Community Engagement, Organization, and Development for Public Health Practice-Instructor’s Manual

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Preface

The authors of this textbook seek to educate public health practitioners (PHPs) and health advocates of the future as they aspire to develop the leadership skills required to build effective public health initiatives within the communities they serve. The authors seek to address the key competencies needed for effective community health leadership in the 21st century, such as personal skills development and empowerment, the importance of being a lifelong learner and educator, the importance of becoming a leader and facilitator of the empowerment process in order to inspire others to achieve their highest potential, the identification of knowledgeable means of building effective community coalitions, the importance of becoming stewards of personal and environmental resources, the importance of becoming a savvy and capable policy and political strategist, and the importance of becoming keenly aware of the interdependent nature of local, national, and global issues (Abraham, 1997).

This team of outstanding authors has brought together a strong case for viewing CEOD and public health practice as bedrocks for achieving social equity in an increasingly inequitable world. This is a departure from other textbooks written on the subject of community organization and development, which tend to focus primarily on economic development issues. While other books have covered community empowerment and community development—important parts of a grassroots movement’s engine—this book examines how that engine, placed in the right vehicle, can help transport a community from sickness to health. Further, it has been developed from a 21st-century perspective, providing a real-life, yet global, spin to traditional grassroots community engagement, organization, and development (CEOD) experiences. The concept of “engagement” is emphasized and cutting-edge approaches are presented to address community-based shifts such as those caused by re-gentrification of the inner cities. Such shifts bring with them increased health risk for disparate populations, while providing reduced risk for other social classes.

In addition, the advent and accelerating movement of technology and digital innovations (social media) bring with them “widening gaps” between those who have access to health information and resources, and those who do not.

TEXTBOOK SECTIONS/THEMES

The rise in health risk among disparate population groups is of paramount concern to the health status of the United States. The new millennium brought with it many new challenges including increased terrorism, natural disasters, pandemic outbreaks, displacement, dislocation, record unemployment, awareness of the uninsured and underinsured, as well as a rise in many other social determinants that impact health status. Emergency preparedness has become one of the top public health concerns. All of these, and others, have caused public health leaders and practitioners to re-think how they must approach public health issues at local, state, and global levels.

Publications such as this textbook provide a “renewed translation of the CEOD process,” adding to it more relevance and applicability to a new generation of community leaders, educators, and organizers. It is of vital importance to those working in “grassroots
communities” as they seek to stay focused, and ahead, of the rapidly developing and ever-changing sociopolitical, environmental, and public health challenges.

In presenting knowledge about community engagement, organization, and development (CEOD), the focus of the text is divided into four main sections or themes:

- **Section I. Essentials of Community Health Practice:** This section (Chapters 1 through 4) focuses on the fundamental aspects of community and addresses those “basics” that must be addressed when entering the community to conduct any public health practice. This would include community-based research, community-based health promotion, or community-based intervention programs.

- **Section II. Community Partnerships and Collaborations:** This section (Chapters 5 through 8) describes “what” institutional and community partnerships are and “why” they are critical to the CEOD process. Chapters in this section will explore “how” this process takes place, and will provide textbook-type definitions of the role and function of urban, rural, and faith-based institutions in the CEOD process. Real-world experiences and theoretical constructs (pro and con) will drive discussion points for these chapters. Institutional related viewpoints will be explored.

- **Section III. Community Health Policy Issues:** This section (Chapters 9 through 12) is directed toward communities, coalitions, and community partnerships seeking to engage in and develop public policies to ameliorate health disparities. The “what, why, and how” of policy development will be discussed, primarily focusing on empowering community residents. These strategies can be used to assist community residents to seek partnerships with government decision makers in the determination of policies that will be more beneficent to individual health behaviors and overall community health. In addition, this section will discuss real-world health care policy implementation strategies currently being used in inner-city communities. This section will also speak to the importance of environmental health and justice, and the aggregate of social and cultural conditions that influence the life of an individual and of a community. Section III shows how public policies should be designed to serve and protect communities and their citizens, and how policy development involves a complex set of interactions. This section should be viewed by the instructor as something of a plan, a guide, or GPS through the policymaking process.

- **Section IV. Current and Future Community Issues:** Section IV (Chapters 13 through 15) focuses on the importance of evaluation as a component of the CEOD planning process. It will provide a definition of evaluation, answer the question “why” it is important to conduct evaluations, and will discuss in detail “how” to design an evaluation framework; the use of logic models; steps to take in evaluation planning; how to prepare the evaluation report; and how to fit evaluation into the planning process. Further, this section will explore futuristic concepts and methods that will have relevance to conducting CEOD in communities of the future.
EDUCATIONAL/PEDAGOGICAL FEATURES

This volume attempts to spin off the instructional approach set forward by the Learning Cycle model, which promotes student/learner inquiry and exploration as a process for learning. A popular version of the Learning Cycle is the 5-E model: Engage, Explore, Explain, Elaborate, and Evaluate (Bybee, 1997). It incorporates the three original Learning Cycle phases (Karplus & Thier, 1967) designed to captivate students’ attention and uncover their prior knowledge about the concept(s), while providing opportunities for the instructors to assess students’ progress, as well as for students to reflect on their new understandings. For the purpose of this guide we have modified the traditional approach and recommend that instructors use the following steps and approaches when presenting each CEOD chapter. These steps are further explained in the Instructor’s Reference Guide, which follows.

Step 1. Motivate

Step 2. Explore

Step 3. Apply

Step 4. Create (Innovate)

Step 5. Assessment (Evaluate)

The ongoing assessment of learners will serve to reveal the extent to which students understand the material, a reflection of student understanding, and of clarity in the presentation of the material. While this can be achieved in a number of different ways, this guide provides optional methods for making this determination.
With any project of this scope, there are many people who make important contributions to its completion. A special thanks to public health practitioners and community residents who work each day to gain knowledge and training on how to improve their communities health, reduce risk, and improve the overall quality of life in the community.

We acknowledge and thank the faculty, professionals, and staff member contributors from institutions and organization such as: Tuskegee University, the Morehouse School of Medicine, Emory University, University of Pittsburgh, United States Naval War College, Price Waterhouse Cooper, Cincinnati Department of Public Health, Interdenominational Theological Center, Centers for Disease Control and Prevention, Phoenix Community College, City University of New York, and Georgia State University, University of California San Bernardino, Kansas University, and Rhode Island University. Also, to all the public and private business persons and community representatives that contributed to the text.

A special thanks goes out to the editorial and support staff at Springer Publishing Company for their professional assistance and consultation. We especially thank Sheri Sussman (Sergeant Major) and those that work alongside her including, Katie Corasaniti, and Lindsay Claire for their professional guidance, patience, and ongoing support into this most important work.

Lastly, thanks to the Almighty God for allowing such a publication to come to fruition, so that it can be used as an additional tool in edifying public health leadership, addressing the social determinants of health and improving the public health and well-being of disparate cultures and communities globally.
The Learning Cycle was developed in 1967 by Karplus and Thier for the *Science Curriculum Improvement Study* (SCIS). This inquiry-based teaching approach is based on three distinct phases of instruction: (1) exploration provides students with first-hand experiences with science phenomena; (2) concept introduction allows students to build science ideas through interaction with peers, texts, and teachers; and (3) concept application asks students to apply these science ideas to new situations or new problems. Since Karplus and Thier introduced the Learning Cycle, several variations including different numbers of phases have been proposed. However, regardless of the number of phases they include, “each new version retains the essence of the original Learning Cycle—exploration before concept introduction” (Brown & Abell, 2007). A popular version of the Learning Cycle is the 5-E model—Engage, Explore, Explain, Elaborate, and Evaluate (Bybee, 1997). It incorporates the three original Learning Cycle phases while adding two more: The Engage phase of the 5-E model is designed to captivate students’ attention and uncover their prior knowledge about the concept(s), while the Evaluate phase is an opportunity for the teacher to assess students’ progress, as well as for students to reflect on their new understandings.

**BACKGROUND AND RATIONALE**

It is the intent of the *CEOD for Public Health Practice* textbook to spin off its instructional approach from that of the 5-E Learning Cycle model, which promotes student/learner inquiry and exploration as a process for learning science. The Learning Cycle, originally credited to Karplus and Thier and later modified by Roger Bybee for the Biological Science Curriculum Study (BSCS) project, proposes that learning something new, or understanding something familiar in greater depth, involves making sense of both our prior experience and our first-hand knowledge gained from new explorations.

As mentioned, the traditional 5-E model divides learning experiences into five stages: Engage, Explore, Explain, Elaborate, and Evaluate. Each stage builds upon the previous stage as students/learners construct new understanding and develop new skills.

**Engage**

This stage is designed to help students understand the learning task and make connections to past and present learning experiences. It should stimulate interest and prompt students to identify their own questions about the topic. Students explore the questions raised after they gain more understanding of the topic and the tools needed to investigate the ideas. Typical activities in this stage include posing a question, defining a problem, or demonstrating a discrepant event, and then using small group discussions to stimulate and share ideas. To connect science to students’ lives, we frequently use historical events, such as natural disasters, to stimulate curiosity and motivate learning. Instructors help students/learners connect previous knowledge to the new concepts introduced in the unit.
Explore

In the Explore stage students have the opportunity to get directly involved with key concepts through guided exploration of health, geographic, economic, and other datasets. They begin identifying patterns in the data and connecting them to processes. This further arouses students'/learners' curiosity, and new questions develop. Frequently, students will diverge from the slated activity to explore their own questions, continually building on their knowledge base. Through this process of questioning and exploration, students begin to formulate their understanding of the basic concepts. In this stage, instructors observe and listen to students/learners as they interact with each other and the datasets.

Probing questions help students/learners clarify their understanding of major concepts and redirect their investigations when necessary. It is critical to allow adequate time at this point for students/learners to thoroughly investigate the guiding questions in the module, as well as the questions they have generated themselves.

Explain

In this stage, students/learners are introduced more formally to the lesson leader’s concepts. Through readings and discussions, students gain understanding of the major concepts and can verify answers to questions or problems posed in earlier experiences. In addition, more abstract concepts not easily explored in earlier activities are introduced and explained. As students/learners formulate new ideas to interpret observations made in the Explore stage, appropriate vocabulary can be introduced. If students/learners have unresolved questions, they may continue to look for solutions in the Elaborate stage.

Elaborate

In the Elaborate stage, students expand on what they have learned and apply their new-found knowledge to a different situation. They test ideas more thoroughly and explore additional relationships. Providing closure to the lesson and verifying student/learner understanding are critical at this point.

Evaluate

The Evaluate stage of the learning cycle provides opportunities for the instructor to continually observe students’ learning and to monitor their progress using questioning techniques and discussions. More formal evaluation can be conducted at this stage. The assessment should be aligned with the styles and content of the learning experience. Traditional assessments are administered in the form of quizzes, and ideas for alternative assessments such as using case studies and having students create summary projects and reports are included. The multiple
methods are designed and used primarily for assessing changes in student understanding and as part of the evaluation of the materials.

CEOD AND THE LEARNING CYCLE

These guidelines are for use by instructors as they seek to present and teach community leaders and public health practitioners (learners) in the “how to” methods and strategies of public health practice (i.e., community health education, community-based research, community-based health interventions, etc.). Instructors should emphasize that each book chapter is intended to assist learners through the what, when, where, and how processes relevant to exploring and conducting diverse community and public health concepts and experiences. For example, these should include the following:

1. Why is the overall content of the chapter important to the learners as public health practitioners? (Motivate)
2. What concepts and experiences are most personally relevant for each individual learner/practitioner to know from the chapter? (Explore)
3. How can learners/practitioners actually “do” in the community what they have learned in chapter? (Apply)
4. Create community strategies based on what they have learned from the chapter. (Innovate)

It is recommended that the instructor use the following approaches when presenting each CEOD chapter:

Step 1 Motivate: Link the learners’ experience to the central concept(s) of each chapter and discuss why this content is relevant to real-life community public health practice. Help learners answer the question: Why will this content be specifically important to their work?

Step 2 Explore: Present and translate to learners specifically what they need to understand from the central concept of CEOD. Such information could include facts about community settings and their residents, cultural sensitivity, historical perspectives, geographic details, community dynamics, ecological variables, and barriers that exist in community health practices. Here instructors can assist learners to answer the question: What information do I specifically and personally need to know from this chapter?

Step 3 Apply: Learners should be provided with opportunities to practice the information and concepts provided in each chapter. This is a crucial step; information alone is not enough to help the participant learn. Thus, when the opportunity presents itself, instructors should assist learners to identify opportunities where they can go out into the community and exercise what they have learned. Instructors should assist the learner in answering the question: How can I realistically apply what I have learned to my daily public health practice?
Step 4 Create (Innovate): Finally, encourage learners to be innovative and to create, self-express, and explore. All such activities should help learners answer the questions: What can I do with what I’ve learned from this chapter? How can I be creative in developing strategies or methods that are realistic and effective in impacting community public health practices?

Hopefully, when instructors include these basic approaches to presenting information in each book chapter, they will appeal to most learners in the following ways: Learners will become more enthusiastic and actually enjoy talking about what’s currently happening in their public health practices; learners will seek and look forward to receiving more information about the concepts and experiences being studied in the chapters; learners will explore and discover how what they have learned fits in with real-life public health practice; and “new community health passions” will be awakened in all learners to go out and apply what they’ve learned (especially those who have not yet actually practiced community health).

INSTRUCTOR’S AIDS

Visual Aids: It is strongly encouraged that instructors use PowerPoint and other visual aids in class instruction. Examples are provided in this text for instructors to use as they prepare and present each teaching session. It should be emphasized that these are presented only as examples and should be modified by the instructor as appropriate for effectiveness in their presentation. (see PowerPoint slides available upon request from textbook@springerpub.com)

Learning Objectives: Included for each chapter are learning objectives. These are presented as those concepts that should be discussed and learned at a “minimum” for each chapter.

Case Studies: Case studies are an essential tool in the learning and translation process of this text. Example case studies are provided for each chapter. However, it is strongly recommended that learners be provided with and required to participate in a short case study review and/or activity at the end of each chapter.

These case studies can be very important learning tools. When opportunities to go out into the community for real-life experiences do not present themselves. Case studies can serve as the next best thing. By exploring and discussing study questions (individually or working in groups), participants can learn how to identify problems, how to visualize and project, how to get started with planning community health practices, how to problem solve, and many other ideas, strategies, and methodologies.

Instructors are encouraged to identify, as necessary, other case studies that may be more relevant to the learning process than those examples provided in the text by the authors. The goal is to provide an optimal experience for learners, where each learner
can explore and apply those concepts and strategies fundamental to public health practice.

*Quiz or Paper:* Instructors should require each learner to report back or respond to the learning experience taken from each chapter. It is recommended that this come in the form of one of the following: an open-group discussion session, individual written report, oral report, a short close-ended quiz, an open-ended exam, or some combination of these methods.
Introduction

The rise in health risk among disparate population groups is of paramount concern to the health status of the United States. The new millennium brought with it many new challenges including increased terrorism, natural disasters, pandemic outbreaks, displacement, dislocation, record unemployment, awareness of the uninsured and underinsured, as well as a rise in many other social determinants that impact health status. Emergency preparedness, for example, has become one of the top public health concerns. All of these have caused leaders to re-think how they will approach public health issues at local, state, and global levels. Further, with the rapid change taking place in inner-city communities, new approaches must be taken to bring together representatives with common health-related goals. Community change calls for replication of these coalition boards in other communities, with communities training communities.

The new millennium's social determinants bring about the need for immediacy in educating the health practitioners (i.e., students and leaders) of today and tomorrow. Also, it is vital that there be venues for the continuing education of professional public health practitioners presently working at the “grassroots” community level. These call for the renewing and redefining of terms such as community engagement, community sustainability, and community resilience. They call for the reinforcing and revisiting of concepts such as community engagement and community partnership in order to readily address pressing community health risk and needs. They call for learning how to design community-based translation strategies that are new and appropriate for addressing and reducing high-risk behaviors and occurrences in disparate communities.

Inequitable distribution of social, economic, and environmental resources demands new and renewed means of building strong community-based partnerships. This calls for a renewed community engagement, organization, and development (CEOD) implementation, with grassroots-empowerment focus. The traditional concept of CEOD must be modified to more effectively engage with people and organizational leadership in disparate and all other communities. It must seek to emphasize the importance of nontraditional approaches, partnerships, and translation methods based on the 21st-century impact on community change.

Chapters in this text are developed based on recent real-life community experiences including information from daily diaries, empirical observations, and implementation of community-based health intervention programs. Community organization approaches and methodologies, global strategies and other theoretical frameworks from relevant scholars are shared. Information and recommendations set forth in these guidelines are for perpetual use by instructors as they seek to present and teach community and public health practitioners (learners) in “how to” methods and strategies of public health practice (i.e., community health education, community-based research, community-based health interventions, etc.). Instructors should emphasize that each book chapter is intended to assist learners through the what, when, where, and how processes relevant to exploring and implementing diverse community and public health concepts and practices. For example, these should include the following:

- Why is the overall content of the chapter important to the learners as public health practitioners? (Motivate)
- What concepts and experiences are most personally relevant for each individual learner/practitioner to know from the chapter? (Explore)
• How can learners/practitioners actually “do” in the community what they have learned in chapter? (Apply)

• How can learners/practitioners create community strategies based on what they have learned from the chapter? (Innovate)

INTRODUCTORY QUESTIONS AND DISCUSSION

Each chapter begins with a series of learning objectives intended to help students to begin thinking and focusing on the material forthcoming in the chapter. Instructors may choose to pose these objectives in a number of different ways, from verbal introductions during class, to online through an educational teaching program that students can access and provide a response from a distance (distance learning).

These objectives provide the basis for introducing each chapter and are intended to introduce the major concepts without assuming any existing knowledge about the text. Following the learning objectives, a short introduction section to each chapter is provided, helping to provide an overview of the ways in which these objectives link with concepts to follow throughout the chapter.

GUIDING ACTIVITIES

Case Studies

At the end of each chapter are working session case studies. These case studies are an essential tool in the learning and translation process of this text. These are only examples, and can be used or not used by the instructor. However, it is strongly recommended that learners be provided with and required to participate in a short case study review and/or activity at the end of each chapter.

Working group activities can be a very important reinforcing learning tool, especially when opportunities to go out into the community for real-life experiences do not avail themselves. Case studies can serve as the next best thing, and are intended to help students interact in a “mock community” way while extending the major key learning concepts to a deeper level of understanding. By exploring and discussing the study questions (individually or in working groups) following each case study, participants can learn how to identify problems, how to visualize and project, how to get started with planning community health practices, how to problem solve, and many other ideas, strategies, and methodologies.

Instructors are also encouraged to identify, as necessary, other case studies that may be more relevant for the learning process than those examples provided in the text by the authors. The goal is to provide an optimal experience for learners, where all can explore and apply the concepts and strategies fundamental to public health practice.
Learners/students who are already professionally practicing public health in communities can become even more knowledgeable and comfortable in exploring what they already have experienced in their day-to-day work.

Community Experiences

If possible, students should be guided to exposure in a real-world community environment where CEOD for public health practice is actually taking place. Many times neither the time or opportunity for this to occur will be available. Students can shadow a practitioner or assist in implementation of the community health intervention for several hours or days if possible. Such activities could include assisting in identification of community leaders, assisting in contacting and scheduling appointments with identified community leaders, assisting to develop a health survey, assisting in conducting a health survey, assisting in developing a health education program, assisting in conducting a health education presentation, and so forth.

SUPPLEMENTAL TEACHING ACTIVITIES

The supplemental activities recommended are intended to support the text, and are for use by the instructor for each chapter. These activities take a variety of forms and should be used in coordination with the topics being covered at the time. Also, these activities can help provide in-depth learning to the topics being explored, as well as providing concrete examples of information being presented in a given chapter. Instructors should use their discretion about ways of integrating supplemental activities into their lesson plans; some supplemental activities are introductory in nature, while others serve to assist with synthesis of the ideas presented in the text. Examples of other supplemental instructional aids include:

PowerPoint Presentations

It is strongly encouraged that instructors use PowerPoint and/or other visual aids during class instructions. Supplemental aids and examples are provided in this text for instructors to use as they prepare and present each teaching session. It should be emphasized that these are presented only as examples and can be modified by the instructor for effectiveness in presentation.

Guess Lecturers/Presenters

It is highly recommended that the instructor bring into the learning experience professionals and community residents from real-world settings. These individuals, with current real-world
experiences, can be extremely vital to the reinforcement and relevance of the learning experience. As lecturers and presenters, they can help bring to life the theories and concepts discussed in the classroom. Such guest can help connect the dots between theory and practice for students and practicing health professionals. Through their experiences, they can provide information and recommendations essential for the learning process. They may provide information and examples that are not, and may never be, covered in the textbook.

**Matching of Key Terms**

Based on the topic to be covered and the learning objectives for each chapter, instructors should develop a list of matching key terms. Examples are provided in this manual for each chapter. These key terms are intended to help students identify and focus attention on the most important aspects of each chapter. The key terms can be used in different ways: as a handout for students, enabling them to review concrete definitions as part of their study materials; modified and integrated into a test or quiz that assesses students’ learning; and used as part of the instructor’s PowerPoint slides during lecture sessions.

**ASSESSMENT AND APPLICATION OF KNOWLEDGE**

Tools for assessment of student learning serve to reveal the extent to which students understand the material, a reflection of student understanding and of clarity in the presentation of the material. While this can be achieved in a number of different ways, this guide recommends that individual and group presentations, short quizzes (multiple-choice and true or false questions), and case studies be the primary assessment methods used for each chapter. Since the text may be used with students from diverse cultures and education levels, these alternatives provide flexibility. Instructors are encouraged to make certain that all assessment exercises are based on key terms, concepts, and definitions presented during classroom instruction. Instructors should attempt to develop questions, case studies and other assessments prior to introducing the text materials; this will assist instructors guide and facilitate classroom presentations.

**Short Quizzes**

During the presentation of each chapter, instructors should require each learner to report back or respond to the learning experience. Thus, it is recommended that periodically, a short quiz be administered to students. These quizzes can be given weekly or bi-weekly, depending on the length and depth of the chapter presented. It is recommended that this come in the form of an open group discussion session, individual written report, oral report, a short close-ended quiz, an open-ended exam, or some combination of these methods.
Case Studies

Based on the case studies and other classroom exposures, learners/student should be required at the conclusion of each chapter to work in groups to select a topic for discussion and development of an essay or short paper. This exercise will help to reinforce and synthesize their understanding of the relevant course material. Students have an opportunity here to apply the new information in a meaningful way.

THE MUDDIEST POINT

In addition, one of the simplest classroom assessment techniques instructors can choose to use is that of “the muddiest point.” It is also remarkably efficient, since it provides a high-information return for a very low investment of time and energy. The technique consists of asking students to jot down a quick response to one question: “What was the muddiest point (least understood or confusing) in the discussion?” The focus of the muddiest point assessment might be a lecture, a discussion, or an assignment.

The purpose of the muddiest point technique is to provide information on what students find least clear or most confusing about a particular lesson or topic, which can tell faculty which points are most difficult for students to learn and guide their teaching decisions about which topics to emphasize. This technique underscores the instructor’s effort to help students master the course content and usually produces a powerful positive effect on their attendance and learning.

How to Use the Muddiest Point Procedure

Simply ask the question and have students write down the answer. Be sure to let students know how much time they have and to respond to the students’ feedback during the next class meeting. The time you spend on this technique will be compensated later in the course when you will not have to waste time responding to misconceptions stemming from an inadequate understanding of today’s material. By clarifying basic concepts and misunderstandings now, instructors can ensure students’ successful performance later in the course when the concepts are applied.

Analyzing Data

Read through all of the responses and sort them into several piles containing groups of related muddy points, and one “catch-all” pile made up of one-of-a-kind responses.

Table I.1 provides optional methods instructors can also choose from for conducting student assessment. One or more of these frameworks can be useful if the instructor should wish to conduct classroom research, data collection, or in-depth classroom evaluation.
<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>What To Do With the Data</th>
<th>Time Required</th>
</tr>
</thead>
</table>
| Minute Paper    | During the last few minutes of the class period, ask students to answer on a half-sheet of paper: “What is the most important point you learned today?”; and, “What point remains least clear to you?” The purpose is to elicit data about students’ comprehension of a particular class session. | Review responses and note any useful comments. During the next class periods emphasize the issues illuminated by your students’ comments. | Prep: Low  
In class: Low  
Analysis: Low |
| Chain Notes     | Students pass around an envelope on which the teacher has written one question about the class. When the envelope reaches a student he/she spends a moment to respond to the question and then places the response in the envelope. | Go through the student responses and determine the best criteria for categorizing the data with the goal of detecting response patterns. Discussing the patterns of responses with students can lead to better teaching and learning. | Prep: Medium  
In class: Medium  
Analysis: Medium |
| Directed Paraphrasing | Ask students to write a layman’s “translation” of something they have just learned—geared to a specified individual or audience—to assess their ability to comprehend and transfer concepts. | Categorize student responses according to characteristics you feel are important. Analyze the responses both within and across categories, noting ways you could address student needs. | Prep: Low  
In class: Medium  
Analysis: Medium |
| One-Sentence Summary | Students summarize knowledge of a topic by constructing a single sentence that answers the questions “Who does what to whom, when, where, how, and why?” The purpose is to require students to select only the defining features of an idea. | Evaluate the quality of each summary quickly and holistically. Note whether students have identified the essential concepts of the class topic and their interrelationships. Share your observations with your students. | Prep: Low  
In class: Medium  
Analysis: Medium |
| Exam Evaluations | Select a type of test that you are likely to give more than once or that has a significant impact on student performance. Create a few questions that evaluate the quality of the test. Add these questions to the exam or administer a separate follow-up evaluation. | Try to distinguish student comments that address the fairness of your grading from those that address the fairness of the test as an assessment instrument. Respond to the general ideas represented by student comments. | Prep: Low  
In class: Low  
Analysis: Medium |
| Application Cards | After teaching about an important theory, principle, or procedure, ask students to write down at least one real-world application for what they have just learned to determine how well they can transfer their learning. | Quickly read through the applications once and categorize them according to their quality. Pick out a broad range of examples and present them to the class. | Prep: Low  
In class: Low  
Analysis: Medium |

(continued)
Table I.1 Optional Student Assessment Methods (continued)

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>What To Do With the Data</th>
<th>Time Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student-Generated Test Questions</td>
<td>Allow students to write test questions and model answers for specified topics, in a format consistent with course exams. This will give students the opportunity to evaluate the course topics, reflect on what they understand, and identify what are good test items.</td>
<td>Make a rough tally of the questions your students propose and the topics that they cover. Evaluate the questions and use the good ones as prompts for discussion. You may also want to revise the questions and use them on the upcoming exam.</td>
<td>Prep: Medium In class: High Analysis: High (may be homework)</td>
</tr>
<tr>
<td>Concept Map-Based Assessment</td>
<td>Consists of a task that elicits connected understanding, a response format, and a scoring system. Variation in tasks, response formats, and scoring systems produce different mapping techniques that may elicit different knowledge representations, posing construct-interpretation challenges.</td>
<td>In designing a concept map assessment, an assessor provides the examinee with the terms or overarching concepts to be used in the map. The assessor will make a judgment on the quality of the map by reviewing the accuracy of the relationships between each idea. The assessor asks, “Does each idea build upon or connect logically with one another?”</td>
<td>Prep: High In class: High Analysis: High (may be homework)</td>
</tr>
<tr>
<td>Muddiest Point Paper</td>
<td>The technique consists of asking students to jot down a quick response to one question: “What was the muddiest point in _____?” The focus of the Muddiest Point assessment might be a lecture, a discussion, or an assignment.</td>
<td>Read through all of the responses and sort them into several piles containing groups of related muddy points, and one “catch-all” pile made up of one-of-a-kind responses.</td>
<td>Prep: Low In class: Low Analysis: Medium</td>
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As important as it is to ensure that instructors assess students, it is also important that faculty assess their own effectiveness (Freeman, 2011). Current literature in the area of faculty development admonishes that faculty embrace the responsibility for critically evaluating their own work (Linkon, 2005). This is important as instructors incorporate the notions of lifelong learning and self-reflection. One of the most effective self-assessment techniques is small group instructional discussion (SGID), or feedback. Although not the only assessment of its kind, the authors believe this approach will prove useful in the context of public health instruction. This activity will enable instructors to receive feedback on their teaching in a constructive manner (Tinto, 2012). The following steps describe the steps that an instructor can take to implement this strategy.
Step (1) Identify a trusted colleague that the instructor believes would be willing to visit his or her classroom to obtain student feedback about a class.

Step (2) Provide 15 minutes of class time to allow the trusted colleague to ask students the following questions: What in the course has helped you the most or do you like the best? What changes would you make if you were the instructor to avoid the problems you’ve mentioned? What are the characteristics of a productive student in this class? How comfortable do you feel with the content of the course at this point in the semester? Do you have any general comments and suggestions that can enhance the learning experience? Classes that have more than 15 students should be broken into smaller groups to answer these questions.

Step (3) The faculty colleague would discuss effective and ineffective aspects of the class with the students and receive their suggestions for improvement within the 15 minutes.

Step (4) He or She will then review student responses for themes.

Step (5) After, the colleague will then discuss with the instructor the students’ responses and brainstorm ways to address the students’ concerns.

Step (6) The instructor at the next class meeting addresses concerns and incorporates the appropriate suggestions within their teaching.

The authors of this guide advocate that this assessment should take place within the first 4 weeks of any course. This would allow an instructor the time to address student concerns before the first test is given. This technique also provides a mechanism that enables instructors to make adjustments early enough in the semester to gain student trust and lets them know that the instructor values their learning experience.
References


