

SYNTHESIS PAPER 3 , ET611, Chirag P

Communities of practise is defined as “ *a group of people with a common passion or concern and in turn, derive knowledge and expertise of each other in an attempt to get better at their task or further their passions*”. Man is a social being, and engages in complex socialising processes. He needs to eat, sleep and talk to other people. Man has become what he is today because of his superior cognition and ability to learn. This learning however was not enforced but rather was a result of conscious effort. Modern day ***institutionalized training*** is perceived as that which covers reams of information and inundates our brains with facts. However, this process of alienating learning from all other aspects of life can potentially disinterest the learner and render learning obsolete, having not achieved its prime objective (to engage the learner). Hence came the necessity of a ***social theory of learning*** which regards learning as an innate, inextricable aspect of human life; Where there is socialisation, there must be learning. This is evident in Communities of practise. A group of singers meeting every weekend to discuss their productions, a group of teachers who meet and discuss successful teaching methods, all these are communities of practise. The theory of ***Situated learning*** advocates that learning is not just situated in practise, but rather that it is a generative social practise. In other words, practise is not a subset of different learning processes, but rather is a learning process by itself!

Any social theory of learning aims to optimise learning by integrating four key aspects: *Meaning, Community, Practise and Identity*. Communities of practise work on a certain ***Domain*** (of expertise). Practises are the “*repertoire*” that are employed by the community of practise. This may include certain techniques and ways of doing things. One sportsman may practise his drills or warm up in a certain way, but sharing it with a community of sportsmen will help him refine his techniques or drop obsolete ones. Practises which are regarded as unfavourable or unnecessary are replaced by practises that are compact and skilful. A programmer who uses a harder, lengthier algorithm to accomplish a certain task can learn from the programming community and implement a much shorter, precise algorithm that can get the job done better. Social theories of learning also encompass discussions and deliberations among the community. The extent of participation by the individuals in these discussions (or the potential to participate) is governed by their previous expertise in that domain. Thus, a distinction can be made between *newcomers* and *old timers*. Newcomers, on indulging in knowledge exchanges can eventually progress into old timers, who are considered to be more experienced. Old timers who are said to have attained *mastery* have roles that are more central to the community, and become “full” participants in the practise. Newcomers can become old timers in due course of time through *Legitimate peripheral participation*.

Situated learning takes place when the practise itself teaches the individuals in the community. Apprenticeship is a form of situated learning where a new generation of practitioners or contenders are trained by the practise itself while accompanying classroom work and self-study. A really good example would be that of a doctor who is completing his/her internship. After 5 gruelling years of studying diverse topics in theory and laboratories, they are required to complete an internship to learn to “practise” medicine. Here, most of the learning is facilitated by the practise itself, and not the subject matter. A group of doctors may meet and exchange ideas as to how their patients represented with symptoms, and the steps taken to diagnose and treat them. The medical community is infamous in this regard for having frequent conferences where doctors present their publications and open it up for critiques. The old timers, who are experienced doctors and surgeons put forth their views and rank the validity, originality and the novelty of the medical study or technique. The junior doctors who are comparatively less conformed to this practice engage in more and more legitimate participation and through this they obtain the skill required to judge or present topics themselves. A social theory of learning holds learning equivalent to the fundamental human processes like socialising and talking. It is therefore imperative that legitimate participation is engaged in by all the individuals of the community. It is only then that such a theory can be successful. For example, when we discuss concepts in class, someone like me who is a newcomer can listen to discussions and present topics or questions to enhance my knowledge and repertoire and in due course of time, (hopefully 2 more months!) obtain a certain level of mastery that is expected of me.

A community can also not have an objective or a certain goal on their agenda, and yet learning can take place. Individuals must engage and contribute to the practise of their community. Communities must refine their practises and ensure new generations of members. In the end, “ *learning is something that we can assume- whether we see it or not, whether we like the way it goes, whether what we are learning is to repeat the past or shake it off. Even failing to learn what is expected in a given situation usually involves learning something else instead.*”