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Do communities of practice enhance faculty development?

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Abstract

Purpose: The purpose of this systematic literature review was to find out how communities of practice (CoP) work for faculty development, discover if CoP have demonstrated their effectiveness and identify factors that could influence effectiveness of CoP to inform future design and delivery of CoP for faculty development.
Method: A systematic literature review was conducted in October 2015 for studies published between 1 January 1991–30 October 2015. To find out if CoP have demonstrated their effectiveness adequately, an overview of study designs, sample and sources of data used in relation to the framework for assessing value in CoP by Wenger et al.[1] was done. Findings for factors that could influence CoP's effectiveness were written on "Post-it" notes, categorised for themes and sub-themes till saturation through the use of grounded theory approach.
Results: 24 articles reviewed. Most studies demonstrated that CoP could make a difference to the educators' practices through actual application of knowledge, tools and social relationships. Only 1 study[2] proved adequately that CoP's interventions for faculty development led to actual performance improvement. Factors that could influence CoP's effectiveness for faculty development were temporal, personal, key roles played by members in CoP and the environment.
Discussion: CoP provide opportunities for actual application of knowledge, tools and social relationships. More studies are needed to demonstrate if these opportunities for actual application would lead to improved performance in health professions education, through deliberate efforts to design and deliver CoP's activities.

Keywords: Communities of practice; Faculty development; Continuing professional development; Situated learning; Effectiveness of communities of practice

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1. Introduction

Activities for faculty development in the health professions have grown significantly worldwide due to the emphasis on quality assurance in healthcare and the influence of regulatory bodies[3]. Healthcare professionals often find themselves inadequately prepared for their roles in teaching[4,5] and are challenged with the need to deliver high-quality services within economic constraints[6]. Given these challenges and demands, communities of practice (CoP) could be one possible strategy for faculty development. This is because CoP encourage formal and informal learning in the workplace[7].

Li et al.[8] and Ranmuthugala et al.[6] conducted systematic reviews of healthcare CoP. They found that CoP vary in terms of composition, purpose and methods of interaction. Li et al.[8] attempted to examine the evidence of effectiveness of CoP in improving best practices and mentoring new practitioners. However, evidence for effectiveness of CoP, up to 2005, remained unclear because Li et al.[8] did not find any studies that met their review's eligibility criteria for quantitative analysis. Despite an increasing number of studies that assess effectiveness of healthcare CoP after 2005, the later systematic review acknowledged that due to complexity and multi-faceted nature of CoP, it would be hard to directly attribute any changes to CoP's interventions[6].

The systematic review done by Ranmuthugala et al.[6] also found that in recent studies, healthcare CoP were used as a tool to improve clinical practice and facilitate evidence-based practice. However, the review reported studies only on CoP with members who were directly involved in healthcare[6]. This meant that CoP for faculty development in didactic undergraduate and medical education curricula were excluded. This knowledge gap raises questions surrounding the use of CoP to enhance faculty development in education in general and health professions.

2. Background

"CoP" refers to groups of people who interact on an ongoing basis by sharing concerns and engaging in deepening their knowledge and expertise on common practices[9]. A CoP has three components: *domain, community* and *practice*. The *domain* determines common ground for sharing knowledge, the *community* creates social structure for interactions and the *practice* involves specific knowledge that is shared, developed and maintained by the *community*[9]. Li et al.[8] also identified four essential functions of CoP in business and healthcare, despite their diversity in presentation. The four functions were social interaction, knowledge-sharing, knowledge-creation and identity-building. Given the four identified functions of CoP, we can gather that CoP have the potential to improve *practices* within the *domain* of health professions education amongst the *communities* of educators.

To understand how CoP work, we have to understand situated learning theory. "CoP" is closely linked to situated learning theory, which views knowledge as being situated in authentic contexts, and learning is influenced by the activity, context and culture[10]. It views learners as active participants, who learn from and with community members[11]. In this theory, Lave and Wenger proposed that the learner transforms from "legitimate peripheral