opportunities for faculty to increase their CES also expand.

A new open position in our college is that of associate dean of research. The search committee will be exploring the candidate's support of CES. Having an individual in this position who values CES will help to validate this form of scholarship. In turn, we anticipate that faculty will feel more supported and, hopefully, encouraged to unite teaching, service, and scholarly interests through their involvement in CES.

The team hopes that the UC/21 strategic plan, the rewording of the CAHS mission statement, and changes to academic units and the colleges' RPT guidelines have facilitated the permanent institutionalization of this initiative in our college. However, through the use of the Kotter framework the team has identified this step as needing further development. We are currently working to establish new short-term goals that will allow us to continue to make progress in this area. Additionally, while the Kotter model is recognized to be hierarchical, and thus sequential in nature, the authors have found that as our team has worked through the eight steps for change, the cycle continues as the need for further change is identified. As Figure 1 shows the model to be formed of eight stages, it also shows the model as circular, indicating the process of improvement to be continual.

In summary, as demonstrated though the teams' application of the Kotter model to our process, a series of stages through which the team planned and worked, the transition from a service-learning focus to that of community-engagement in both service and scholarly work was assisted. The model provides an excellent framework for documenting progress and determining future areas of focus.

Implications for Others

Regardless of the size of the institution or the level of the institution (research intensive university or community college), the Kotter model could be applied as a template for others who wish to transform service-learning and service opportunities into CES. This model provides a process through which the logical transition from one frame of reference can be effectively changed within existing academic structures. The implications for faculty, students, and the institution for taking CES seriously are numerous. The following points can be included in a convincing argument for the need for change and the benefits that can be obtained through the active involvement of faculty in the community.

- Involvement in CES can positively integrate the professional life of a faculty member by integrating teaching, research, and public service into a coherent whole. Specifically it:
  - ➤ Applies a faculty member's field of knowledge to their roles in teaching, research, and service.

> Involves a cohesive set of activities contributing to the public good.
> Provides an opportunity for faculty, students, and community partners to work together.
> Integrates discovery, learning, and public engagement.
> Applies to each of these domains: research, e.g., community-based participatory research; teaching, e.g., service-learning; and service, e.g., contributing to the public good (Cantor and Lavine 2006).

- Integration of CES increases the relevance and the quality of teaching, learning, and service. In fact, for applied professions like allied health, it could be viewed as "best practice" since teaching, research, and service are blended. For six years Eyler and Giles studied fifteen hundred college students over twenty institutions across the United States who had participated in service-learning. The majority of students reported a deeper understanding of subject matter and of the complexity of social issues and were better able to apply classroom learning to real problems. Furthermore, it teaches students that teachers and researchers are found in many places.

- The nature of CES provides a framework for developing new relationships among the university, the community, and state government. For state universities it has the potential for providing a wider base of support for continued and increased funding of state dollars. For example, strengthening community partnerships increases the potential for promoting local and university development. When cities and universities join together in mutually beneficial partnerships, regional vitality as well as enhanced university purposefulness can be achieved.

- CES increases the consciousness of the social meaning of scholarly work. It enhances the opportunity for students to increase their cultural competency by becoming involved in helping solve real community issues, facilitating their critical thinking and problem-solving skills as well as enhancing their cultural awareness and increasing the possibility that they will become advocates to help shape future public policy.

- Engaged scholarship also helps institutions respond to the charge of many prominent national groups that are calling on health professional schools to become more engaged in their communities, e.g., the Institute of Medicine, the Pew Health Professions Commission, and the Commission on Community-Engaged Scholarship in the Health Professions. All these groups advance community/academic partnerships as an essential strategy for (1) improving health professions education, (2) increasing health workforce diversity, and (3) potentially decreasing health disparities.

In summary, meaningful university and community partnerships can result in the generation of community-relevant knowledge that can be used to build healthier communities. Increasing these connections with communities is crucial to the future relevance of higher education.

Acknowledgements

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