

# BCAN Homeless Forum Information Sheet

## Communities of Practice

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“People who have a common goal naturally form communities of practice.”

### **What is meant by the term ‘Community of Practice’ (COP)?**

A community of practice is described by Wenger as “a group of people who share an interest in a domain of human endeavor and engage in a process of collective learning that creates bonds between them”. Three characteristics define a community of practice:

- The domain: membership implies a minimum level of knowledge of that domain,
- The community: members engage in joint activities and discussions,
- The practice: members communicate using the currency of tacit knowledge generated from practice reflection to address recurring problems in practice.

People who have a common goal naturally form communities of practice. An example from our past: hunters who had to learn to hunt for food and protect themselves while in the jungle. They formed COPs to enhance their speed of learning, which was a necessity for survival. Tacit knowledge was the currency of exchange. Hunters competing with each other, for example for wives or for scarce food, joined the same COPs. In today’s world you find senior managers from competing companies in the same COP.

An example from our world of professional education is that the same group of nurses can be seen to lunch together day after day. They exchange practical tips gleaned from the

reconstruction of practice experiences. They are often from different wards (or administrative jurisdictions) and may have student nurses in the group. Their exchange of tacit knowledge is as important as specialized (evidence-based) knowledge in patient centered care delivery systems.

Mentors in successful COPS facilitate the democratizing of knowledge among members. Peer pressure provides the discipline and self-regulation that guides the group. COPs provide the environment for health professionals to teach and learn the skills of clinical judgment which are essential for the management of clinical situations of uncertainty, ambiguity and conflict. Clinical judgment is largely acquired by collective practice reflection, communication with colleagues and the critical reconstruction of practice.

Members of effective communities of practice can discuss what their communities of practice are about, who else belongs, and what competence is required to qualify as a member. The COP strengthens their identity. They:

- see the world as structured by engagement in practice and the informal learning that comes with it,
- think of learning as a tension between competence and experience.

Whenever either starts pulling the other, learning takes place. Learning so defined is a dynamic, two-way relationship between people and their communities that:

- addresses the informal and tacit as well as the more explicit aspects of knowledge creation and sharing,
- permits a much closer connection between learning and doing, while still providing structures where learning can accumulate,
- creates connections among people across institutional boundaries.

### **So why tell us about COPS at this stage in the evolution of continuing medical education?**

COPs are now being fostered in industry as they are seen as an effective way of promoting organizational learning. COPs help overcome some of the major difficulties with traditional continuing medical education or CME:

These are:

- CME has traditionally been a process undertaken by the individual and best done at a location that is free from the distractions of the workplace. Increasingly, effective learning is seen as a social event involving the people who are addressing similar challenges at work.
- CME attempts to cover the needs of learners from many different workplaces. The needs of groups that work together are easier to assess and relate to the outcomes of their practice.
- The vision for the future requires continuing education and learning, to be repositioned from its traditional role of being a

developmental tool for the self-motivated individual to a strategic tool to enhance team performance and health outcomes.

- There are compelling forces for health care to be delivered by teams of professionals working in group practices, institutions and academic centers.

### **Reading List**

Brown, J.S. & Duguid, P. Organizational learning and communities-of-practice: Toward a unified view of working, learning, and innovation <http://www.parc.xerox.com/ops/members/brown/papers/orglearning.html>

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Patel V.L., Cytryn K.N., Shortliffe E.H., and Safran C. (2000). The collaborative health care team: the role of individual and group expertise. *Teach Learn Med* 2000;12(3):117-132.

Wenger E.T., and Snyder W.M. (2000). *Communities of Practice: The Organizational Frontier*. Harvard Business News; Jan-Feb, 2000.

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<http://www.cted.ucalgary.ca/workplace/pdf/wlru2002.pdf>