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## How One Learning Community Approached Death

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# How One Learning Community Approached Death

## **Abstract**

In this narrative piece, the author describes how a learning community was able to transfer their practices of care to support a colleague as he faced illness and death. The author chronicles how the learning community responded to support their team member, other members of the campus community, and the students. She reflects on this experience and explores how the learning community structure supported compassion during this challenging year.

## **Keywords**

practice, learning community, death, work, support, community

## **Cover Page Footnote**

Rest in Peace, dear Paul. We miss you so. Many thanks to the learning community of House 4, academic year 2015-16: Greg Benoit, Keino Brown, Michelle McSweeney, Andrea Morrell, Naveen Seth, Katie Wilson, and my person to cry to, Amallia Orman.

On a cloudy spring in early May, my husband, kids, and I dressed in nice clothes and headed into Manhattan on a Saturday morning. We walked through the quiet valleys of skyscrapers until we hit the tip of the island that looks out over the New York Harbor. Nestled between two shiny, towering buildings sat Saint Elizabeth Ann Seton shrine, a quaint brick building with white columns. This landmarked building from New York City's colonial era was the perfect site to mourn and celebrate the life of my colleague, Paul, a History professor who only months earlier had been working with us in our learning community at Stella and Charles Guttman Community College.

As adults we spend a great many hours of our lives at work; many of us will be working during the last chapter of our lives, and our colleagues will play a role—be it large or small—in those last months, days, or even moments. I had dealt with death in the past, even the death of a colleague, but the experience of losing Paul had been different for me, and for months I struggled to put my finger on why. After some reflection I realized that the unexpected illness and death of this colleague, with whom I had worked in a learning community for years, was different because the structure and the practices of our learning community enabled us to support him—and each other—in his last months. It was the learning community model that made the difference for me in this experience with illness and death, and, I am sure, it made a difference in Paul's last months of his working life, too.

I wanted to write this story to share with you, my fellow learning community advocates, practitioners, and scholars, how our learning community was able to transfer the culture of care and collaboration that is normally reserved for our students to our colleague when he needed it most. How we were able to leap into action as a unified body because this is what a learning community does in daily practice. How the practices of a learning community can, in essence, mirror the practices of being a collaborative, compassionate, and supportive friend, partner, and colleague.

Guttman Community College opened in 2012 as the City University of New York's attempt to increase retention and graduation rates among community college students. Paul joined the Guttman faculty in the fall of 2013 as a History professor and sat in the cubicle across from mine. We worked together in a learning community for the two and half years he was a faculty member at Guttman. Paul had an infectious, barking laugh, a searing intelligence, an unfettered love for teaching, and a deep and genuine connection to our community college students. Everybody loved working with him, and he loved being a professor; he was a natural.

But sadly, our time with him was cut short.

Our academic year started with Paul as our learning community's team leader, a new role for him. From September to October, he appeared more

stressed than usual. He became confused over small tasks and struggled with organization. I checked in, and he admitted stress and an inability to sleep, but he did not improve. At the end of October, our learning community members, in an informal conversation, found that we had all noticed his behaviors and we had each checked in with him. Without knowing it, we were moving together in synchronicity to care for our friend.

Paul's symptoms were most apparent to us during our weekly 90-minute learning community meetings, which allowed all nine members of our team to observe him. It's hard to believe or explain, but across four weeks of meetings, he grew increasingly worse each week. I began a running list of symptoms in my notebook, which read: sweating, sleeping, fiddling, weight loss, talking to himself. We cast worried glances across the room at each other. We took turns asking him if he was okay, and each time he shrugged off our concerns. We were confused, as none of us had ever seen anything like this before—what was happening to our colleague?

Finally, after an especially distressing meeting in late November in which Paul almost fell out of his desk multiple times, our learning community met without Paul to discuss his health. It was decided that four of us would talk to him individually with different angles of concern to gather information and to let him know we were there for him. Whereas before we had been individually supporting Paul, at this point we needed to unify to help him.

During the first week in December, four of us met with him: Katie, a faculty in public health, gathered data on his experience of his symptoms versus what we saw. Amallia, our student advisor, offered general support. Andrea, our union representative, talked about time off and how his union benefits could support this. I went as a mentor and advised him to drop his winter class and search committee to focus on his health. He received our support well; he was open to talk and our suggestions.

We shared our findings back to our learning community: Paul had told each of us he was going to the doctor, but the doctors didn't know what was wrong. We hoped that our support combined with medical intervention would help, but, again unbelievably, even within that week he got worse. The progression was that quick. He confused people, and he didn't know where he was at times. We became worried about him commuting to our college on the busy streets of New York City. Something bigger had to be done.

We decided that Paul's condition had reached a point in which he should not come to work, and we needed to have a direct intervention to communicate this to him. We were scared for him. We were fielding questions and reports from colleagues across the college as his symptoms became more obvious. We worried about what must be happening in his classes and his professional integrity. At this point our entire team was emotional because we knew something was seriously

wrong with our friend and colleague and it was not getting better, only worse. Additionally, at this point, we became worried about his classes. Since we all taught the same students, we asked the students about Paul's class. They seemed unconcerned; they wrote off his behaviors as that of an absent-minded professor. And while they noted that emails and work that had not been returned, they were not alarmed like we were. This was a relief to us.

It was decided that Amallia and I—who had worked with him the longest and were closest to him—would talk with him. We took him to an empty classroom for privacy and told him that we came to him as friends who had worked together for years, and we were worried about him. We explained that we wanted to support him so that he could focus on his health. We proposed that our learning community cover his classes for the last weeks of the term. We offered for our learning community to do his grading and to submit his final grades. We suggested he talk to Human Resources to take time off—starting immediately. We asked him who his people were because we needed to know who to contact should anything happen at work.

Paul heard us. He was touched, and he even teared up at one point until he joked it away by calling us the “meddling women” in his life—some of the last words he would say to us. He pulled out a worn and folded piece of paper from his wallet and gave us the names and numbers of his closest friends, as his family had pre-deceased him. He told us a good friend was staying with him that weekend to observe his symptoms. We were looped into Paul's care team at this point. He left our intervention and went to HR. Amallia and I sat in the room and cried together. He never returned to work.

Our learning community covered Paul's classes and held his exams. We made sense of his grade books and stacks of student work, communicated with his students to discern what had been happening in their classes given his health, and submitted his grades. We were in touch with Paul's friends as they helped his doctors piece together his symptoms. Paul was moved to Maryland, where his closest friends lived, and hospitalized for tests.

January and February of our winter term we didn't hear much from Paul's care team, and as the spring semester came upon us HR began to email to me. “Have you heard from Paul? Is he coming back?” I reached out to his friends, who had gone dark for about seven weeks. I didn't hear anything back.

At this point in the story, the work of our learning community for Paul moved from helping him to helping his students and our colleagues process what had happened and what was to happen next. In advance of our first faculty meeting in early March, I tried again to make contact with Paul's friends for his correct mailing address. I wanted to update faculty on where to send cards, flowers, or gifts. I heard back with a terrible diagnosis: Paul had a rare,

degenerative brain disease that affects one in four million people worldwide and runs a rapid course to death. Paul would not come back to Guttman.

Through tears, as a representative of Paul's learning community and a friend, I communicated Paul's diagnosis to the faculty and gave them his new address at a long-term care facility. Amallia and I wrote to Paul's past and present students. For days we sat with grieving students who came to our office to share memories and to write cards at a station we had set up so that they would have a way to say good-bye. Because of our learning community model, we had shared Paul's students the past two years and this helped us help them through their grief. We all grieved together.

Our dear friend Paul died on April 10<sup>th</sup>, 2016.

Amallia and I again composed an email to our past and present students from our learning communities. They came to us, again, and grieved. Our learning community of faculty and of students past and present attended Paul's services together that cloudy day in early May at his tiny Catholic church. Paul's time at Guttman Community College had been too short, but he touched many lives during his brief tenure.

As I reflect on last year's events and grieve the loss of my colleague, I am proud of the work our learning community did together. One of Paul's lifelong friends, a woman who is an established faculty member at a esteemed college, pulled me aside at Paul's services to thank me. She had been surprised and impressed by the level of compassion and care we gave Paul as his fellow faculty members. She said, openly, that this sort of response never would have happened at her institution of higher education. She was thankful that we had been there for Paul during those early months of illness when his friends, many of whom lived far away, were only beginning to sense that something was wrong. She thanked me again and again, tears in her eyes, for taking care of Paul at work. She recognized that the core values of our learning community structure at Guttman had been reflected and embraced in our care for Paul.

One individual could not have done the level of caring work we did for Paul—I know that I could not have handled this alone—but together, as a learning community, we were able to support him. In hindsight, I see that we applied our learning community practices of observation, communication, collaboration, compassion, and support that we use for our students to our colleague and friend. We did this without a great deal of contemplation, as these practices had become second nature to us. Working in a learning community the past six years has taught me a great deal about teaching, curriculum, advising, and the kind of academic work I value, but I never expected those lessons to transfer to a better understanding of how to approach illness, death, and dying.

I hope you take from this story and my experience that the skills, attitudes, and community we create together in learning communities can go beyond our

role with students and spread to our lives as professionals, and even beyond to our lives as friends, partners, neighbors, and parents—if we let it.