

Learning Communities, Social Networks, and Dark Matter

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At this year's AACE/EACE/CPEN meeting in Buffalo, it suddenly hit me that what we have in the group is a learning community. Learning communities, academies, societies, learning collaboratives, or things of that ilk seem to be all the rage in many professions and professional schools. In 2007, Fred Hafferty and Kathy Watson reviewed this subject for the *Journal of Cancer Education* in what I think was an important article [1].

As part of their wisdom, Hafferty and Watson said the following: "Medical education, as traditionally constituted, embodies a profound paradox. On the one hand, it appears painstakingly crafted, a detailed collage of rigorously organized and sequenced educational emersions. On the other hand, this cornucopia of basic science and clinical experiences is under girded by a Balkanized learning structure as students with faculty, other health professionals, patients, and most importantly each other in a largely ephemeral manner."

One emerging and remedial effort has been to promote organizational structures that bolster "relating" and "relationships," both among students and between student and faculty. Within medicine, these structures have been variously labeled "learning communities," "academic societies," or "docent units."

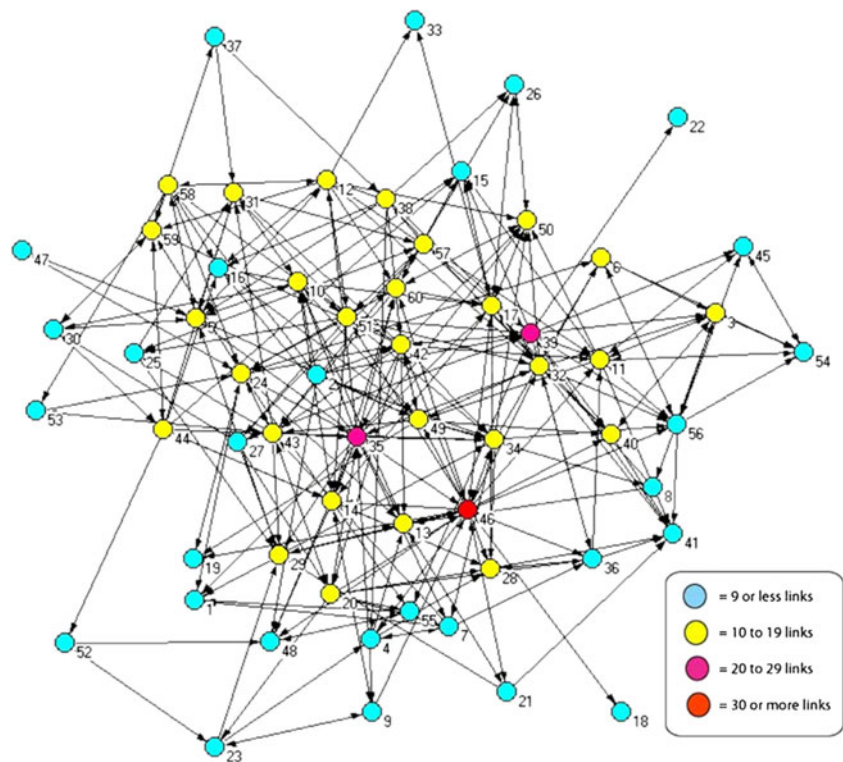
Hafferty and Watson gave some specific recommendations that could make these types of learning communities functional and more effective. Perhaps we can utilize our learning communities to better coordinate our attack on cancer.

It struck me that numerous examples of learning communities were discussed at our annual meeting. Over the years, I have been *very* impressed by the City of Hope model. This issue contains an article by Marcia Grant and her colleagues about their model for the Pain Relief Nurse (PRN) training program. What the City of Hope folks do is bring teams from all over the nation together for an immersion conference at City of Hope. Topics include, for example, facilitating better end-of-life care at cancer centers (DELEtCC), delivering better-coordinated psychosocial and spiritual support, delivering evidence-based psychosocial support measures to cancer programs, and many others. Jeff Weitzel and Kathy Blazer also bring in teams from all over to learn about cancer genetics. The teams go back home with specific goals to achieve, and the City of Hope coordinators keep in touch with them as a "learning community." The same type of system is implemented out of San Diego Hospice under the leadership of Frank Ferris and Charles von Gunten. It also happens at many other locations in the AACE/EACE/CPEN world, and I think that we should promote this type of model as the single best thing in these organizations.

Let me go a step further. Fred Hafferty, my good friend, has become very interested in social networks and mapping systems for them. Figure 1 is a social network from a medical school class that he taught in which he asked the question "Who in the class would you go to to ask a question in a particular subject?" You can see all of the connections, and that certain people are the best "go-tos" for their peers. We could do the same type of mapping with the social networks that develop out of the City of Hope courses and other such "communities of learning." Even better, we might be able to stimulate "go-to" pathways for participants.

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Fig. 1 A social network plot of a medical school class asked “which classmate would you ask a question about (some topic)”



I can imagine our social network map for the dissemination of cancer educational information looking like an airlines route map. And, from the larger airports from which participants come to a central place for learning also come some “commuter flights” to smaller, local places, and the information spreads through an even larger learning community.

Now this editorial will get even more “out there.” Fred Hafferty, who is a deep thinker and often goes across disciplines, came upon some pictures of “dark matter” in experimental physics materials. (Neither of us really understands this stuff!) Dark matter has been conceptualized as a sort of mysterious “glue” that seems to hold the universe together, but depictions of it look incredibly like Fred’s social network maps.

So, bear with me....the social networks that can be formed in our learning communities in cancer education might be the dark matter that holds these communities together and, I bet, can be further developed by us to

disseminate what we learn about cancer and to feature identified “go-to” network members who can clarify things.

My next leap of faith is to Robert Kennedy, who said in his 1966 speech in South Africa: “Each time a man stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring those ripples build a current which can sweep down the mightiest walls of oppression and resistance.”

Perhaps these ripples passing along the social networks in our learning communities will form into giant waves that will break down the barriers to progress in cancer.

Reference

1. Hafferty FW, Watson KV (2007) The rise of learning communities in medical education: a socio-structural analysis. *J Canc Educ* 22:6–9