

Beyond the individual, time, and space: exploring the LD Health COP (Learning Developers for Health Students Community of Practice) an online asynchronous community of practice.

The LD Health COP celebrated its first anniversary this September, I am the founder and main organiser. In the first year, I had the opportunity to carry out a deep dive into the theory around Communities of Practice and reflects on how this relates to LD Health COP's development, present and future. The COP started organically coming out of a conversation the ALDinHE conference 2022. If I am honest, I didn't really expect much but it has been very exciting to see the idea come to life and see members sharing ideas.

What is LD Health COP?

The LD Health COP is a community of practice (COP) for Learning Developers with an interest in students of Health and Social Care (ALDinHE, 2023). The COP sits within the broader professional organisation the Association of Learning Development in Higher Education (ALDinHE). It came about during ALDCON22 during conversations with Learning Developers working with Health Care students. This is the first ALDinHE COP to be asynchronous. Instead of meeting, members connect via monthly discussion activities. The asynchronous interaction creates learning opportunities for nonsequential storytelling and conversation (Wenger, et al., 2002, p.9) making life easier for time poor Learning Developers.

The Individual

In an online asynchronous COP, the people involved in the learning are not physically present instead their communications are sent through computer

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technology. Wenger et al. (2002, p.34) say that a COP is not just a website or database or collections of best practice but communicating with others who share a sense of the overall view of the domain and yet bring their individual perspective on any given problem. The point of LD Health COP is to bring together Learning Developers working in the same area but in different institutions and so give alternative perspectives. LD Health COP involves Learning Developers sharing and reflecting on experiences, discussing problems and challenges. They also have a shared sense of collaboration, in particular sharing ideas and working together to create knowledge for mutual learning. “Generosity and reciprocity” are key principles to the LD Health COP which is outlined in our charter (LD Health COP, [n.d]). Participants in the COP assume the responsibility to create and share knowledge for themselves (Wenger et al., 2002 p.12).

Time

Being asynchronous does not make LD Health COP separate from time but rather out of step with progression of time (Wenger, 1998 p.87). The format enables participants to “pop in” when they are available (Langford and Hudson, 2023).

COPs have a natural cycle of birth, growth and death (Wenger et al., 2002, p.68). LD Health COP is currently just under 1 year old. According to Wenger et al.’s (2002) framework, it is in the early stages of development. A COP can move through five stages: potential, coalescing, maturing, stewardship, and transformation. Community development begins with an informal group of interested people who are likely to form the core group of the community. (Wenger et al., 2002, pp.70-71). LD Health COP is currently in the coalescing phase as there is a growing sense of connection

through sharing insights, stories and techniques. At this stage the group is still emerging, group members are looking to build bonds of trusts and ways of working are being negotiated (Wenger, et al., 2002, pp.83-84).

Yaris et al. (2019) identified time constraints as a barrier to research and development for medical educators. They found that participation in a virtual COP helped educators to overcome barriers such as time constraints. As a LD Health community member states: "Like other members of this COP, I work in a very busy role where time is scarce. So I have valued the COP as a place I can pop into in my own time to catch up asynchronously with my peers." (Langford and Hudson, 2023)

Space

LD Health COP exists online therefore there is no physical destination, however the idea of space can relate to the internal dimension of the mind and the external dimension of the wider world. Research on virtual COPs suggests that educators are used to working in isolation (Yaris et al., 2019). As an LD Health COP members puts it participation helps them to "feel less isolated in my role (I'm the only LD practitioner in an academic department)." (Langford and Hudson, 2023). Not only that but working online and asynchronously can take some fear and embarrassment out of communication as technology provides a buffer zone.

The LD Health COP discussion activities create a directed "personal reflexive space" enabling the learner to have a self-dialogue with input from other perspectives. As a member states, "LD Health COP has allowed me the opportunity to ponder; to sit back and think about the question/s being raised" (Langford and Hudson, 2023).

In the first year, the LD Health COPs had one monthly activity which brought its members together. These activities create spaces for communication. Wenger et al. (2002, p.112) suggest that a successful COP should have several different ways to interact rather than one method. In particular, there should be opportunities for members to interact on a personal level. LD Health COP is a distributed community with its members coming from different institutions (Wenger et al., 2002 p.116). This is a strength because of the diversity of experience and viewpoints of the members. However, there are drawbacks due to the lack of immediate connection so more intentional efforts must be made to consult the community to make those links.

Conclusion

Exploring the theory around COPs has highlighted the need for creating more varied ways for LD Health COP to interact to maintain and sustain member relationships in between monthly activities. In our second year we are exploring working on an annual project to which members can contribute over a longer period of time and creating spaces short term for one-to-one discussions so that group members can get to know each other better and build trust. The aim of these measures is to ensure that individuals continue to join together beyond time and space for interaction and learning.

References List

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