

## DOCUMENT RESUME

ED 466 030

EA 031 732

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TITLE Conceptual Analysis and Research Questions: Do the Concepts of "Learning Community" and "Community of Practice" Provide Added Value?  
PUB DATE 2002-04-00  
NOTE 14p.; Paper presented at the Annual Meeting of the American Educational Research Association (New Orleans, LA, April 1-5, 2002).  
PUB TYPE Reports - Evaluative (142) -- Speeches/Meeting Papers (150)  
EDRS PRICE MF01/PC01 Plus Postage.  
DESCRIPTORS Community Characteristics; Community Study; \*Concept Formation; \*Criticism; Elementary Secondary Education; Learning Activities  
IDENTIFIERS \*Learning Communities

## ABSTRACT

The concepts of "learning community" and "community of practice" may hold value to researchers, but questions exist as to how well they help in organizing and clarifying the type of critical thinking involved in investigative work. This paper approaches the problem from two directions. One is to deconstruct the two concepts themselves and explore their range of meanings. The other is to explore more grounded research questions about learning and the conditions for learning that are relevant to researching learning communities and/or communities of practice. The purpose of this investigation is to develop criteria by which one can judge whether these two ideas provide useful frameworks for organizing questions involving learning communities and communities of practice. The discussion includes asking what kind of empirical evidence is needed to recognize such communities when perceived, and what kind of learning is occurring, how it is taking place, and what the factors are that affect its magnitude and direction(s). If these concepts do not provide added value to researchers, then it is possible that they may provide the route to yet other theories that provide greater purchase on the problems of facilitating learning in a wide range of contexts. (RT)

**Conceptual Analysis and Research Questions:  
Do the Concepts of "Learning Community" and  
"Community of Practice" Provide Added Value?**

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1

## Conceptual Analysis and Research Questions: Do the concepts of 'learning community' and 'community of practice' provide added value?

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Honest, knowledgeable researchers know how little they know and how much is yet unknown. They ponder and debate about how much is knowable. They are trying to see but working in the dark. Concepts can be likened to searchlights of varying beam width and intensity. They help us to see some things but not others. Indeed areas outside the beam appear darker than ever. When the electricity of new publications diminishes, the light dims; and they look elsewhere for new sources of energy. What do the searchlights of 'learning community' and 'community of practice' enable us to see on the ground? Is it novel, is it important, what significance does it have for policy and practice? Do they give us a long steady beam, running off the mains? Or are they like fireworks which make big bangs, fragment with many pieces or form beautiful patterns in the sky? Does their illumination of the ground get noticed before they fizzle out?

This paper approaches the problem from two directions. One is to deconstruct the two concepts themselves and to explore their range of meanings. The other is to explore more grounded research questions about learning and the conditions for learning that are clearly relevant to researching learning communities and/or communities of practice. The purpose will be to develop criteria by which we might judge whether these two ideas provide useful frameworks for organising such questions. However we choose to define them, we need to know what empirical evidence we need to recognise such a 'community when we see it: and to understand what learning occurs, how it takes place and the factors that affect its magnitude and direction(s). Only then will we be able to decide whether these concepts provide added value to researchers. If not, they may have provided the route to yet other theories that provide greater purchase on the problems of facilitating learning in a wide range of contexts.

The term *community* is used in several, quite different contexts, each with its own theoretical perspectives. In ecology, a *community* comprises all living organisms within the boundary of a defined geographical area – sometimes the area is a single habitat, sometimes it accommodates several habitats and the organisms that move across and between them. When applied to *learning communities* this ecological perspective draws our attention to the learning opportunities available to people living in a particular area or working for the same organisation (habitat). This raises questions of inclusion and exclusion. Who gets access to what kinds of knowledge (food)? Is it consumable (digestible, palatable, reachable without spending too much energy) and does it meet their dietary needs (relevance, part of a balanced diet)? Economists have pointed out that knowledge, unlike other commodities can be given to others without losing it yourself; but this is not entirely true because certain kinds of knowledge have greater value when they are scarce. This does not apply only to commercial knowledge but also to power relationships in organisations and in wider society. Who is at the top of the food chain?

Another feature of ecological communities is that they are studied in relation to their physical environment and climate. Moreover, the relationships between species can be extremely complex. This is analogous to learning in the workplace and in other community settings, where influences on learning include other human beings, learning resources and other cultural artefacts, the physical environment, the structure and range of ongoing activities and the prevalent culture and learning climate. One interesting semantic paradox is that while human organisations like to refer to themselves as communities, they also refer to their surrounding population as *the community* (as indeed I did in the previous sentence). So the term community may refer to either insiders or outsiders, but rarely, as in ecology, to both together or the relations between them. Thus *community care* is offered outside hospitals; but *community colleges* offer most of their learning inside their own walls. The term *community school* usually implies classes for adults or recreational activities for young people on its own premises. It does not imply offering the wider community greater participation in the education of their children?

A political definition depicts communities as interest groups to be courted or appeased, bit players in the great game of national and regional politics. These may be occupational groups (e.g. the farming community), religious groups, ethnic groups or cultural groups (e.g. local choirs). All are interested in acquiring resources for learning on behalf of their members, and these have to be identified and fought over. Underlying battles over resources for learning are many overt or covert disputes about what counts as knowledge and what counts as learning. Often public funding is given only to learning for qualifications or learning that takes place in formal settings where participation can be monitored. The net effect is to prioritise the needs of some learners over others, particularly those who feel uncomfortable in formal settings. There is also a micro-political dimension to learning within organisations that affects both access to learning opportunities and the different values accorded to different kinds of knowledge.

Thirdly there is an ideological definition of the term *learning community* that goes beyond criticism of the inequitable distribution of learning opportunities to advocate the development of 'ideal type' learning communities which maximise participation through a culture imbued with inclusive, interdependent views of human relationships and democratic values. This construes learning as an integral part of reciprocal human interaction, constrained and facilitated by skills, structures, networks and cultural factors; and raises questions about opportunities for mutual learning across professions and between professionals and their clients. This might have seemed unrealistic 20 years ago, but today's organisations for health and social care are increasingly committed to relations of mutual respect between professionals and clients. For how long can this principle coexist with lower levels of mutual respect between different professional groups or between professionals and other health workers, particularly when the main benefit may be learning more about their clients? This third definition lends itself to smaller scale forms of community such as teams and working groups, as well as to whole organisation; because smaller groups provide more scope for the negotiation of relationships between members. However, even in small-scale communities questions arise as to how feasible it is to develop and sustain equity in small groups when it is conspicuously absent from their parent organisation.

The term *community of practice* has been appropriated by Lave and Wenger (1991) for a particular theoretical perspective that attributes all learning to engagement in the activities of such communities. In their view, the learning not just of language but also of technical skills and cultural knowledge takes place through a process of increasing participation in communities of practice. Their focus tends to be on the reproductive nature of such communities as newcomers are inducted and continue to acquire competence and status within them; and they consistently emphasise commonalities rather than diversity. As Engeström (1999) argues, “the instability and inner contradictions of practice are all but missing” (p12) from Lave and Wenger’s accounts. Engeström’s (1993) own definition of *community* comprises the “multiple individuals and/or subgroups who share the same object” (p67). This would serve equally well as a definition of a *community of practice* that allows greater diversity, if that term had not been already appropriated. However, his central concept is that of *activity systems* in which agency is conferred on an individual or sub-group working within the context of a community characterised by its own rules, tools and division of labour. “An activity system” he argues, “incorporates both the object-oriented productive agent and the person-oriented communicative aspect of the human conduct” (p67). Production and communication are inseparable. This contrasts with Lave and Wenger’s (1991) definition of a *community of practice* as “a set of relations among persons, activity, and world, over time and in relation with other tangential and overlapping communities of practice” (p98). Engeström’s starting point, the activity system could be described as starting from the *practice* end of a community of practice, while Lave and Wenger’s emphasis on participation and a set of relations among persons starts from the *community* end.

Wenger (1998) offers a more elaborate theory in which he puts forward three dimensions of a *community of practice*. The first dimension he argues is the *mutual engagement* of participants. “Practice resides in a community of people and the relations of mutual engagement by which they can do whatever they do.” (p73). In this context he argues for both complementary contributions from those with different types of competence and engagement with peers who have largely overlapping forms of competence. *Joint enterprise*, his second dimension, is reminiscent of Engeström’s object-oriented activity. “It involves not only a shared goal but mutual accountability. Then thirdly he refers to a stored *repertoire* of discourse and action, arguing that, “communities of practice can be thought of as shared histories of learning” (p87). Indeed each dimension is associated with a particular set of learning processes.

- “*Evolving forms of mutual engagement*: discovering how to engage, what helps and what hinders; developing mutual relationships: defining identities, establishing who is who, who is good at what, who knows what, who is easy or hard to get along with.
- *Understanding and tuning their enterprise*: aligning their engagement with it, and learning to become and hold each other accountable to it; struggling to define the enterprise and reconciling conflicting interpretations of what the enterprise is about.
- *Developing their repertoire, styles and discourses*: renegotiating the meaning of various elements; producing or adopting tools, artefacts, representations; recording and recalling events; inventing new terms and redefining or abandoning old ones; telling and retelling stories; creating and breaking routines.” (p95).

Lave and Wenger's focus on social relations remains the dominant feature of this later analysis; and raises two important questions about the object of a community's enterprise:

1. What is the actual balance between commonality and diversity within that group and is that balance appropriate for their clients?
2. To what extent does diversity of professional practice signify a flexible client-centred approach or a high risk of low quality outcomes?

There is also a danger that when relevant communities of practice are dysfunctional, the role of individual agency will be ignored. How do individuals construct learning pathways through a range of often fragmented social settings? This latter question would of course be ruled "out of order", because Lave and Wenger argue not only for the reasonable proposition that participation in a community of practice is a good way to learn, but also for the unreasonable (in my view) proposition that participation is the only way to learn. My own approach is to treat questions of this kind as empirical rather than theoretical, and to assume that they will yield different answers in different contexts.

Before proceeding to examine approaches to researching learning communities and communities of practice, one further piece of conceptual analysis is needed. As with the terms *learning society* and *learning organisation*, we have to ask how to define learning by a group, differently from learning by its individual members. What is the difference between a *learning community* and a *community of learners*? An ecological definition can only handle the latter, because it confers no sense of agency. So to avoid a long debate about agency within communities, I will focus on organisations, groups and teams whose agency is less contested.

In order not to get bogged down in discussions about types of knowledge and types of learning (these will be discussed later), I start with my earlier suggestion (Eraut 1997) that it would be helpful to focus on just two related processes, the development of understandings and the development of capabilities. The capabilities of an organisation, group or team can be inferred from actions attributable to their agency. Their understandings can be inferred from evidence about the reasons behind these actions, including any alternatives considered and rejected. Evidence about how discussions and disputes were resolved will be relevant to judging their decision-making capability as well as their understandings. The next step in the argument is to note that the understandings and capabilities of a group can be both greater and lesser than those of its individual members; greater when their mutual engagement leads to greater cooperation, exchange of knowledge and synergy, lesser whenever relevant member knowledge is rejected or neglected. Often both are true at the same time. Scaling up leads to the proposition that the learning challenge for an organisation is two fold: to develop ways of accessing the knowledge of its constituent groups and individual members and to find economical and constructive ways of using it. This challenge is made more difficult by the large amounts of tacit knowledge possessed by both individuals and groups, which can only be accessed through their active engagement in relevant decisions and practices.



Both the ideological definition of a *learning community* and the Lave and Wenger definition of a *community of practice* are theoretically driven, though often accompanied by cherry-picked examples. They have led to significant debates about the nature and context of learning, which have added value to our research community. What is less clear however is how these ideas might be further examined in a wider range of contexts. At the most general level we might ask the following questions.

How communal is learning and how communal is practice?

What is different about learning at different levels of an organisation?

What are the factors that affect learning in a wide range of situations; and under what conditions is each factor likely to be more or less important?

How strong is the influence of social relationships on learning; and to what extent is that influence amenable to change at the very local level?

What are the 'worst case' and 'best case' scenarios for learning; and under what conditions might they be accepted as 'normal'.

At a Division I symposium at Montreal on *Professional Learning in the Workplace*, evidence was presented that, learning in a wide range of workplace settings often took the form of learning from other people and learning through overcoming challenges posed by the work itself. (Alderton1999, Eraut1999). Often they were inter-related. These learning opportunities, whether or not they were appropriated, depended heavily on (1) the frequency and nature of interpersonal encounters and (2) the nature and structuring of the work. Some working arrangements require regular communication between members of a working group and/or certain individuals, some encourage it, some allow those who take the initiative to meet, some make it very difficult for people to meet who might benefit from doing so. These opportunities for mutual engagement, in formal or informal settings get accepted or ignored for a variety of reasons. Apart from the scope and pattern of such opportunities, these include the quality of social relations in the workplace, the manner in which people's work is evaluated, the local microculture and individual factors relating to power, status, confidence and dispositions.

These and other findings contributed to the theoretical framework of a current project, studying the learning of nurses, engineers and accountants in their first three years of employment. Since the engineers and accountants have trainee status at this stage, and the nurses select jobs on the basis of prior familiarity and learning opportunities on offer, our framework treats learning as an integral part of working. This enables us to use the same four structuring dimensions for both formal and non-formal learning contexts. These are:

1. The nature, range and structure of work activities
2. The distribution of work activities between people and over time and space
3. The structures and patterns of social relations in the workplace
4. The outcomes of work, their evaluation and the attribution of credit/praise or blame.

Key variables affecting the extent to which the **activity structure** requires, facilitates or inhibits learning in the workplace include:

- the extent to which activities involve transactions with co-workers, clients/customers, suppliers or other outside people
- the range and variety of activities making up a person's job, both during a specified period and over time
- the extent to which activities allow flexible decisions to be made at the discretion of individual workers or their immediate managers, rather than being totally programmed
- the scope and demand for inventiveness, problem-solving or creativity from individuals or teams
- the extent to which the activity structure encourages or provides time for meta-level activities such as planning, reviewing, strategic thinking, or quality improvement
- the degree to which the activity structure makes it difficult for individuals and/or groups to perform at the level of their competence
- the nature of formal and informal communications within the workplace and across its boundaries
- the congruity between the activity structure, short-term organisational goals and strategic priorities.

We have also found across a range of projects that, in spite of the affordances offered by modern communications technology to transcend some of the of the constraints of **time and space**, most social relationships and informal exchanges depend on people being together in the same place at the same time. Working relationships and the exchange of information significantly depend on mutual trust and regard, and the development and maintenance of such trust, as well as awareness of and respect for other people's perspectives and expertise, are greatly facilitated by informal contact. This may arise through **co-location** of work, incidental encounters, opportunities around the edges of meetings, or social time in or near the workplace (typically over lunch). These depend on the individual and collective management of time and space. Examples that came to our attention include:

- communication about patients between junior doctors and nurses being constrained by them being on different rotations and schedules
- the problems posed for people working in several locations
- trainees being allocated to different shifts from those responsible for giving them support
- bad management of meetings removing time for informal discussions or sharing concerns
- managers being too busy to offer their subordinates any quality time
- opportunities to meet members of other groups during the course of one's work allow natural networkers to make contacts across the organisation at the risk of being regarded as inappropriately absent by managers and colleagues
- in-house courses facilitate networking when sufficient informal time and purposive mutual discussion are built into their design; and the accruing benefit may exceed that related to the course's declared prime purpose.

The **social structure** of a workplace may closely parallel the formal organisational structure, but usually has several aspects that cut across it. Apart from demographic variables such as age, class and gender and sometimes also ethnicity, there are links



between people who live near each other or travel together, people with common outside interests, people who used to work together, etc. These can all affect who talks to whom, who helps or consults whom, and hence who learns from whom. But there are also many relationships that can be seen as trade-offs. Many networks arise from people exchanging information or doing each other favours. We have also found that some workers are seen to be generally keen and helpful contributors to the collective good while others are seen as lazy, unhelpful or aloof; and this can affect their access to information and to learning opportunities. Fessey's paper for this symposium notes that student nurses and newly qualified nurses on a surgical ward were given more opportunities to learn new techniques and procedures if they were perceived as generally willing to do things and help out in a crisis; and the cumulative effect of such differentiation could have a large impact on their overall professional development. While Miller, Ross and Alderton (1998) found that nurses' stages of acceptance into a clinical team were related to their ability to ask questions and to seek opportunities for learning.

The fourth and final dimension is that of **outcomes and their evaluation**. The outcomes of work affect workers both directly and indirectly. Direct effects include performance-related pay and standards of quality. Indirect effects include external evaluations of their work that may affect their future employment prospects and will almost certainly affect their motivation, confidence and disposition to learn. These are also affected by their self-evaluation, which is distinct from but nevertheless influenced by their perceptions of how others evaluate them. A critical factor is that some outcomes are given greater attention than others, which in turn affects the way in which workers deploy their time and effort. If the outcome priorities differ significantly from management-set activity priorities, the former will tend to prevail; but if the conflict of priorities cannot be tacitly resolved in this manner, profound alienation is the likely result.

Often, however, there may be no disagreement between management and workers, just a set of agreed goals that are difficult to achieve with the resources available. Given some sense of efficacy, this may constitute a challenge from which considerable cooperative learning may result if (a) management is able to manage the problem-solving process in an appropriate way and (b) the relevant expertise has been developed in the workplace. The latter, it should be noted requires a strategic perspective on learning in the workplace which is still comparatively rare.

When we focus on trainees or newly qualified professionals, the relationship between working and learning becomes more problematic than for experienced workers; because situations where there is working without learning are more likely to be criticised and situations where there is learning away from the workplace are more likely to be treated as normal. There is also the problem of distinguishing between claims made about high commitment to learning by managers, trainers and advocates of learning communities and the low commitment to learning often found in the workplace itself. The five archetypal scenarios described below represent the most plausible of eight possible combinations of the extreme ends of three continua:

- **Assumptions about learning** range from treating learning as being based only on social participation in workplace activities to treating learning only as the outcome of formal instruction

- **The social status of the trainee** ranges from one of equity with that of other workers to that of being a subordinate or interloper in the workplace.
- **The commitment to learning** in the workplace itself may be high or low, either because or in spite of policies at organisational level.

**Scenario 1** is derived from the aspirations of those advocating a learning community that is democratic. This accords high status to trainees and assumes a high commitment to learning in the workplace. Trainees and newly qualified workers are welcomed as members of an ongoing community and learning through participation is of critical importance. There is no ideological opposition to learning off-the-job in formal settings, as long as all have similar opportunities, but the expectation is that such learning will need to be transformed within the community itself in order to be useful. Mentors are not appointed because mentoring is a shared role across the community, in which all give and all receive in some aspect of their work. Trainee learning is not regarded as being any different from that of other members of the group.

**Scenario 2** is based on Lave and Wenger's (1991) portrayal of a community of practice. Trainees have lower status, but are seen as starting on trajectories that raise their status over time. A key characteristic of such communities is their acceptance of clear progression models developed as part of their traditions of practice. In so far as these progression routes are codified, the purpose is to inform others about their established practices, not to change those practices. Learning takes place only through social participation and there is very little direct instruction. The business of induction and progressing newcomers is an integral part of their practice and the commitment to it is correspondingly high. Mentoring by those a little further ahead is not uncommon.

**Scenario 3** could be described as the all too familiar downside version of Scenario 2. Although the "contract" between "apprentices" and their employers involves the exchange of labour for learning opportunities, the latter is often neglected. Apprentices and trainees may find themselves engaged in long periods of routine, repetitive work that has long ceased to be a source of learning. The lack of challenge and low status result in comments like "I'm just a pair of hands." In hectic, resource-starved working environments it becomes particularly difficult for local managers to avoid slipping back into this essentially exploitative relationship that often leads to progression opportunities being delayed.

**Scenario 4** differs from the first three in its focus on learning from instruction rather than participation. A detailed curriculum is developed at organisational level, specifying what has to be learned in terms of objectives, outcomes or competencies. This may also be linked to qualifications and hence to more rigorous and possibly less valid assessment regimes. Normally there is a substantial amount of off-the-job as well as on-the-job learning. One effect of this can be to make trainees seem like part-time workers, who begin to be regarded as more of a burden than an asset to their working groups. When mentors or supervisors are expected to play a substantial role in the assessment, as well as the support, of learning, then it may be them rather than the trainees who regard themselves as being treated like slaves. Moreover the prescribed learning outcomes for trainees may not match the learning required to do a useful job in any particular workplace. In such circumstances it is easy for trainees to

perceive that the curriculum has little credibility in the workplace, and that too diminishes their status. Nevertheless the commitment to learning may remain fairly high, and there is a high level of organisational investment in learning.

**Scenario 5** is the downside version of Scenario 4, in which the organisational commitment is to have a good “trainee scheme” on paper. This looks good at the central office but is no guarantee of implementation at local level. The effect is a low, *laissez faire*, level of commitment at local level, which leaves trainees without any management support. They have to take the initiative in seeking help in the workplace and learn how to approach their more experienced colleagues for help without being branded as a nuisance. Demands for local assessment may be met by adopting a tick-box approach in which trainees take responsibility for recording their own learning and just get their log-books or portfolios signed off by their supervisors. Off-the-job learning is provided outside their employing organisation, but insiders show no interest in it.

The positions of these five scenarios along the three continua can be summarised as follows:

| <b>Scenario</b> | <b>Status of Trainee</b> | <b>Commitment to Learning</b> | <b>Dominant Form of Learning</b> |
|-----------------|--------------------------|-------------------------------|----------------------------------|
| 1               | High                     | High                          | Participation                    |
| 2               | Low                      | High                          | Participation                    |
| 3               | Low                      | Low                           | Participation                    |
| 4               | Low                      | High                          | Instruction                      |
| 5               | Low                      | Low                           | Instruction                      |

Fessey’s paper comes the closest to describing what Lave and Wenger might accept as a community of practice, but there are also important differences. She provides a closely observed in-depth account of the progression of newly qualified nurses in a single setting where many of the indicators of a positive learning climate were absent. The ward had a ‘bad’ reputation, the manager was still learning the basics of her job and there was no one-to-one mentoring of newcomers. Nevertheless a lot of learning took place. Her paper demonstrates how much of the practice of surgical nurses is uncodified and tacit, and how little of it is amenable to formal off-the-job instruction. There are many examples of learning contingent on mutual engagement. But her ethnographic work shows that newcomers encountered a baptism of fire and that those who stood aloof or failed to muck in were not invited to participate, became excluded and left. Experience in other nursing contexts suggests that, with more support, many of these early leavers might have been retained. Practice was communal for the survivors but the commune implicitly selected its future members, and let go of newcomers it actually needed to appropriate.

There were also several examples of both static and more complex trajectories than those found in the Lave and Wenger model. The ward depended for its very survival on experienced Health Care Assistants who shared significant aspects of their nursing knowledge with the newly qualified nurses. Yet, although routes are now beginning to open up for HCAs to become nurses, these are of the “back to school” variety rather than the “on-the-job” learning trajectories of trainees and apprentices. Several

“included” nurses transferred to other wards after reaching capability; some sought more convenient working hours, some a more friendly context, some were interested in better long-term career prospects. Such more complex trajectories involved unlearning and relearning some aspects of practice and resituating others; and this transformation of both knowledge and identity was well supported in some new contexts and badly supported in others. Overall, I would argue that Fessey’s study confirms Lave and Wenger’s model of learning at the micro level, but confounds their rather parochial concept of a community of practice, and challenges its positive, somewhat ideological overtones.

McKee’s paper is concerned with junior doctors (residents in North America) whose work is distributed across several different settings, unlike the nurses observed by Fessey. Whereas old-timers had followed trajectories characterised by learning within communities of doctors organised into small teams (or ‘firms’) and departments (comprising a small number of firms), this system was being rapidly eroded by changes in working practices. Diminished opportunities for mutual engagement, or even informal encounters, were affecting job satisfaction, learning and the quality of care. Doctors’ sense of working in a community was slipping away while at the same time an upheaval in the public perception of doctors was forcing changes in their identity. Junior doctors entering the fragmented hospital contexts were confronted with a profession in transition and significantly reduced learning opportunities. Changed working practices not only affected opportunities for mutual engagement, but also fragmented their experience of patient care. When patient contact is limited to short episodes rather than sequences of events, the consequences of earlier decisions may never come to the doctor’s attention, thus reducing the value of the case experience on which much of a doctor’s professional knowledge is constructed. The net result is a non-community of partial practice.

A second problem McKee identifies is that of specialisms and sub-specialisms. If each sub-specialism were to become a separate community of practice, this would also detract from doctors’ learning; because their postgraduate (residency) experience would be based on a series of attachments to sub-specialisms that they were unlikely to join. Their teachers/mentor/supervisors would be receiving junior doctors who would only rarely become future colleagues; so their interest in supporting learning would inevitably wane. The notion of an apprentice-type learning trajectory would carry little credibility. This situation is exacerbated for the particular group studied by McKee, family doctors seeking to practice in community settings. For them the learning opportunities in hospital settings, where they have to spend three years after leaving medical school, were becoming even less relevant.

Finally, McKee addresses the issue of learning from mistakes, which research has shown to be a critical aspect of learning in the work place because it affects the whole learning climate. Where mistakes are treated in a punitive manner, the positive affect that sustains mutual engagement is shattered, the confidence so necessary for learning is lost, and communication is inhibited. McKee’s junior doctors encountered a culture of blame in all hospital settings; while simultaneously being exposed to seminars for intending family doctors, in which learning from mistakes was a central part of the

agenda. Overall, McKee's paper suggests that trends in the organisation of health care are making communities of practice less and less achievable. However, the general concept of "community" does capture some of the factors that affect the quality of the working/learning environment. In order to improve the quality of care received by patients, re-engineering will have to be superseded by re-humanising.

Miller's paper challenges the notion of a community of practice with evidence that occupational identity is still linked in several important aspects to membership of a profession; and a profession is a much larger and more diverse community than any community of practice. She explores the conditions under which it becomes possible for professionals to develop an additional allegiance to a multi-professional team, the different forms that such an allegiance might take, and the consequences for the quality of care experienced by patients. If one defines a community as all the health care workers in a particular location, then multiple professions imply multiple perspectives and multiple practices, the antithesis of a community of practice. Moreover issues of relative power and status, and issues deriving from the differing allegiances of single location and multi-location workers constrain cooperation and hence patient-centred care. Given this diversity of both status and participation, advocating the democratic concept of a learning community is unlikely to have much impact.

Miller's analysis, while recognising these many constraints, focuses attention on the ethical principle of improving the quality of patient care. This has much greater potential for developing and sustaining the commitment of health care teams because it is emphasised in national policy, espoused in local policies, and features prominently in the codes of conduct of all health professions. It also matches Engestrom's definition of a community as individuals or sub-groups who "share the same object." The issue of location remains important because of the opportunities it creates for mutual engagement, and the chances of what Miller calls "integrative working" are greatly enhanced by members of a team being co-present in both time and space (see p6 above). Where co-presence is infrequent, this may signify that team members have responsibility for differing patient populations that only partially overlap. This raises an important question about the interpretation of Engestrom's concept of 'object'. Does it refer to patient care in general or to the care of particular individual patients? The evidence suggests that it is discussions about individual patients that develop and sustain multi-professional teams, because there is enough concrete shared experience to enable meaningful discussion and the sharing of relevant knowledge. Discussions about patients in general would be more abstract and get bogged down in the difficulties of understanding the discourse and knowledge bases of other professions. For some team members, especially hospital nurses, 10% or more of their time may be spent with any one patient; whereas for others it could be as little as 1%. This second group are likely to be members of several such teams, so it would be impossible for them to spend much time with any one team. In that context the term "same object" can easily mislead.

Given that individual factors also affect team working and that natural on-the-job development of teams may depend on factors like co-location, the arguments for relevant off-the-job training and experience of cross professional working become very strong, in spite of the challenging nature of such work. In the UK there is a very strong policy push in this direction, but Miller argues that many initiatives are



inappropriate and ineffective because they are not directed at teamwork *per se*. This may require experiential learning, but it is unlikely to happen often through direct participation in communities of practice because they are so extremely scarce. However, it is interesting to note that two of Wenger's three dimensions of participation (see p3 above) – mutual engagement and joint enterprise – are key features of Miller's "integrated working". The third dimension – shared repertoire – can be found to a small extent in such teams, but it is the processes used to develop a shared repertoire or discourse that are similar. Nevertheless, one can argue that these three dimensions provide a model of inter-professional learning, without needing to refer to the problematic concept of a community of practice.

Two other points raised by Miller deserve our attention, both concerning factors that appear to be necessary for good teamwork. One is the need for support from the line managers of the team members, the other is the need for stable and predictable contexts. Neither was available to the nurses and doctors described by Fessey and McKee. Since these same factors probably apply to many putative communities of practice, it is pertinent to ask how frequently such conditions are likely to be found in today's post-modern conditions of employment.

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