

## Constructing communities for learning in nursing

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*Published in:*  
International Journal of Nursing Education Scholarship

*DOI:*  
[10.2202/1548-923X.1579](https://doi.org/10.2202/1548-923X.1579)

*Publication date:*  
2008

*Document Version*  
Author accepted manuscript

[Link to publication in ResearchOnline](#)

*Citation for published version (Harvard):*  
Andrew, N & Ferguson, D 2008, 'Constructing communities for learning in nursing', *International Journal of Nursing Education Scholarship*, vol. 5, no. 1. <https://doi.org/10.2202/1548-923X.1579>

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**Article Title**

‘CONSTRUCTING COMMUNITIES FOR LEARNING IN NURSING’

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**ABSTRACT**

Working in communities is increasingly a feature of UK (United Kingdom) higher education. Within the last decade communities of practice (CoPs) have

migrated from Organisational Development Departments and evolved to become tools for practice based learning in educational settings. More recently, in nursing, the literature reports that CoPs have the potential to blend the skills of both academics and clinicians to transform and create new knowledge that is both scholarly and applicable to practice.

**Key words** Communities of practice, Practice based learning, Working together

**Word Count:** 4, 869 without references, 5,925 with references

The focus of this article is an exploration of communities of practice (CoPs) as a tool for collaborative working and shared learning. The definition of a community, although continuously evolving, mainly describes a group of individuals who share a common interest, identity and/or territory (Goodman, 1992; Wenger McDermott & Snyder, 2002). Essentially, CoPs are founded on group cooperation and collaboration. Kelly Lowndes & Tolson (2004) comment that, although there are several models of group development, the core element in each is the relationship “between the worker and their peers” (p.2). CoPs have been used to promote the integration of practice and industry for the last decade (Wenger, 1998; Wenger et al., 2002). Recently they have migrated into nursing, encouraging academics and practitioners to blend their different approaches to the generation of knowledge, promoting shared learning and dissemination of good practice (Kelly et al., 2004; Tolson,

McAloon Hotchkiss & Schofield, 2005; Booth Tolson Hotchkiss & Schofield, 2007).

CoPs provide a potentially useful framework for constructing practice based collaborative learning. Lave and Wenger (1991) are credited with the original description of a CoP as an approach to learning that encompasses elements of identity, situation and active participation (Resnick, 1987; Lave & Wenger, 1991; Barab & Duffy, 1999). Wenger et al. (2002) believe that professional learning and development are about communities, their identities and their practice. Wenger (1998) blends a constructivist view of learning, where meaningful experience is set in the context of personal development with the practitioner's "relationship with a wider but identifiable group of people" (Fowler & Mayes, 1999 p.7). The result is an integrated approach to learning, achieved through a combination of social engagement and collaborative working in an authentic practice environment. This environment does not allow for the separation of manual work from mental activity, in reality CoPs blend these two elements to provide a framework for practitioners to develop, shape and negotiate practice (Wenger et al., 2002; Booth et al., 2007).

Wenger's (1998) CoPs learn through the act of social participation. He strongly identifies with the concept of active group learning and collaboration in an authentic practice environment. Membership of a CoP engages the

individual in the “process of being active participants in the practices of social communities and constructing identities in relation to these Communities” (Wenger, 1998 p.4). This article explores CoPs as a vehicle to promote a culture that will influence, in a positive manner, the development of shared learning in nursing.

### *Communities of Practice as Learning Environments*

A community can become an empowered workforce, demonstrating collaborative work, communication and ownership. In nursing, there is an increasing emphasis on creating a learning environment that welcomes new ideas, effective action and allows for mistakes to occur in a protected environment (Thomas Cook & Curtis, 2002). A practice based learning approach, such as a CoP, can make real links between research and practice. This approach recognises and values the input of different groups, such as practitioners and academics, blending their skills within an environment that underpins practice based knowledge development with a rigorous evidence base (Booth et al., 2007).

Wenger et al. (2002) maintain that CoPs have a distinct purpose and identity and as such, shape the identities of the membership. The community exists to share practice as the result of engagement in a collective process of learning. Wenger (1998) describes CoPs as groups of individuals who come

together through common occupational or recreational interests. His interpretation of learning encompasses elements of identity and situation (Resnick, 1987; Barab & Duffy, 1999) and active participation (Lave & Wenger, 1991). His work is influenced by social theorists such as Max Weber and Michael Foucault (Wenger, 1988).

An evolving interpretation of group processes has promoted the emergence of a more social interpretation of role development within a community or group setting. In specialised professional fields or disciplines, new understanding and knowledge is manufactured within the specialist discourse or professional arena. This professional space is where specialist's debate and exchange ideas and evidence to drive forward the knowledge base of the discipline. Solomon (1999) describes an interview with Basil Bernstein, an academic who has written about symbolic control, cultural production, reproduction and change since the 1950's. Bernstein is forceful in his description of this process, deliberately choosing the term "arena" to conjure an image of combative, gladiatorial encounters of a type professionals engage in, within their specialist groups "for the legitimate production of a discourse" and to define the boundaries of their disciplinary or professional remit (p.269).

The deliberate generation of new knowledge or deeper specialist discourse is usually carried out in a formal setting and, reflecting Foucault (1980), is usually related to power. An example of this is found within

academia, where reward and consequently power, through internal and external recognition, is traditionally bestowed on those who excel in the research field (Bond & Paterson, 2005). In nursing, the ability, not only to generate knowledge, but also to action and implement it is also related to power. Booth et al. (2007) and Tolson et al. (2005) discuss the way that nurses regard the standing of nursing knowledge. They find that nurses continue to voice concern about nursing focussed practice development, raising issues about its perceived value and worth within the organisation.

Booth et al. (2007) describe the work of a Scottish nursing CoP that focussed on the development of gerontological nursing practice. A group of thirty gerontological nurses collaborated with academics over a three year period and found that working and learning within a CoP can support and develop meaningful links between research and practice. This type of community recognises and values the input of different groups, blending them within an environment that underpins the legitimacy of practice based knowledge with a rigorous evidence base. In nursing, partnerships with clinicians are more likely now to be valued, especially by those who regularly span the worlds of scholarship and practice. Academics in nursing however, in common with other disciplines, have not always sought such partnerships with practitioners and practitioners themselves have not always valued the research produced by academics (Andrew & Wilkie, 2007; Buys & Bursnall, 2007).

Lave and Wenger (1991) and Wenger (1998) discuss the need to make learning meaningful in real life situations and from more than one viewpoint. The idea of sharing knowledge to benefit a community is one that is increasing in popularity. Wenger et al. (2002) believe that the concept of community is organic, seeded by a common, often non-profit making interest to provide a gateway for like minded groups to capitalise, harness and disseminate informal and sometimes hidden or tacit work place learning. Wenger's (1998) concept of a CoP is based on a social participative way of learning and has developed 'within the tradition of situated learning' (Lai Pratt Anderson & Stigter, 2006). Lai et al. (2006) highlight the fact that CoPs are situational, rooted in practice and are not just managed knowledge networks, although there are similarities. They are also more than information exchanges, although they do share information.

In nursing, a CoP can move individuals from one state (accepted knowledge) to another state (transformed knowledge). It can act as a portal or threshold to the discovery of new knowledge, revealing previously hidden inter-relatedness and providing new insights into existing problems or challenges (Meyer & Land, 2003; 2005). Portals allow individuals to encourage new and "previously inaccessible" ways of thinking about something (p.1). A portal represents a "transformed way of understanding, interpreting or viewing something without which the learner cannot progress" (p.1). Moving through the portal can lead to a deeper understanding of a

subject or discipline and represents a gateway to a new or transformed way of understanding knowledge, resulting in the emergence of a new way of understanding.

In terms of a CoP, this represents the way the individual engages with the community. Through community working and learning, individuals can potentially acquire 'new knowledge and subsequently a new status or identity within the community' (Meyer & Land, 2005 p.375). To move from one state to another however, they have to be prepared to strip away existing assumptions and unlearn trusted practices (Macdonald, 2002). This is not always without cost to the individual as the transition process can be problematic and troubling.

Kelly et al. (2004) mention a similar process when they describe the learning undertaken by a group of gerontological nurses, struggling to define their unique contribution to practice, within an environment that does not always value or recognise their claim to specialism. The authors found that these nurses could discuss the nature of nursing older adults but found it difficult to articulate those aspects of their role that might define it as specialist. When asked to describe gerontological nursing they concentrated more on personal and psychological traits rather than attempt to define an actual skills base for the discipline. Kelly et al. (2005) suggested that "a positive re-framing of gerontological nursing is needed" (p.13). In the United

Kingdom (UK) the resulting lack of clear articulation has led to qualified nurses being replaced by “vocationally qualified support workers which further deprofessionalizes the care of older people” (p.14).

The CoP described by Booth et al. (2007) provided a portal for gerontological nurses to debate, delineate and refine their description of gerontological nursing. It also documented their struggle to articulate and interpret the complex dimensions of gerontological nursing practice. Tolson et al. (2005), in their exploration of how this community developed practice, found that, although the nurses were aware of, and could recognise, best practice, they initially tended to interpret it through “the lens of others”, mainly in a medical context (Tolson et al., 2005 p.129). Over a period of time, the community were able to identify and clarify the uniqueness of their role, transforming their view of their professional identity and professional standing. Booth et al. (2007) demonstrate how CoPs can be used to explore changes in nursing practice and practice development. Kelly et al. (2005) illustrate the way in which CoPs can showcase unique attributes and highlight major contributions to nursing practice development.

Booth et al. (2007) found that a nursing CoP worked as a portal or threshold to practitioner/academic collaboration, revealing a gateway to partnership working and the generation of evidence based knowledge. Knowledge, transformed into a solid state, should probably become

irreversible, to the extent that it is unlikely to be forgotten and would require a concentrated and deliberate effort to reverse. Meyer & Land (2003) use the example of the expulsion of Adam and Eve from Eden. Their new knowledge “radically transforms their landscape as they pass through the threshold from innocence to experience [new understanding]” (p.4). In the same way the gerontological nursing CoP are vocally and behaviourally transformed, reluctant to reverse their new understanding of both practice development and professional identity. Lewin's (1952) basic change model of unfreezing, changing, and refreezing, explains a similar process where, after a preparatory phase (unfreezing), a change is introduced and the refreezing phase makes the change possible and then permanent (Elton, 2003).

Meyer & Land (2005) suggest that students who fail to grasp threshold concepts experience difficulty contextualising the key concepts that form the portals for learning. Because the learning is not contextualised it becomes problematic or “troublesome” (p.5). The authors use, as an example of this, an introductory statistics course where, upon completion, students fail to understand the underlying threshold concept of classical statistics. The students understand individual mechanical processes such as how to calculate a sample variance or test a hypothesis but they cannot see the *big picture*. “They have learned a bunch of techniques, but to them they are just that, a bunch of techniques” (Kennedy, 1998 p.142). Once the students are encouraged to view the world through a statistical lens and not, as many

students automatically assume, a mathematical lens, things begin to make sense. Wood (2006) believes that nurses' understanding of research is reduced to a similar *bunch of techniques* if the process is not seen through the lens of real clinically based change and contextualised to real nursing. Without a complete view, fragmentation occurs and a subject becomes incoherent; "discreet aspects are unproblematic but there is no organising principle" (Meyer & Land, 2003 p.5).

In professions such as nursing and teaching, a lot of learning is centred on a *way of being* or tacit knowledge, which, although not explicit, is often the way that individuals develop professional ways of knowing (Eraut, 2000; Booth et al., 2007). Tacit knowledge is personal and implicit; however, emergent and unacknowledged understandings can be explored within a CoP (Wenger, 1998). Research is now not considered as the "only avenue for scholarship because knowledge development and dissemination are more dynamic than once believed" (Pape, 2000 p.997). Riley Beale Levi & McCausland (2002) observe that advancement in the discipline of nursing is facilitated through practice based working. Boud & Middleton (2003) observe that there is a diverse and complex range of informal learning going on within large organisations and that there is also a diverse range of people involved in teaching, most of whom are not officially recognised by the institution.

### ***Learning in Practice-Based Communities***

Practice-based learning is a term used to describe a wide range of experience, from an experiential work placement to a planned and structured approach to knowledge generation (Winter Griffiths & Green, 2000). Emerging examples of good practice indicate that this approach is gaining in popularity with students and increasingly accessed by employers (Reeders, 2000). In the UK, in pre-registration and many post-registration nursing programmes, students undertake 50% of their education in practice (www.nmc-uk.org). The Continuing Practice Development activities undertaken by qualified nurses are also usually practice based or practice related. Lave and Wenger (1991) developed the term *legitimate peripheral participation* (LPP), to illustrate their belief that meaningful learning involves an individual in practice, even in a peripheral role within the workplace.

The traditional view of education as a phenomenon that occurs in the classroom, detached from practice, is a view to which, historically, nursing has not subscribed to (Cherry, 2005; Tolson, et al., 2005; Booth et al., 2007). Boyer (1990) promoted the idea that credible scholarly inquiry involves both academics and practitioners working in professional collaboration. Contemporary learning methods increasingly require academics and others to respond to vocational challenge and change. The “swampy lowlands” identified by Schon (1987 p.3), where grey areas and uncertainty dominate, resonate with current educational and professional challenges. Cherry (2005),

suggests that making sense of the “indeterminate zones of practice” characterised by “uncertainty, uniqueness, conflict and confusion” are the current challenges for educators and organisations alike (p.311).

In a similar fashion, the model of shared leadership designed by Bligh, Pearce and Kohles (2006) is underpinned by an environment that is ripe for growth, propelling the employee from “individual level dependence” to team focussed levels of “trust, potency and commitment” (p.300). CoPs provide the space for members to operate with a high degree of self-leadership. Bligh et al. (2006) believe that research into team innovation and performance has become important as organisations strive to remain at the cutting edge of their business. As those organisations are increasingly forced to develop “creative solutions to complex problems” the need to nurture and develop talented employees, at every level becomes paramount (p.296).

DiLiello & Houghton (2006) contend that an organisation that supports and encourages creative working practices shows a positive commitment to the future professional development of those who work there. They argue that innovation requires investment in the talents of all employees and suggest that a decreased managerial structure enables employers to grow leaders in every section of the workforce. The development process reflected the definition developed by Bligh et al. (2006), is one where self-leadership is “a process

through which people influence themselves to achieve the self direction and self-motivation needed to perform” (p.297).

The CoP described by Booth et al. (2007) was highly motivated by the desire to challenge, change and enhance nursing practice. To make the community and its aim work, they had to maintain and sustain their performance over the initial three years of the project. Bligh et al. (2006) suggest that the concept of self-leadership is linked to the attainment of shared leadership. CoP Members worked together and shared leadership but they also demonstrated a high level of self-leadership by forging ahead with the implementation of aspects of the Best Practice Statements within their own clinical areas.

It is important that clinically based nurses are given the opportunity to clearly state the issues that are important to them (Tolson et al., 2005; Booth et al., 2007). Self and shared leadership within CoPs enable practitioners to “develop empowerment in teams in which team members engage in simultaneous, ongoing and mutual influence processes” (Bligh et al., p.297). A CoP model promotes practice development through a collaborative and reflective approach to learning (Wenger et al., 2002). In nursing it can provide a springboard for an integrated approach to practice development and lifelong learning, through national networking, shared working and knowledge

building and Continuing Professional Development (Kelly et al., 2005; Tolson et al., 2005).

Riley (2002) places emphasis on the situation in which learning occurs and interprets nursing scholarship through the lens of practice based learning. Scholarship has however traditionally been regarded as knowledge development within an academic tradition and practice learning as something that occurs separately in life and in the workplace. Reeders (2000) concludes that, at institutional and governmental levels, there is evidence to indicate that the concept of practice is increasingly framed within a system of ongoing inquiry, involving new “modes of generating, applying and sharing knowledge” (p.218). Winter et al (2000), highlight a dichotomy between seeking new knowledge within a traditional [research] framework and seeking innovative insights to improve practice.

Collaboration across professional boundaries can make practice based work an attractive alternative to conventional research, if however the working environment is not geared to learning, it can make “scholarly practice challenging”. If the learning environment evolves within practice, opportunities for professional development are greatly increased (Reeders, 2000 p.208). In terms of applicability to nursing, practice based learning recognises the symbiotic relationship of theory and practice. Although not offering a “finite definition” of gerontological nursing, the work undertaken by

the Scottish CoP challenges the traditional method of theory only being developed by theorists (Kelly et al., 2005 p.20). Yanow (2004) argues that the expertise that underpins local knowledge is often combined with *expert* knowledge. This type of knowledge is mainly associated with “professional knowledge that derives from an academic training” (p.12). Greenwood and Levin (1998) note that local knowledge systems are “complex and dynamic” and that local networks do not lack expertise, it is “the character of the expertise that is different” (p.109).

Learning within a CoP allows local knowledge to emerge that is “specific to a context and a group of people acting together in that context and at that time” (Yanow, 2004 p.10). It is the element of locality that for nursing practitioners, gives meaning to practice. Rolfe (2005), argues that the underpinning and to an extent, enduring philosophy in nursing, embracing and valuing small, specialist studies, has largely been overtaken by a recent move towards large, quantifiable projects. This move is now apparent in the UK, and reflected in major grant awarding criteria. Yanow (2004) observes that, in industry, where knowledge has been developed within a community of practitioners, its very locality may be perceived as not having “any bearing on, legitimacy in, or value to the wider community” (p.12). Yanow (2004); Bond & Paterson (2005); Rolfe (2005); Booth et al. (2007) & Buys & Bursnall (2007), all comment on the lack of regard for local knowledge, both within the academic community and nursing, at the point of care delivery. Depending on

the type of work or research to be undertaken, local knowledge may be essential. The Scottish CoP operated on different levels, collaborating with each other nationally (Scotland wide) and locally, to implement examples of best practice, using local findings as a baseline for national discussion online and face to face (Booth et al., 2007).

Wenger (1998) and Wenger et al. (2002) promote the value of local knowledge to an organisation. Experience derived learning is key to the development of practice based professionals such as nurses and teachers. Local knowledge may be situational in nature but that does not necessarily mean that it lacks expertise or applicability (Yanow, 2004). The work of Bond & Paterson (2005) reveals their subjects preference for international rather than local knowledge. They are more likely to regard local knowledge as non academic and consider expert knowledge to be derived from an international community. A local community should not however always be considered to be a local population. Johnstone (2004) argues that, in terms of sampling, academics who only focus on their local [student] population, “from excessive, almost pathological convenience to the researcher” may produce work lacking in “applicability, transferability and consequently benefit to the wider national and international community” (p.586).

Boyer (1990) in his influential work, *Scholarship Reconsidered*, encouraged academics to challenge the traditional boundaries of research,

urging them to include a practitioner led element to provide findings that were directly relevant to practitioners. Boyer's (1990) paradigm supports development and revision of scholarship in nursing. It links education and service and promotes an integrated approach to the acquisition (Pape, 2000; Riley et al., 2002). CoPs reflect Boyer's ideas by providing a of knowledge vehicle for generating knowledge and developing skills. As an interface between education and practice these communities have the potential to reshape professional practice and generate valuable discipline based knowledge (Young & Mitchell, 2003).

The Scottish CoP collaborated with University academics to develop, implement and evaluate nursing practice in the area of gerontology. This CoP challenged the traditional view of research and achieved scholarship through negotiation and collaboration between researcher and practitioners (Johnstone, 2004; Andrew Tolson & Ferguson, 2008). Members worked together in an environment where their different approaches to practice development were valued because they were different. This CoP moved away from a more traditional view of research being instigated and led by academics, (with practitioners acting as junior or associate partners) to establish a partnership where academics and clinicians were full and equal partners (Andrew et al., 2008). Through this approach, the community were able to develop Best Practice Statements that were owned jointly, implemented locally and evaluated nationally ([www.geronurse.co.uk](http://www.geronurse.co.uk)).

### ***Working Together***

Contemporary research funding criteria increasingly blurs the boundaries and encourages a crossover between those who work in the field and those who investigate it. Academics in nursing, however, in common with other disciplines, have not always sought inter-community collaboration (Andrew & Wilkie, 2007; Buys & Bursnall, 2007). The literature suggests that part of the reason practitioners continue to feel disenfranchised is because they are not encouraged to collaborate on an equal footing with academics in research projects, therefore their experience may be more of participant than partner (Bond & Paterson, 2005; Booth et al., 2007; Andrew et al., 2008). As an approach to practice based learning, CoPs can provide a way of harnessing the talent of both practising clinicians and researchers, blending their different approaches within a CoP framework. CoPs can exist in virtual or real time, within or without an organisation. They can be local, national or international. CoPs thrive or die according to the commitment of their members (Wenger et al., 2002).

It is not difficult to understand why this method of knowledge generation appeals to vocational professions such as nursing, where the concepts of knowing and tacit knowledge are welded to practice and professional identity (Booth et al., 2007). A CoP can be used within nursing to establish a working and cost-effective model for practice development and act

as a flexible mechanism for online learning and networking. Practitioner involvement in care development confers a sense of ownership, promotes equality with academics and moves away from the theory only, to theory/practice integration.

Henri and Pudelko (2003) believe that formal, engineered, institutional CoPs promote practice development through organised collaboration and knowledge sharing, leading to the “appropriation of new practices and development of involvement” (p.485). The locus of the CoP however is not necessarily to be found within formal rank or hierarchy; it is more likely to emerge from informal meetings and associations (Kimble and Hildreth, 2004). Wenger et al. (2002) maintain that most CoPs arise spontaneously from the workplace, are organised by a group of like minded professionals and do not undergo a process of deliberate recruitment.

Wenger (1998) believes that CoPs work because the focus of the community is the specialised body of knowledge that seeds its initial growth and development. A CoP is a collaborative venture, in which members, whether practitioners or academics, are encouraged to constantly negotiate and re-negotiate their roles in relation to the current area of practice development. Wenger (1998) and Wenger et al. (2002) link the concepts of knowledge management with the CoP framework. Their research is rooted in practice encompassing the new knowledge that arises from the observation of

professional groups and the ways in which they collaborate to solve complex and challenging aspects of their work. CoPs involve collaborative working and also provide a framework for the creation and dissemination of new knowledge.

Tolson et al. (2007) report the work of a community that thrived on the evolution of research through practice. Their work was generated by direct clinical action and evaluation cycles. Members remained within the CoP because it proved to be of continuing value to them both professionally and personally. The firm clinical focus ensured a developmental agenda that was enriched by partnership, allowing the work to be both implemented in practice and presented and disseminated locally, nationally and internationally (Tolson et al., 2006; Tolson Schofield Booth Kelly & James, 2006). For sustainability in the longer term, CoPs have to maintain a continuous focus on development of practice. Professional communities are usually peer- instigated and peer-sustained. Their focus is practice, not task, and rewards more likely to be intrinsic rather than financial (Mitchell, 2003). CoPs can provide a method of managing softer, tacit knowledge and help develop professional *knowhow* through a social, participative learning process. Through engagement with the community individuals are motivated to identify with their chosen profession and collaborate to generate practice based knowledge to integrate theory and practice.

## CONCLUSION

The contemporary interpretation of CoPs, promotes a dynamic, social participative approach to learning and discovery. This method blends the approaches of both academics and practitioners to produce scholarly work that arises from and contributes to practice. A CoP can underpin deeper understanding; lead to a transformation of thinking, or produce new insights into practice. In nursing a CoP can provide a way for role articulation and build both professional identity and recognition. CoPs provide opportunities for clinicians and academics to work together and for that work to be recognised beyond local practice boundaries. Through collaboration with academic staff, the clinicians in the Gerontological CoP developed and promoted their work, in the form of Best Practice Statements, using the community to disseminate their findings both locally and nationally.

In nursing, partnerships with clinicians are increasing in value, especially by those who regularly span the worlds of scholarship and practice. CoPs can transform local knowledge from personal to professional, allowing individuals to contribute to the specialist discourse at local, national and international levels. In the Scottish CoP the partnership between clinicians and academics arguably allowed the creation and capture of knowledge that would have been considerably more difficult if a uni-partite approach had been utilised. The ability of the CoP to develop, test, evaluate and disseminate

practice utilised the skill and expertise of the clinicians and academics in different but equally effective ways.

This community however remains in the minority. The reality of research based academics integrating with practising clinicians to enhance and change practice through collaborative working remains elusive. Academics and practitioners alike have not always sought or valued engagement with each other. Academics have tended to view clinical communities more as research participants than partners and clinicians have historically derided the outputs of academic work as lacking in relevance to practice. The reluctance to engage in partnership working is however not confined only to academics; community members themselves can be reluctant to partner academics, who they may perceive as rooted in theory and detached from practice. In the Scottish CoP, equality and parity between clinicians and academics was factored into the project from the beginning and remained at the heart of the collaboration until the end.

Academics and researchers working in partnership with practitioners can produce research that is relevant to practice and contributes to wider organisational development. If, as the Scottish CoP demonstrated, the emphasis is on the blending of different skill sets, then this can provide an enriching framework for academics and practitioners alike. A CoP is one such innovation, where the skills and talents of like and diverse populations can be

harnessed to challenge and develop professional practice. The CoP model provides a platform for theory/practice integration. Reflecting the ethos of practice based learning, this approach recognises the importance of merging theory and practice. Additionally, it acknowledges and values the different but equally valid contributions from all participants, whether predominately located in real life, practice or academia.

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