

Centers of Excellence

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Centers of excellence have become a ubiquitous phenomenon. Enter “Center of Excellence” into a search engine and get ready for a torrent of hits. I recently did so on Bing and was rewarded with 46 million hits. One can find these centers at every level of academe. I recently assumed a new position (Director of Health Service Policy and Practice; University at Buffalo) and during my first week was invited to participate in the development of such a center. The proposed center is a wonderful idea and will bring together a cadre of high-powered, motivated faculty from across the campus to home in on a very important issue. Our meetings got me to thinking that I have been a member of a center of excellence for a number of decade—the American Association for Cancer Education (AACE). While the Association has evolved, its central tenets have remained unchanged. It is an organization that has affected the lives of countless professionals and, more importantly, an unfathomable number of cancer patients, their family members, and never-to-be-cancer patients. Like all centers of excellence, the AACE can only be sustained through a vibrant and expanding membership. A center of excellence is a place for individuals with unique skills and interests to gather and apply the highest standards in addressing a particular issue. The AACE certainly fulfills this definition. The mission of the Association is “Champion the highest standards for cancer education through evidence-based practices to achieve quality outcomes with a vision to achieving excellence in education to reduce the burden of cancer worldwide” [1]. Like all organizations, ours has benefited from a strong organizational philosophy developed over nearly 70 years and vitalized by an active membership. The only

criterion for membership is a dedication to the field of cancer education and training. While members come from a variety of disciplines and work in a variety of settings with an assortment of populations, we share the same passion and mission. The Association, like all centers of excellence, is only as strong as its membership. The Association is always on the lookout for new members to bring in new ideas and enhance its strength. As I will recount in this editorial, the AACE has a long and evolving history. Consider becoming part of this long standing center of excellence!

The AACE has operated as a center of excellence within the sphere of oncology training since 1947. An excellent recounting of the first 40 years of our organization may be found in an article written by David Wood in 1987 [2]. The origins of the “Association” harken back to 1947 when it was created to serve as a resource for grantees of the National Cancer Institute’s Undergraduate Cancer Training Grants (UCTG). In 1948, the group decided that an annual meeting be held “...for the purpose of bringing together members and invited guests for discussion and demonstrations related to cancer teaching activities and varying pedagogical views...” [2]. These meetings continued through 1966 when at the 19th meeting, the Group formally organized as the AACE. For nearly 70 years, the annual meetings and other proud traditions, such as the Harvey lecture, have continued. We owe a debt of gratitude to these early pioneers of cancer education and to all the members and leaders who have sustained this organization through both the good and bad times. Dr. Wood categorizes the history of the Association’s evolution into four phases. Phase I encompassed 1947–1965 and focused on an area that still keeps us up awake at nights, that being to address “the serious deficiencies existed in the knowledge of physicians in the recognition of neoplastic disease, its diagnosis, treatment and possible steps not only for its early recognition but prevention.” The early years were largely focused on professional education and securing more curriculum hours

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for oncology. The first annual Harvey lecture (1951) was proffered by Dr. Ward Darley, President of the Association of American Medical Colleges. The theme of his talk is the one we continue to address that of “pedagogical benefits of multi-disciplinary teaching and limitations (liabilities) of the lecture system...” [2]. Presentations at the annual meetings have always contained cutting-edge ideas. Lest we think that we are unique in worrying about funding the early members, according to Wood, grappled with “anti-training and pro-research pressures.” Phase II of our story covered the year 1966–1973 and was highlighted by the involvement of a true champion of cancer education—Dr. Margaret Hay Edwards (for whom our most prestigious award would be named for and awarded to in 1986). It was through her leadership that funding for cancer education was maintained and expanded. She was a forceful advocate of cancer education and training who also helped create cancer training as a discipline. Wood identified the third phase of development as 1975 through 1982 when the Association became more focused on new and better ways to provide instruction. One result was a 2-year survey to describe the status of cancer education in US medical, dental, and osteopathic schools. This period witnessed the reaffirmation of the need for multidisciplinary participation and the growth of the Association to include a wider range of members from other professional and allied health fields. The fourth phase was identified by Wood as 1984–1987 and described as an expansion of the Cancer Education Grants to include basic sciences and other disciplines such as public health, nursing, and dental education. The year 1987 was where Dr. Wood’s story ended, but the Association has continued its growth and has evolved through several other phases. I conjecture that phase V could be characterized as one of international expansions. This occurred primarily through the pioneering work of one individual—E. Milly Haagedoorn, MD, PhD, of the Netherlands. Dr. Haagedoorn joined the AACE in 1979. Her comments expressed at our gatherings were insightful, instructive, and always appreciated. In 1987, she was a founding member of the European Association for Cancer Education (EACE), served as President in 1988 and later as Executive Director (1989–1994). Dr. Haagedoorn was the EACE’s version of Dr. Margaret Hay Edwards. She brought others from abroad to the AACE annual meeting which made the annual event a true international gathering. Participation has extended to service as reviewers and contributors to the Journal. The number of manuscripts from outside North America published in the journal continues to grow every year. These articles are not only of significance to the populations involved in the manuscript, but inform the broader readership to new perspectives

and approaches to cancer education and training. As Oliver Wendell Holmes opined, “A moment’s insight is sometimes worth a lifetime’s experience” [3]. The AACE/EACE annual meetings are now two-way streets, streets that span the continents.

The most recent phase of our collective history began around 2008 with the affiliation of the Cancer Patient Education Network (CPEN) in the annual meetings. CPEN was founded by the NCI (25 years ago this year) with NCI-designated Cancer Center educators as members. Their mission focused on cancer patient education and our primary goal was to share best practices, research, and programs. When NCI was no longer able to support CPEN from an organizational standpoint (a funding issue), CPEN decided to become an independent organization and opened up membership to all professionals interested in cancer education. NCI was the catalyst that brought CPEN and AACE together knowing that both would benefit from working together and sharing in an annual conference and the JCE [4]. This affiliation has made the annual meeting multidisciplinary and a prime example of interprofessional education. While some think that interprofessional education is cutting edge, it has long been a mainstay at the Association.

So what exactly has the Association evolved into? It has become a rather complex organism that has incorporated parts of the DNA of the UCTG, AACE, EACE, and CPEN. It is an organizational chimera. It was, is, and will ever be a place where educators gather and share experiences in our quest to control cancer and its sequelae. As Margaret Hays Edwards wrote, “We have continued to be small enough to be friendly while competing with each other for NCI Cancer Education grants, and helpful to each other in a highly professional manner” [5]. Let us continue to bring new people to our group, continue to be friendly, and continue to be helpful to one another. Consider joining this center of excellence and lead it through its next evolutionary stage!

Be well.

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