



Never Waste a Crisis! Now is the Time to Build Learning Communities

by Adina Kalet, MD, MPH

We face an existential crisis in education. Because of the pandemic and social distancing, educators need to focus on the essentials: life, health, and the creation of robust learning communities designed to enable our students, teachers and institutions to thrive during these tumultuous times.

The strategies to accomplish this are well understood and readily available, but there are unknowns. The federal government is insisting that all K–12 schools must open this Fall. In fact, any rapid recovery of the economy, if possible, will depend on children returning to the classroom so that parents can return to work. However, completely reopening all schools may put children’s and adult’s lives at risk.

As of last week, two-thirds of US colleges had decided to reopen their campuses for the Fall term. My daughter, niece, and nephews will be on-campus soon, anticipating and needing social connections with peers and teachers. Faculty and students thrive in active learning communities, but university faculty are concerned that reopening might lead to life-threatening consequences.

Can colleges and universities create meaningful learning communities at a “distance”? Although some depend less on tuition dollars for short term survival than others, many schools are justifiably worried that education will suffer and that students will balk at paying full tuition for an “online only” education. Evidence demonstrates, though, that people value (and therefore will pay for) *high-quality* distance learning. Virtual education fails if it simply delivers lectures and other routine elements of existing curricula to laptop screens filled with squares of bored faces. *High-quality* distance learning *maximizes* learning by deploying carefully crafted instruction in a socially nurturing community even if the learners rarely, if ever, meet face-to-face. It focuses on both

individual and collaborative peer learning and enables close, meaningful connections with teachers.

Teaching Virtually

I am experiencing high-quality cyberspace learning, right now.

I co-direct the US site for a premier international Master's in Health Professions Education (MHPE) program which has been predominately virtual for almost thirty years. It is organized into twelve units, two of which are designed to be synchronous in-person experiences, while the other ten units remain open until all assignments are submitted and the final grade awarded. While the program is designed as a two-year, thesis-required program, students have up to five years to complete the degree.

At this moment, I am teaching in an intensive, full-time, three-week course in qualitative and quantitative research methods. Although my class was designed to be taught in a classroom, we are meeting entirely on Zoom. This has turned out to be as much fun as being in a room together. I have been delighted to see that the virtual platform leads to as much *if not more* learning when compared to my face-to-face experiences over the past five summers.

Despite the fact that my students and I are rarely in the same place, I know them well. I was involved in recruiting them into the program and I taught them last year in the introductory medical education unit. I provide feedback in our ePortfolio. I have mentored a couple of them one-on-one, heard about their progress at weekly faculty meetings, and will follow each of their thesis projects from now until graduation.

Although the students work in different institutions, health professions, clinical disciplines, and time zones, they also know each other well. They started this two-year program together as a cohort and continue to collaborate on assignments. They take advantage of Google Docs (free). They support each other, share questions, frustrations, and personal celebrations on What's App (free), Facebook (free), and other social network platforms. In Zoom, they are

respectful of each other, smile a lot, and share inside jokes. The student who is pregnant with twins gets advice, support, and empathy.

Working virtually has not dampened collaboration. Each of the students works independently on their thesis project, but they share their work with the group at weekly seminars. They work in pairs and threes on reading and writing assignments. They meet one-on-one with mentors and thesis advisors. I lead the course and attend as many of the group sessions as possible to monitor each student's growth and make connections across the course material. The six faculty – some compensated and some volunteer – teach as a team. We have our own relationships with the students and with each other. We are – the teachers, students and staff – a “learning community.”

Harnessing and Enhancing Technology

Technology bridges continents. Many of the most agile US universities and medical schools have globally distributed campuses where students in New York City or Boston share classes and faculty members with students in Shanghai, Abu Dhabi, Paris, Prague, or Brooklyn. Our own MCW students in Central Wisconsin and Green Bay attend synchronous foundational medical sciences lectures with their peers in Milwaukee. The infrastructure and comfort with technology is available.

The “new normal,” though, can lead to a sense of grief and loss and many, if not most, traditional educators believe being physically present with their students enhances their craft, effectiveness, and satisfaction. I agree! I love to dance across the stage and draw on the board while making eye contact and inviting individuals to engage in the material about which I am passionate.

Putting face-masked professors behind Lucite-barriered podiums with students dotted at six-foot intervals is not the answer, but our current distance learning alternatives are not perfect, either. For example, when our regional campus students are linked into the lecture halls in Milwaukee, they sometimes report that camera angles make them feel as though they are “in the cheap seats,” and find that some lecturers forget that the off-site students are watching. We can find better ways.

Contrast this with how the [BU Executive MBA](#) brings teachers and students into close virtual contact at almost life-size, enabling teachers to physically move, write on the board and read non-verbal expressions. The Kern Institute is building a learning lab where ideas like these can be turned into working models and studied. Faculty can be nurtured to enhance their capacity to connect with students. With some investment, we can address the need for educational engagement without endangering lives or hog-tying professors. By working together intentionally, we will develop prototypes of relationally sophisticated and technologically-sufficient learning communities.

Building Learning Communities

With careful attention to explicitly building learning communities that attend to the social and emotional needs of both learners and teachers, education can be a very exciting enterprise even when we can't all be together in the same room for long periods of time.

Learning communities are not a new idea in medical education. Since being first introduced at the University of Iowa Carver College of Medicine in the early 1990s, over forty US medical schools have embraced this approach to create effective, supportive learning environments which structure longitudinal personal relationships between learners and teachers for the purpose of integrating knowledge and clinical skills. The community nurtures the growth and development of a healthy professional identity essential to becoming a [masterful physician](#).

In the Kern Institute, we have begun building the elements of this “learning community” approach through our REACH curriculum under the leadership of Cassie Ferguson, MD and the 4C Coaching program led by Kurt Pfeifer, MD. Collaborating with Lisa Cirillo, PhD, the MCW Assistant Dean for Basic Science Curriculum, and the Office of Academic Affairs, we are working to rapidly integrate with existing programs so that students who come to campus (literally or virtually) over the next weeks will be welcomed into communities that provide a sense of belonging, caring and collaboration.

The Broader Challenge

The past few months have proven that we do have the technology and educational science to enable smooth transitions to highly blended, largely virtual instructional environment. If we attend to making certain our students can afford and have access to the technology in safe settings and must come together only when “hands on” experiences are critical – such as in human anatomy labs and clinical skills instruction – we can learn from this moment and keep our learners and teachers safe.

The day will come when we are all back in the classroom together. In the meantime, we must use this opportunity to harness technology, innovate educational approaches, build character, strengthen our learning communities, and transform medical education.

Adina Kalet, MD MPH is the Director of the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education and holder of the Stephen and Shelagh Roell Endowed Chair at the Medical College of Wisconsin.