COMMUNITY OF PRACTICE

It is the combination of three elements that constitutes a community of practice. And it is by developing these three elements in parallel that one cultivates such a community…

1. The domain: A community of practice is not merely a club of friends or a network of connections between people. It has an identity defined by a shared domain of interest. Membership therefore implies a commitment to the domain, and therefore a shared competence that distinguishes members from other people. (You could belong to the same network as someone and never know it.) The domain is not necessarily something recognized as “expertise” outside the community. A youth gang may have developed all sorts of ways of dealing with their domain: surviving on the street and maintaining some kind of identity they can live with. They value their collective competence and learn from each other, even though few people outside the group may value or even recognize their expertise.

2. The community: In pursuing their interest in their domain, members engage in joint activities and discussions, help each other, and share information. They build relationships that enable them to learn from each other. A website in itself is not a community of practice. Having the same job or the same title does not make for a community of practice unless members interact and learn together. The claims processors in a large insurance company or students in American high schools may have much in common, yet unless they interact and learn together, they do not form a community of practice. But members of a community of practice do not necessarily work together on a daily basis. The Impressionists, for instance, used to meet in cafes and studios to discuss the style of painting they were inventing together. These interactions were essential to making them a community of practice even though they often painted alone.

3. The practice: A community of practice is not merely a community of interest—people who like certain kinds of movies, for instance. Members of a community of practice are practitioners. They develop a shared repertoire of resources: experiences, stories, tools, ways of addressing recurring problems—in short a shared practice. This takes time and sustained interaction. A good conversation with a stranger on an airplane may give you all sorts of interesting insights, but it does not in itself make for a community of practice. The development of a shared practice may be more or less self-conscious. The “windshield wipers” engineers at an auto manufacturer make a concerted effort to collect and document the tricks and lessons they have learned into a knowledge base. By contrast, nurses who meet regularly for lunch in a hospital cafeteria may not realize that their lunch discussions are one of their main sources of knowledge about how to care for patients. Still, in the course of all these conversations, they have developed a set of stories and cases that have become a shared repertoire for their practice.

Role of Coordinator

Following are some key characteristics of the role of the Coordinator of Communities of Practice:
• Recruit original members and organise an initial meeting to consider the project. Plan and facilitate community events – meetings. This is considered the most public role of the coordinator.

• Identify important issues in the domain, in this case daily nonviolent living.

• Informally link community members. This is networking. The authors also point out the importance of working the “private” space between meetings among

• Foster the development of community members. Most communities will have a core group, and the coordinator’s role includes interacting with this group.

• Help build the practice by attending to the knowledge base, lessons learning, tools and methods pertinent to the domain.

• Facilitate a periodic assessment of the health of the community, and evaluate its contribution to the members