Chapter 7
Informed Design of Educational Activities in Online Learning Communities

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ABSTRACT

The aim of this chapter is to sketch design implications for organizing online educational activities in higher education that will intentionally engage medical students and professionals in the field together. When using an online forum, which is already embedded in the work practice, participants can build an online learning community (OLC) to discuss specialist subjects. This chapter is based on findings derived from a larger case study about participation in a professional OLC in general medicine. The proposal of an educational activity will complement numerous online activities with a more structured form of learning. As long as participants are challenged in learning about the specialist subject, they will contribute to the collective account. Online participation can be one way to foster students in becoming doctors. Together with qualified professionals, medicine students can create and sustain relationships over their professional careers.

INTRODUCTION

People create relationships and ties in social networks (Haythornthwaite, 2008). At work, building professional networks is an important part

of structuring a professional field. Professionals engage together in order to gain advantages both collectively and individually (Beaulieu, Rioux, Rocher, Samson, & Boucher, 2008). Networking is not merely a strategy to stay attractive on the market; it also offers participants opportunities to share knowledge and experiences related to

what they do at work. In contemporary work life, employees need to continue to educate themselves because of changes at work. Freidson (2001) claims that professional networks are developed over time. People in medicine use an array of networked technologies, from which we can learn how to establish and maintain professional networks. Allan and Lewis (2006) show how the continual change in professional fields pushes people to update themselves more regularly by using the Internet. Online communication can generate forms of continual professional development in the medical practices (Boudioni, McLaren, Woods, & Lemma, 2007; Thompson et al., 2008; Thorley, Turner, Hussey, & Agius, 2009). In medical practices, email lists are frequently used for communicating and collaborating online. This kind of online forum is already embedded in medical professionals' daily work, which makes it an extraordinarily powerful tool for creating continual forms of professional development (Carlén, 2010; Fox & Roberts, 1999; Hew & Hara, 2008; Karagiannis & Vojnović, 2008; Thomas & James, 1999). We argue here that participation in online learning communities (OLCs) can bridge the gap between professional practice and higher education.

During their basic medical education, students build networks with other students. Together they develop strategies and skills for advancing in the professional field. Educational and professional practices, however, do not have to be viewed as separate contexts (Nardi, Whittaker, & Schwarz, 2002; Wenger, 1998). An educational setting can be understood through cultural, ecological, historical, and social aspects, as it exists in a comprehensive context of conditions that refer to the past, present, and future states of these conditions. Lindberg and Olofsson (2005) analyze the intertwined processes of teaching and fostering in teacher training programs through the concept of *edukation*. The concept is founded upon an examination of "how humans are being formed as human among humans" (Lindberg &

Olofsson, 2005, p. 10). Medical studies combine educational activities carried out in a professional practice with numerous activities for professionals as they prepare themselves, finally qualify, and take their medical examinations. Learning activities continue in their careers as they make progress as medical practitioners. People need to view learning from the perspective of both the formal and informal structures that challenge them in their daily work. Such a perspective on learning constitutes the intertwined process of how knowledge is constructed within the profession of medicine (Freidson, 1970; McWhinney, 1997). The work of providing themselves with accurate tools and resources is something that all medical practitioners are encouraged to do from the very beginning of their medical education (Beaulieu et al., 2008). Not only do doctors have to deal with the battery of clinical equipment, but they also have to appropriate information and communication technologies (ICT). In these efforts, OLCs may play a part in the profession. Carlén (2010) defines OLCs as groups of individuals who participate in an online environment, using a battery of tools, in order to share common interests. Building OLCs involves the communicative part of using certain tools. The appropriation of new tools generates new terms for the existing terminology. Together they build a knowledge domain in which participants can share knowledge and experiences. For example, McAllister and Moyle (2006) argue that an OLC has the potential to change the culture of medicine from its present state of fragmentation, to one that fosters connections and dialogues between isolated professionals. The professional relationships that are built online become a complementary network of expertise. Thompson et al. (2008) point out that online participation expands the time for knowledge sharing beyond work place activities, blurring the boundaries between work and personal time. Online participation merges into situations in which participants need to figure out what it means to participate online (Fuchs, 2008; Slevin, 2000). Thompson et al. (2008) claims that intertwined

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