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6. PRACTICE-BASED EDUCATION

Joining Multiple Communities of Practice

In preparing graduates for practice a key goal is to facilitate their understanding of and readiness to enter the many communities of practice they will encounter in graduate practice. Practice-based education “refers to grounding education in strategies, content and goals that direct students’ learning towards practice roles post graduation” (EFPI, 2010). The focus of this chapter is the fundamental importance to practice of working and collaborating with others. Practitioners work with colleagues not only within their own profession but also across professional boundaries. For example, members of the police force work closely with people from many occupational groups including ambulance and hospital emergency departments, social services, education systems, government departments and the legal system.

This chapter explores how people need to first join communities of practice in order to participate in them and how such joining can be facilitated. It draws on Anne Croker’s (2011) doctoral research and research collaboration with Franziska Trede and Joy Higgs (Croker, Trede, & Higgs, 2012) that explored experiences of joining and collaborating in rehabilitation teams. From this research we present a set of key endeavours and reviewing behaviours that are integral to joining and participating in communities of practice. We draw these findings into a view of practice-based education as one that provides pedagogical spaces for entering and engaging with different communities of practice.

OVERVIEW OF COMMUNITIES OF PRACTICE

The term *communities of practice* was coined by Lave and Wenger (1991) to describe a theory of social learning, one that places “learning in the context of our lived experience of participation in the world” (Wenger, 1998, p. 3) (see further discussions in chapter 4). Underpinning this theory are four articulated premises: (i) that people are social beings, (ii) that knowledge occurs in relation to valued enterprises, (iii) that knowing results from participating and pursuing ability in these enterprises, and (iv) that learning produces meaningful knowledge. Although these premises have been critiqued and expanded they make a firm connection between social practice and learning by framing learning as social and relational participation (Hughes, Jewson, & Unwin, 2007). In acknowledging the ubiquitous nature of communities of practice, Wenger (1998) sought to overcome the

“forgotten familiarity of obviousness” (p. 7) that can lead us to overlook the ongoing learning we do while working with others.

Fundamental to learning within communities of practice are the concepts of *situated learning* and *legitimate peripheral participation*. Situated learning recognises learning as part of an activity in the world and places emphasis on

comprehensive understanding involving the whole person rather than “receiving” a body of factual knowledge about the world; on activity in and with the world; and on the view that agent, activity, and the world mutually constitute each other. (Lave & Wenger, 1991, p. 33)

Legitimate peripheral participation relates to the contention that learning through activity happens legitimately from the periphery towards the core of the community of practice, as newcomers “make the culture of the practice theirs” (Lave & Wenger, 1991, p. 95). Such participation frames the transformation of newcomers to the community of practice to becoming full practitioners who are agents of action and integral to the maturing of the field of practice (Lave & Wenger, 1991).

At any given time people can be members of several communities of practice with different levels of involvement (peripheral and core) in these various communities. Their participation in any community can vary over time as people move from being inexperienced newcomers on the periphery to the more experienced practitioners at the core. Communities of practice are fluid and flexible as people come and go, and as they become more or less central to the practice of the group. Some communities of practice are formally instigated and managed; others are more evolving and organic, developing shared purposes based on interests or passions.

Scenario 1 provides an illustration of participation in multiple communities of practice. Integral to such participation is the capability to develop a different sense of belonging and relationship with each community, to move between different areas of shared interests and to work with different bodies of knowledge, stories, cases, tools, and documents (based on Wenger, McDermott, & Snyder, 2002).

*Scenario 1. Picture of participation in multiple communities of practice
(modelled on Wenger et al., 2002, pp. 4-5)*

In this group? We don't necessarily work together every day, but it is really valuable when we do. When we see each other face-to-face we catch up with each other, help solve our individual and collective problems as well as share information, insights, and advice. And there are other groups of people I also work and learn with. Some intersect with each other but others are quite separate. Although the groups mostly involve face-to-face get-togethers, we do use texts, email and Internet chat. One group is quite pragmatic and we have concrete outcomes: for example, we have created manuals, and other documents. In another group we discuss our aspirations and ponder common issues, explore ideas, and act as sounding boards for each other.

In some of groups I feel as though I am core to the group. In one particular group I have an organising, leadership role. I was the instigator of that group and want to make sure it remains viable as people come and go and our situations and needs evolve. But in others, particularly where I am a newcomer, I feel as though I am more on the periphery and that is fine; it doesn't have to be the same for all groups. And I am not the only one on the edge; there are others who come and go, with some never really feeling core to the group, but still contributing and learning on the periphery. However, common to all the groups is that we have a sense of shared interest or purpose, an ongoing accumulation of knowledge and the valuing of the way we learn together. Our involvement is more than just getting our work done; it also relates to the personal satisfaction of knowing each other, of understanding each other's perspectives and of belonging. Over time, and particularly in long-standing groups, we have developed our own unique perspectives on particular topics as well as a body of common knowledge, practices, and approaches in each group. We have also developed personal relationships and established ways of interacting. People joining our groups feel as though there is something to join. I belong to multiple communities of practice; they are all different.

PRACTISING COLLABORATIVELY WITH OTHER PROFESSIONS

With many concerns in workplaces being beyond the scope of one particular profession, there is increasing recognition of the importance of encouraging different professions to learn and practise together. This is evidenced by the vast literature on teamwork and interprofessional collaboration (e.g. Mican, 2005; Hammick, Freeth, Koppel, Reeves, & Barr, 2007; Health Professions Network Nursing and Midwifery, 2010). Communities of practice provide opportunities for practitioners to learn collaboratively with each other. These learning opportunities may be in conjunction with or beyond explicit interprofessional education strategies (such as shared learning sessions and simulated situations aimed at exploring different role contributions and understandings) and may be threaded throughout and across easily identified organisational structures (such as departments and teams) as well as more informal networks (such as transient task groups).

A community of practice framework was identified in Anne's doctoral research into rehabilitation teams in health care as appropriate for conceptualising the often complex, fluid and ambiguous nature of teams in practice (Croker, 2011). In particular, community of practice characteristics of shared interest, sense of belonging and the development of a body of knowledge were all integral to the research participants' experiences of collaborating. Communities of practice are becoming recognised as a valuable means of conceptualising clinical and workplace learning (Egan & Jaye, 2009; Sheehan, 2011).

Using “Communities of Practice” to Frame Understanding of Team Complexity

Teams in practice are often more complex than indicated in organisational and teamwork literature. In the literature, health care and rehabilitation teams are often presented as concrete entities with stable structures and clear memberships. For example, a rehabilitation team might be defined as people from a range of different disciplines (including medicine, nursing, physiotherapy, occupational therapy, speech pathology and social work) working together to provide rehabilitation for individuals with neuromuscular or musculoskeletal conditions. In practice, however, who, how, when and where people work together is much more ambiguous and messy than implied by this definition.

In Anne’s research, teams did not always have clear boundaries or membership. Rather, they were often best understood as being composed of multiple communities of practice (some intersecting within the team and others extending outside it). Team members described varied types of teams: some were clearly delineated entities, others were diffuse with no readily discernible boundaries.

Team members were also members of other teams. Anne’s research highlighted the usefulness of the idea of “communities of practice” for conceptualising the complexity of team structures and interactions. Rather than seeking to understand “where and what the team is,” the team can be better represented by a number of communities of practice, overlaid on and supported by organisational processes (such as meetings and shared spaces). This representation highlights the need to prepare students for structured, visible and systematic interactions of working in stable delineated teams, as well as the capability for joining and practising within the fluidity and complexity of different levels of engagement in several communities of practice.

Collaborating in Communities of Practice

Students are not necessarily capable of joining and participating equally in multiple communities of practice during practice-based education. Despite widespread support for interprofessional collaboration and teamwork, and the community of practice premise that people are social beings, people do not necessarily have similar capability for collaborating with others; some are more difficult to work with than others. Anecdotally, there are many shared frustrations of having to work with “tricky” or “prickly” people. Institutions and trainers often run courses on “dealing with difficult people.” Linden (2010, p. xxiii) included in his notion of *difficult people to collaborate with*, those with “silo” mentalities, the “800-pound gorillas” who accumulate power and share nothing, and perfectionists.

So it is rather optimistic for educators to assume that newcomers to the workplace will “just know” how to join communities of practice (and teams) and participate in shared practice. Students in particular could well need to be prepared for and ready to deal with the complexity of working with others, especially for collaborating with people from different professions (with different socialised ways

of knowing and doing) and with people with a range of abilities and interpersonal communication.

Through researching people's experiences of collaborating, Anne identified key *endeavours* (Es) and *reviewing behaviours* (Rs) that are integral to successfully joining and participating within interprofessional communities of practice. These are outlined in Figure 6.1. Examples of how the Es (*engaging, entering, establishing, envisioning* and *effecting*) and the Rs (*reflexivity, reciprocity* and *responsiveness*) facilitate the joining of a community of practice are described below. These *endeavours* and *reviewing behaviours* can provide a framework to help students before and during practice-based education (i) to inform their expectations for interprofessional practice in a range of communities of practice, and (ii) to guide the development of their capability for joining and participating in communities of practice. The reviewing behaviours also provide insights for understanding different people's different capabilities for working with others in both practice and education situations.

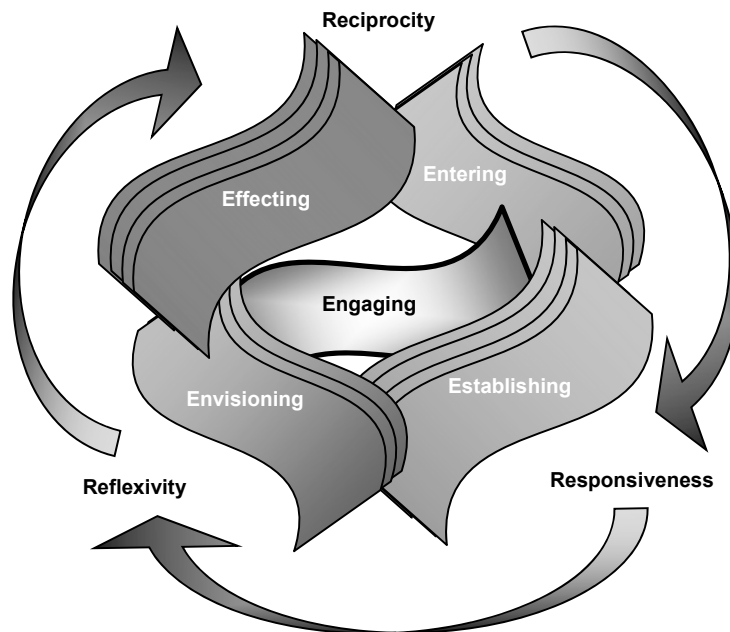


Figure 6.1. Endeavours (Es) and reviewing behaviours (Rs) that are integral to joining and participating in a community of practice.
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Engaging positively with others' diversity is core to other endeavours. It relates primarily to the positioning of self in relation to others; being positively attuned to others. This endeavour reflects practitioners' openness

to each other's different perspectives and skills, as well as their goodwill and respect for others.

Entering into the feel and form of a community of practice relates to newcomers' sense making of the collective's expectations, and experienced members' judgements of newcomers' capabilities. For some people, entering a community of practice is a gradual process, whereas for others it is more abrupt.

Establishing ways of communicating and working together focuses on the complex nature of interactions with others. This endeavour requires intertwining a range of formal and informal systems of communication and adjusting to others' ways of working.

Envisioning together future directions addresses the community of practice's shared purpose; for example, what is being sought through patients' rehabilitation and how it would be done. This endeavour involves accessing and developing the collective knowledge of the community of practice.

Effecting changes relates to the ongoing relevance and viability of the community of practice. This endeavour acknowledges the influences of organisational contexts on shared practice.

Reflexivity, which involves critical reflection and development of self in relation to others, is evident in people's abilities to reflect on and monitor their own actions.

Reciprocity, which facilitates mutuality of roles within the community of practice, underpins the shared practice and is inherent in people's goodwill to others.

Responsiveness, which facilitates situationally appropriate and contextually relevant adjustments, is implicit in the constant modifications that community of practice members make to their interactions as they deal with changes, unpredictability and uncertainty.

Joining Communities of Practice: Engaging, Entering and Establishing

The complexity of beginnings in communities of practice is highlighted by the endeavours of *engaging*, *entering* and *establishing*. It is these beginnings that shape ongoing participation in shared practice. As well as needing to be attitudinally ready for shared practice, newcomers need to be able to negotiate and understand the nature of each community of practice they join before they can come to participate fully. The notion of shared purpose is an important impetus for driving these dimensions.

Joining a community of practice requires more than just "turning up" (for example, attending a team meeting). Really *joining* involves a commitment to ***engage with others people's diversity*** as they collaborate for a shared purpose:

You know [we] are just so completely different, we're not different with regards to ideals. But [also] in terms of our personalities, the way we get jobs done, agendas, all different. And I think that's fantastic.

Trust and respect for *people* is important for this dimension, but in some cases these have to be earned.

I think respect has to be earned, in that there is the obvious respect that you have for every human being and every person within their role. But to really trust someone and really respect their position or their job or their professional abilities or their social skills obviously you need to get to know them and observe how they work.

On *entering the form and feel* of the community of practice, newcomers in Anne's research reported that they had different opportunities to develop understandings of what it was like. For some, a lengthy orientation was provided; others needed to be self-reliant. As no communities of practice are identical, the newcomers needed to work out how each operated before they could participate fully.

In those early stages you're kind of gauging who does what and what the local culture is.

As the newcomers sought to understand the nature of their community of practice, they often felt a simultaneous need to prove themselves to others in terms of their contribution to the collaboration's shared purpose. Acceptance was not a given:

I guess you feel like you're being judged.

During *establishing ways of communicating and working together* in Anne's study, co-location was viewed positively due to the opportunities available to develop relationships and for informal interactions:

I think that [being in the same location] is pretty much what makes it work actually; the fact that we do all work within close proximity of one and other. There's a lot of informal contact between people. Everyone has morning tea in the same room and lunch in the same room. And it's not far to walk to one another's offices.

Although formal systems for communication (such as scheduled meetings and record keeping) were important, the flexibility and nuances of spontaneous and opportunistic means of communication enabled interactions to be more interpersonal and immediately responsive.

Participating in Communities of Practice: Envisioning and Effecting

While *engaging, entering* and *establishing* serve to frame people's beginnings in communities of practice, the endeavours of *envisioning* and *effecting* are concerned with the *doing* of shared practice. These endeavours are fuelled by shared purpose. *Envisioning together future directions* was not perceived by the

participants in Anne's study to be "an exact science." Rather, it involved uncertainties, drew on judgements, relied on the understandings and connections developed between others (as described in the dimensions of *engaging*, *easing* and *establishing*). People contributed their own perspectives and listened to the views of others.

[Through our meetings] we've got these regular opportunities to have input and people are listened to. [...] I feel it works well.

Resolving differences between perspectives generated robust understandings of the issues being discussed. Individuals gleaned insights and developed new understandings from having their points of view challenged by others' different perspectives. From these challenges, frameworks for future directions were negotiated and realigned. At times, however, conflicts between loyalties to different communities of practice needed to be resolved.

If you asked us where our loyalty lay first, I would have to say [those of us in the same profession] would stick together.

Effecting changes relates to ensuring the efficacy and viability of communities of practice. At times participants in Anne's study needed to explicitly develop and sustain their communities of practice. Communities of practice did not exist in contextual vacuums.

I think sometimes [the community of practice] is probably influenced by things outside of our control.

Obligatory requirements from their wider structural and organisational environments did not necessarily assist the shared nature of the practice nor contribute to their sense of *togetherness*. Shared practice could be affected in unexpected ways by changes to the environments of the practice communities. For example, a simple change of desk impeded the flow of communication:

We just had the refurbishment here and there was an offer of rather a flashy desk. [...] I was very keen that we had it. We tried it and it was awful. [Now] all we've got in there at the moment is an old desk, but we can sit round it, and we do. And we talk and it's set up well so that we just communicate all the time.

Communities of practice are not static entities. Care needs to be taken to cultivate and sustain communities of practice to ensure effective shared practice towards their shared purposes.

Reviewing Behaviours of Collaborating: Reflexivity, Reciprocity and Responsiveness

Threaded throughout the *endeavour* dimensions of collaborating (*engaging*, *entering*, *establishing*, *envisioning* and *effecting*) Anne recognised three reviewing behaviours (*reflexivity*, *reciprocity* and *responsiveness*). She identified that people could vary considerably in their ability to review their own behaviour and that of

others. Some people are unable to embrace and work effectively within the uncertainties and ambiguities of shared practice and can appear rigid, uninterested, and self-centred, with lack of awareness of how others might see them. One of the strategies that some people with low levels of *reflexivity*, *reciprocity* and *responsiveness* develop within their communities of practice is adherence to set roles with little scope for negotiation or discussion about them. Even when collaboration between roles is required, they tend to communicate outcomes of decisions rather than seeking to involve others in decision making. Those with low levels of *reflexivity*, *reciprocity* and *responsiveness* in communities of practice can be perceived by others as difficult people to work with. In order to fulfil the aims of the community of practice, their co-workers need to “tread carefully” with them, plan what to say and how to say it.

Of particular interest to interprofessional collaboration in communities of practice is that people with low levels of *reflexivity*, *reciprocity* and *responsiveness* can be unaware of their limited ability to work collaboratively with others. This finding presents a paradox: people need to be reflexive in order to understand that they do not demonstrate high levels of *reflexivity*, *reciprocity* and *responsiveness*, yet such reflexivity would (hopefully) make them more self-aware and would overcome the problem. The implications of this paradox are frustration for others when dealing with people with low levels of reviewing behaviours, and a reliance on those with higher levels of these dimensions to manage some of the more complex aspects of shared practice.

CHALLENGES IN PRACTICE-BASED EDUCATION

The challenges and implications for practice-based education arising from Anne’s research are manifold. Joining multiple communities of practice can neither be taught nor mastered. Textbooks cannot sufficiently capture the uncertain, diverse and complex nature of practice knowledge that enables participation in shared or interprofessional practice. Collaborating, joining, participating and reviewing membership of multiple communities of practice are developmental processes of unlearning, learning and relearning that involve self and others at various levels of self (and other) awareness, engagement and reflexivity. Joining several communities of practice is an ongoing learning journey for practitioners and students alike. It requires a supportive work environment and active participation from all involved: educators, students, practitioners and managers.

As discussed above, the notion and practice of teams and communities, while apparently harmonious and positive social constructs, are often much more challenging and in need of problematising. The contemporary workforce is increasingly diverse and mobile. Workplaces do not automatically provide safe and constructive learning and induction environments for students, novice practitioners and even experienced newcomers. In workplace learning situations, for instance, practitioners can be required to work with students, a role they might welcome, loathe, or even resist. Students join teams from the periphery, and their proximal progression is dependent not entirely on their own initiative but also on the

endeavours of others to help students engage, enter, establish, and envision future participation. This requires considerable student self-awareness and awareness of how they think they are perceived and received by others.

Joining communities of practice cannot be avoided. As learners, students are likely to participate in a number of communities of practice during workplace learning experiences. For example, during rehabilitation clinical placements, students need to learn the unwritten rules of contributing to discussion of patients' goals at weekly case conferences, to develop relationships with different networks of staff and carers looking after each particular patient, to contribute to other weekly meetings of practitioner collectives, and to participate in their discipline department's supervisory groups.

The unequal power relations between students and practitioners can inhibit joining and participating in communities of practice (Fuller, 2007). Prior experiences also shape engagements with teams and workplace environments greatly shape student experiences of joining teams. When there is high challenge to students' capacity or opportunity to join or work in teams, high support from educators and the system is needed to help students engage productively in the practice community and make meaning of their experiences.

Learning to join multiple community memberships means engaging with the relational, emotional and political dimensions of practice. Students might not initially appreciate the importance of engaging and recognising that professional practice is a social practice until they gain more experience and are fully responsible participants of a practice. This is further complicated by assessment regimens that often focus on profession-based technical competencies rather than more social capabilities such as working in communities of practice. The challenge for practice-based education is to develop skilled formative assessment practices that constructively help students learn how to join communities.

To use the findings of this research to help students learn how to join (multiple) practice communities we provide the following recommendations:

- Educators can thoughtfully facilitate learning from experiences of joining and starting participation in communities of practice. A good start is to prepare students for participation in shared practice by orientating them to how the team works and helping them to explore self in relation to others. Students also need to be guided to appreciate diversity in the workforce and how to respond and engage with it. A self-absorbed focus on skill and knowledge acquisition is unlikely to promote success in joining teams.
- Students need to be prepared for the uncertain and unforeseen aspects of practice that they will encounter in workplaces. One way to frame this uncertainty is to help them to recognise that their entry-level education is just a starting point for lifelong and lifewide ongoing learning, and that it is useful to develop their learning and professional capability, not just a set of current competencies and knowledge. The notion of capability refers to “an integration of knowledge, skills and personal qualities used effectively and appropriately in response to varied, familiar and unfamiliar circumstances” (Stephenson, 1994, p. 3). Capability encompasses many of the endeavour and reviewing behaviours

- discussed above, and includes being self-aware and considerate of others and contributing meaningfully to the team.
- Students need to actively persist in gaining deeper understanding from joining multiple communities of practice. That is no easy task, especially when students are preoccupied with their immediate concerns such as skills acquisition, workload management and success in their assessments, and their more long-term goals such as professional identity development. They might not yet appreciate the importance of widening their practice knowledge to become effective interprofessional practitioners, a goal that is complicated by simultaneously having to navigate across various professional and team boundaries. It is not enough to prepare students for one type of practice community. Rather, they need to be able to participate in many different types of communities of practice. Students need to actively seek and identify shared practice that is beyond “official” team structure and processes. They also need to begin the transition from the periphery to the core of already established communities of practice.
 - The key to learning how to join and participate in communities of practice lies in cultivating reflective dialogues. Students need to appreciate the connection between joining and learning to participate in relational social practice. Making meaning of relational practice experiences helps students to understand self and the behaviours of others.

CONCLUSION

The predominant view of collaboration and interdisciplinary practice as occurring within delineated teams runs the risk of overlooking the complexity of shared practice and opportunities for interdisciplinary learning through complex and various communities of practice, both formal and informal. Explicitly preparing and supporting students to join and participate in interprofessional communities of practice and to reflect on their learning from these experiences can help them to optimise practice-based education and workplace learning experiences. When viewed through a lens of communities of practice our workplaces are replete with opportunities for learning through shared practice. Some communities of practice (such as informal work and study groups) may be self-initiated; others (such as long-term formal work groups) are well established and students join them “on the run,” like cyclists entering a moving peloton. We conclude that the first step in joining communities of practice is to help students become more aware of and sensitive to the diverse constellations and complex dynamics of human relations. To maximise these diverse opportunities for shared practice, students need to be able to understand, recognise and learn how to join communities of practice. Practice-based education that focuses on realising the capability to see and join communities of practice will enhance opportunities for lifelong learning.

REFERENCES

- Croker, A. (2011). *Collaboration in rehabilitation teams*. Unpublished PhD thesis, Charles Sturt University.
- Croker, A., Trede, F., & Higgs, J. (2012). Collaboration: What is it like? – Phenomenological interpretation of the experience of collaborating within rehabilitation teams. *Journal of Interprofessional Care*, 26(1), 13-20.
- EFPI. (2010). *Guidelines for good practice in professional and practice-based education*. (Version 1: May 19). The Education For Practice Institute, Sydney.
- Egan, T., & Jaye, C. (2009). Communities of practice: The social organisation of clinical learning. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 13(1), 107-125.
- Fuller, A. (2007). Critiquing theories of learning and communities of practice. In J. Hughes, N. Jewson, & L. Unwin (Eds.), *Communities of practice: Critical perspectives* (pp. 17-29). Abingdon: Routledge.
- Health Professions Network Nursing and Midwifery Office. (2010). *Framework for action on interprofessional education and collaborative practice*. Geneva, Switzerland: World Health Organization.
- Hammick, M., Freeth, D., Koppel, I., Reeves, S., & Barr, H. (2007). A best evidence systematic review of interprofessional education: BEME Guide No. 9. *Medical Teacher*, 29(8), 735-751.
- Hughes, J., Jewson, N., & Unwin, L. (Eds.) (2007). *Communities of practice: Critical perspectives*. London: Routledge.
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge, New York: Cambridge University Press.
- Linden, R. M. (2010). *Leading across boundaries: Creating collaborative agencies in a networked world*. San Francisco: Jossey-Bass.
- Mickan, S. (2005). Evaluating the effectiveness of health care teams. *Australian Health Review*, 29(2), 211-217.
- Sheehan, D. (2011). Clinical learning within a community of practice framework. *Focus on Health Professional Education: A Multi-Disciplinary Journal*, 12(3), 1-16.
- Stephenson, J. (1994). Capability and competence: Are they the same and does it matter? *Capability*, 1(1), 3-4.
- Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity*. Cambridge, NY: Cambridge University Press.
- Wenger, E., McDermott, R., & Snyder, W. (2002). *A guide to managing knowledge: Cultivating communities of practice*. Boston, MA: Harvard Business School Press.

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