



**Health Systems for
Early Child Development**
EUROPE AND CENTRAL ASIA

Elements and Pathways to Establish Professional Learning Communities for Early Childhood Professionals

Applicable to the Health Sector

July 2023

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Acknowledgement:

The content of the publication has benefitted greatly from the work done by Sanja Brajković, Program Director at Network of Education Policy Centers (NEPC), author of the book Professional Learning Communities, published in English by the International Step by Step Association.



**Funded by
the European Union**

This document is part of the programme 'Mitigation of the impact of COVID-19 on the lives of children and parents in the Western Balkans and Turkey' which has received funding from the European Union.

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1. Introduction

The idea that organizations can learn forms the basis for a professional learning community (PLC). As well described by DuFour and Eaker (2009, p. xi, xii)¹ each word of the phrase “professional learning community” (PLC) has been chosen purposefully. A “professional” is someone with expertise in a specialized field, an individual who has not only pursued advanced training to enter the field, but who is also expected to remain current in its evolving knowledge base. “Learning” suggests ongoing action and permanent curiosity. In Chinese, “learning” is represented by two characters: the first means “to study”, while the second means “to practice constantly”. Finally, “community” encompasses different meanings. To some people, it is a haven where survival is assured through cooperation. To others, it is a place of emotional support crucial for personal growth. For others, it is simply a place to pioneer their dreams.

Initially stemming from the production, management, and education fields, the concept means that when workers develop professionally, their organizations also develop.² The goal of a PLC is to create a work environment where groups of workers can collaborate, communicate, and learn by engaging in a continuous learning process.³ A PLC strengthens learning and ideally transfers the theoretical and practical knowledge within an organization. Experiential learning is a critical element of PLCs and is important to sustaining effective and high-quality practices. Experiential learning is an engaged learning process whereby humans “learn by doing” and by reflecting on their experience. In sum, six critical features of PLCs are often described in the literature.¹ The elements are: (i) shared mission, vision, and values; (ii) collective inquiry; (iii) collaborative teams; (iv) action orientation and experimentation; (v) continuous improvement; and (vi) results orientation.

Traditional approaches to professional development have not been sufficient to ensure the sustainability of high-quality practices. In general, professional development attempts tend to be disconnected from the working context in which professionals do their daily practices, where decisions are made top-down. Proposed strategies are expected to be ‘one size fit-all’ and a continuous support system for implementation is lacking.

¹ DuFour, R., & Eaker, R. (2009). *Professional learning communities at work: Best practices for enhancing students achievement*. Solution Tree Press.

² Sharmahd N., Peeters J., Van Laere K., Vonta T., De Kimpe C., Brajković S., Contini L., Giovannini D. (2017). *Transforming European ECEC services and primary schools into professional learning communities: drivers, barriers and ways forward*, NESET II report, Luxembourg: Publications Office of the European Union. https://nesetweb.eu/wp-content/uploads/2019/06/NC0117674ENN.en_.pdf

³ Vescio, V., Ross, D., & Adams, A. (2008). A review of research on the impact of professional learning communities on teaching practice and student learning. *Teaching and teacher education*, 24(1), 80-91. <https://doi.org/10.1016/j.tate.2007.01.004>

On the other hand, collaboration between colleagues and the perceived continued support from other practitioners were positively linked with higher efficiency and commitment at work.⁴ Therefore, efficient forms of professional development should allow peer and expert support to transfer knowledge, introduce changes into practice, and consider adult learning principles. PLCs enable the continuity of this form of professional development by giving practitioners the opportunity to participate in creating their professional development, providing a sense of ownership of the process. PLCs have many benefits for organizations and professionals, and beneficiaries of the organization's work. It is worth mentioning that the health sector usually uses the terminology 'communities of practice' (CoPs) to describe a PLC made up of health professionals.

The concept of the CoP was originally developed by Lave and Wenger⁵, who suggested that learning took place through social relationships rather than through knowledge acquisition alone. Learning and sharing information through socialization are the central characteristics of CoP groups, in addition to the following characteristics:⁶

- Social interaction: Interaction of individuals in formal or informal settings, in person or through the use of communication technologies;
- Knowledge-sharing: The process of sharing information that is relevant to the individuals involved;
- Knowledge-creation: The process of developing new ways to perform duties, complete a task, or solve a problem; and
- Identity-building: The process of acquiring a professional identity, or an identity of being an expert in the field

Both PLCs and CoPs can support learning because they allow for groups of people to come together to learn and share what they know, as well as explore ways to become better professionals. There can be different ways to implement both the CoPs and PLCs and the goals of both are similar. However, the process of setting up, leading, coordinating, and facilitating PLCs is already well-structured. It has been replicated many times over as a type of formal professional development and is widespread in the education sector.

This document presents the necessary elements of PLCs and guides the reader on how to set up and run a PLC. As stated above, PLCs have a long history in the educational field. More recently, the main concepts have been applied to the health and social field.

⁴ Rosenholtz, S. J. (1989). *Teachers' workplace: The social organization of schools*. Addison-Wesley Longman Limited.

⁵ Lave J, Wenger E: Legitimate Peripheral Participation in Communities of Practice. *Situated Learning: Legitimate Peripheral Participation* Cambridge: Cambridge University Press; 1991.

⁶ Li, L. C., Grimshaw, J. M., Nielsen, C., Judd, M., Coyte, P. C., & Graham, I. D. (2009). Use of communities of practice in business and health care sectors: a systematic review. *Implementation science*, 4(1), 1-9. <https://doi.org/10.1186/1748-5908-4-27>.

Thus, the present guide is designed for supporting a variety of professionals from different sectors who work with young children and families to engage in PLCs.

The process of setting up a PLC, the structure of meetings, and the challenges in running a PLC are valid for other types of professions. However, in most instances this publication illustrates the use of a PLC as a mechanism for improving the quality of practices in early childhood education and health settings. It is for this reason that examples will refer to teachers and health professionals and will follow a specific programmatic agenda, such as using standards or guidelines for improving the quality of practice. By using such examples, the publication intends to model the process of creating and maintaining a PLC, while acknowledging that the content of the meetings can be adapted/changed in line with the professional priorities/needs of the members of the PLC who might belong to other sectors, to their common professional goals and purposes.

2. Elements of a Professional Learning Community

A PLC does not solely refer to groups of professionals who regularly conduct meeting with a specific purpose but has more characteristics and should abide by underlying preconditions:⁷

- Having a common purpose: Clear and shared intentions and goals that bond members together
- Viewing peers in the group as colleagues: Mutual respect, shared leadership, and a sense of responsibility for professional development
- Seeking self/group actualization: Aiming to reach fulfilment and realize individual and group's talents and potentials
- Perceiving similarities between different professional groups: Seeing colleague as competent and able to contribute shared understanding and knowledge
- Reflecting individually and collectively: Readiness and ability to explore and critically question one's practice individually or in a group in a constructive, non-judgemental manner.
- Giving and seeking help: Readiness to support colleagues and openness to ask for collegial support when is needed
- Celebrating accomplishments: Acknowledging individual and group successes

At least three elements are necessary for a developing PLC: *cooperation*, *shared vision*, and *reflection*. All three aspects are necessary for staff to develop into competent and reflective practitioners. Below, each element is described.

2.1. Cooperation

Developing active cooperation between colleagues within an organization or across organizations is crucial for setting up a PLC. When professionals do not have the chance to cooperate with their colleagues and observe each other's practices, it weakens their connections. Disruption to the relationships and communication between colleagues might negatively affect their contact and may lead to professional stagnation. Working together in a pleasant environment can help professional development. Appreciating each other and sharing experiences, knowledge, skills, thoughts, doubts, and complaints are crucial elements of an effective PLC.

⁷ Doolittle, G., Sudeck, M., & Rattigan, P. (2008). Creating professional learning communities: The work of professional development schools. *Theory Into Practice*, 47(4), 303-310.

A PLC comprises a group of people who have learned to communicate authentically. Effective communication and learning start with getting to **know ourselves and each other first**, and **developing a sense of trust**.

Getting to know ourselves and each other

Cooperating with others enables people to get to know themselves better by talking to others and identifying their capacities and potential. However, having a completely different set of values and beliefs about one's work can make it difficult to cooperate with other colleagues.

The first step to knowing oneself and successfully working with others is reflection on one's own 'personal philosophy' regarding work and sharing this reflection with colleagues. This reflection encapsulates beliefs, motives, thoughts, behaviour, etc., that can be learned through the following questions:⁸

- What is your opinion on this topic?
- Where does this opinion come from? Do you have proof of this?
- Are you willing to change your opinion?
- What is your vision of a satisfactory solution to this problem?

These questions can be discussed in the first PLC meetings with the objective of 'getting to know ourselves and each other'.

Developing an atmosphere of trust

Mutual trust is a core element of a successful PLC and the primary precursor to developing community cooperation. It should be based on the premise that colleagues do not wish to threaten, ridicule, or humiliate each other in a given community. In the cases where this trust is lacking, people might feel threatened or helpless, which leads the brain to react in an automatic reflexive way in a 'survival mode', blocking the higher-order thinking needed for handling professional challenges⁹.

Establishing an atmosphere of trust helps individuals to speak their minds openly, eases the process of getting advice from others, and brings openness to experiment with new ideas. Learning is most effective when members experience a sense of calm and openness toward their participation. These feelings enhance higher order thinking abilities (e.g., episodic and working memory, creative problem solving, etc.).

Building trust among PLC members is directly linked with the following:

- Openness (i.e., all group members are invited to express ideas, thoughts, emotions, and reactions);

⁸ Wald, P. J., & Castleberry, M. S. (Eds.). (2000). *Educators as learners: Creating a professional learning community in your school*. ASCD.

⁹ Brajković, S. (2014). *Professional Learning Communities*. Leiden: International Step by Step Association.

- Sharing (i.e., members offer materials and resources to each other in order to help each other achieve goals);
- Acceptance (i.e., positive communication with members of the team on their contribution);
- Support (i.e., recognizing strengths and capacities of the team members); and
- Cooperative intentions (it is expected that all team members cooperate to achieve common goals).

Towards cooperation

Knowing oneself and others, alongside mutual trust, should pave the way to a sense of interdependence over time. A sense of interdependence refers to the shared feeling that individuals can succeed and create new things by combining talents and capacities (Wald & Castleberry, 2000). When cooperation exists within a PLC:

- Members of the community actively contribute to the work of other members, offering support, and assistance, evaluating their work, and pointing out new challenges.
- Heterogeneity of the community allows its members to realize different levels of expertise in various areas of work, learn from each other, and guide towards a better quality of practice.
- Members of the community are aware that the success of one of the team members is success for all of them, and the failure of one member is their common failure.
- Each community member contributes to the group individually, assuming responsibility for their work, the work of the group, and the school.

All community members have an opportunity to contribute, regardless of the area of expertise or experience.

Example from the health sector

The Role of “Improv” in Health Professional Learning

Improvisational theater (“improv”) is a form of collaborative storytelling. It is a type of theater in which actions of the performers are unscripted and created spontaneously in a reciprocal and collaborative manner. Applied improv that has been adopted in the education of health professional is termed “medical improv”. It embraces the use of principles and training techniques of improvisational theater to improve cognition, communication, and teamwork in the field of medicine (e.g., attend to non-verbal cues, build trust, cultivate reciprocity, etc.). Improvisational theater has been shown to be an innovative educational strategy in the training of health professionals, that fosters the development of professional knowledge, skills, and attitudes as outlined in the CanMEDS 2015 competency framework¹⁰. Findings of a scope review support the utility of medical improv for facilitating the acquisition of expertise in at least six of seven CanMEDS roles—medical expert, communicator, collaborator, professional,

¹⁰ The CanMEDS Framework describes the abilities physicians require to effectively meet the needs of the people they serve. Since its launch in 1996, CanMEDS has become the most widely accepted and applied physician competency framework in the world.

leader, and scholar—and for enhancing curriculum development in these roles in undergraduate and postgraduate medical training programs.

Reference: Gao, L., Peranson, J., Nyhof-Young, J., Kapoor, E., & Rezmovitz, J. (2019). The role of “improv” in health professional learning: A scoping review. *Medical Teacher*, 41(5), 561–568. <https://doi.org/10.1080/0142159X.2018.1505033>

2.2. Shared Vision

Having shared vision as a PLC means that members of the learning community understand and agree on the image of their center/services and what they want for children and families they work with. The term does not solely refer to an agreement on specific practices or activities, such as getting new equipment. It should not be taken as a recipe or a formula that should be followed in the same way by all community members. It is, instead, a mental schema that embodies the quality of work in contributing to the development and learning of children and professionals. A shared vision of the quality of the work should allow professionals to think differently but share a common understanding of the core theory of the service they provide to families and children. Thus, professionals must combine knowledge of theory and practice with an understanding of professional terminology and reflect on their own experiences.

Example of learning across sectors

ISSA Quality Framework as guidance for developing a shared vision on quality for practitioners from diverse sectors

International Step by Step Association’s (ISSA) [‘A Quality Framework for Early Childhood Practice in Services for Children under Three Years of Age’](#) provides a framework for developing a shared vision in PLC to seek better provisions for practitioners across sectors. ISSA’s definition of quality aims to connect theory and practice and trigger starting points for discussion and reflection on the quality of work and pathways to achieve future goals as a PLC. PLCs can use these documents to select a focus area of their practice to tackle specific segments under this area and the community can decide the time, they dedicate to it. ISSA’s definition of quality helps PLCs to:

- Discuss aspects of quality,
- Discuss ways to meet the indicators of quality,
- Develop a professional development plan where they address expected achievements and changes in their practice, actions to be taken, and resources and help needed.

Example from the health sector

Home Visiting (HV) Services and Intersectoral Professional Learning Communities at Community Level: Introducing the playful parenting program in Serbia

During the training of the playful parenting program in Serbia, PLCs were introduced at two levels:

1. **Intersectoral:** This level encompassed the sectors of health via the HV service, early childhood education and care (ECEC), and child protection during initial training. This form of PLC was developed with the aim of introducing the concept of providing learning opportunities through play at home, playful parenting, and responsive care. Practitioners gathered to discuss the theory and concepts introduced from the perspective of their own values, knowledge, and practice. They also reflected about the perspectives of the families in the communities, especially focusing on the support currently available and the specificities of sectoral services offered to parents in local communities.
2. **Health sector:** This level was only for the HV service. The playful parenting program in-service training introduced the playful parenting tools (PPT). This form of PLC enables shared learning and analysis of practices with families using PPT. Home visiting nurses from the same community gathered to learn more about specific PPT, present and analyze how the tools have been introduced in home visits (i.e., present case studies). Nurses had monthly meetings with their mentors who were also HV nurses with more experience in the PPT. video recordings of professionals working with families were analyzed, and strengths and obstacles for introducing PPT were discussed. Mentors shared examples of good practices and guided on how to connect to other locally available services. Mentors also supported community campaigns to promote playful parenting and promoted PPT joint learning to support families attending other services. In that way, the PLC promoted nurturing responsiveness and playful interactions in the family context within different communities.

2.3. Reflection

Reflection allows professionals to learn from their own practice or their colleagues' practice. This process enables revisiting professional experiences and responding to the questions "Where are we now?" and "How good are we, compared to what we want to be?", "What activity had an impact on the children and their caregivers, and what had none?", "Based on what can I say this?", "What out of the attempts had most impact?"¹¹ When professionals reflect upon their practice using these questions, they engage in metacognition; they examine their emotions and behaviors. When practitioners identify or attempt to solve a problem, detecting the causes of the problem and thinking about how it occurred leads to developing a new understanding and new ways to improve the quality of practice.

¹¹ Caine, G. and Caine, R. N. (2010). *Professional Learning Community – The Art of Learning Together*. Virginia: ASCD.

Example from the health sector

Health Professionals Learning in and Across Communities of Practice

In the education of healthcare professionals, especially for training nurses, a landscapes-of-practice or boundary-crossing model has been suggested as an alternative to the traditional communities of practice (CoP) model. In nursing education, students alternate between school and practice settings from the first year of their training onward. In the several months of practice periods, they work towards a high level of independence alongside different supervisors. The boundary-crossing perspective acknowledges how development does not entail a single journey toward the center of a single learning community but a trajectory over multiple communities. Learning across communities stimulates the development of complex learner identities, fosters new knowledges, and promotes the interchange of knowledges among different communities.

Reference: Stoffels, M., van der Burgt, S. M., Bronkhorst, L. H., Daelmans, H. E., Peerdeman, S. M., & Kusrkar, R. A. (2022). Learning in and across communities of practice: Health professions education students' learning from boundary crossing. *Advances in Health Sciences Education*, 27(5): 1423–1441. <https://doi.org/10.1007/s10459-022-10135-5>

Examples of PLC

Preparing Future Teachers in the Western Balkans

The project *Preparing Future Teachers in the Western Balkans* supported higher education institutions and universities in Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia, and Serbia that are interested in modernizing their teacher education modules to improve the quality of teacher education for future teachers in the region. Supported by The European Wergeland Center (EWC), the regional network of universities in the project «*Preparing Future Teachers in the Western Balkans*» managed to strengthen cooperation for democratic developments in education and has helped to work on solutions to overcome challenges created by COVID-19.

Nine university courses promoting citizenship, democracy, and human rights across subjects such as arts, chemistry, mathematics, and history were developed and piloted with teachers and students, demonstrating the role of the network as a valuable learning community. Recognizing the cooperation among education institutions as crucial for high-quality teacher education, the EWC and its partners also supported a network of practitioners connecting universities and schools.

This learning community allowed for collaborative work on innovative practices with colleagues from the region while enhancing communication among all parties involved at different levels of teaching education. More information [here](#) and [here](#).

Ensuring reflection in PLC

Reflection is incorporated into the learning communities' meetings on **three levels**.¹²

Reflection before AND during action	Planning activities based on previous experiences and understanding of quality aspects to be carried out in practice and observing the reactions to the activity of children and families.
Reflection on action	Detecting the discrepancies between the planned and the executed. Deciding on why and what to do differently next time.
Reflection on reflection	Meeting with colleagues and presenting thoughts after the plan is carried out.

Practitioners present their process of carrying out activities. After that, one person describes his/her reflections on the implemented activities and his/her reflection by answering the questions:

- **What activities had an effect and what had none? On what basis can I say this?**
- **Out of the things that I tried, what made the most substantial impact?**
- **Which behaviors of children and families indicated that I was on the right track?**

During this process, instead of asking 'how', explore the 'why' to introduce true reflection. All members should analyze, assess, and ask questions about the content and process of their work during community meetings. They should connect theory with practice, link goals and tasks, beliefs and behaviors and assess different aspects of their practice.

Example from the health sector

Professional Learning Communities in Home Visiting Services: Introducing telehealth services during COVID-19 in Serbia

The aim of creating and supporting professional learning communities (PLCs) in home visiting (HV) services was primarily to introduce telehealth services (e.g., video counselling) as an option for reaching families during the COVID-19 pandemic.

PLCs were planned to enable:

- Shared learning (i.e., how to prepare for the visits; how to conduct the video visits; share materials with the family; analyze materials such as family videos or educational videos for parents; and how to model positive parenting behaviors during the video call).
- Mutual support (i.e., how to integrate HV values and principles in video counselling). It means taking care of physical and mental health, promoting child protection, and nurturing care, modelling parenting alliance and supporting engagement of both caretakers, recognizing risks, vulnerabilities, and strengths, and building a network of support. So, members of PLCs support each other in efforts to integrate these principles in video counselling with families.
- Recognizing unique risks due to the COVID-19 context (i.e., isolation, health-related anxiety, new "rules" and pathways in health institutions, taking care of safety while creating and using support, engaging grandparents and professionals in family support).

¹² Vizek-Vidović (2011): Učitelji i njihovi mentori. Zagreb: IDIZ.

PLCs were also a great method of support for:

- Developing skills (i.e., modelling supportive parenting behaviors; enhancing communication (the use of open-ended questions¹³, for example) with families; and supporting father engagement.
- Developing skills to plan and conduct additional video visits when additional support or monitoring is necessary.
- Using different tools while working with families (i.e., videos to monitor the quality of interactions).

Evidence from evaluation showed that HV nurses, above all, benefited from PLCs to prevent burn out, introduce supportive supervision as a way to support professional wellbeing, and as an effective strategy for professional development.

¹³ Open-ended questions start with "Why?" "How?" and "What?" They encourage a full answer, rather than the simple "yes" or "no" response

3. Setting Up Professional Learning Communities

Setting up a PLC is a timely and complex process requiring its leaders to handle different tasks and processes to ensure a successful PLC. This section provides guidelines for leaders of PLCs to build solid foundations for the work of a PLC and improve the quality of practice in organizations and/or trans organizational structures. Members can come from one organization/service, more different organizations/services in one country but also from similar organizations from different countries. The same rules and steps apply in all the cases. A PLC requires multi-layered leadership that combines a top-down with a bottom-up approach, all within a democratic framework. These are not easy competencies to achieve so leaders will need specific training on relational, reflective, methodological, and organizational competencies. For many of the same reasons, leaders will also need in-service support, such as supervision moments, networks, and peer-learning activities.¹⁴

For a PLC to realize its vision and goals, there are **several vital preconditions**, such as:

- √ Practitioners' motivation to become active members of the PLC is achieved;
- √ Practitioners' expectations of their benefits from the PLC membership are realistic;
- √ The communication between PLC members is promoting and fostering professional development; and
- √ The management of the center/service supports the work of the PLC within an organization in a trans organizational structure.

Preparation for the running of a PLC usually takes two to three meetings lasting sixty to ninety minutes. **Expected outcomes of the introductory meetings** are:

- All members are informed and agree about the time and place for PLC meetings.
- Rules of behaviour are agreed upon.
- Quality standards of practice are presented.
- The priority area for improving the quality of the practitioners' work is selected.
- All practitioners have developed individual, initial professional development plans.

During the first two or three meetings, practitioners will still not have had an opportunity to "feel" the natural functioning of the professional community, and they may become impatient and a bit disappointed. Therefore, it is beneficial that the first three meetings take place more frequently than will be the case with the remaining meetings.¹⁵

¹⁴ Sharmahd N., Peeters J., Van Laere K., Vonta T., De Kimpe C., Brajković S., Contini L., Giovannini D. (2017). *Transforming European ECEC services and primary schools into professional learning communities: drivers, barriers and ways forward*, NESET II report, Luxembourg: Publications Office of the European Union. https://nesetweb.eu/wp-content/uploads/2019/06/NC0117674ENN.en_.pdf

¹⁵ For example, you could hold the first three meetings once a week (instead of monthly). It should also be explained to the participants that these are structural meetings for setting up the community rather than functional meetings.

3.1 Informing members about the PLC

One of the main principles of a PLC is that it should allow voluntary participation. To achieve this, all individuals in the center/service should be well-informed about PLCs. Information given to community members during the organizational meetings includes what a PLC is, how the functioning of a PLC differs from other types of professional development, what members' duties/obligations will be, what were the experiences of other communities, etc. It is essential that during the presentation, members of a PLC get answers to all their questions and dilemmas. Therefore, at the end of the presentation, leave at least 15 minutes to ask questions and share impressions.

3.2 Agreeing on a time and place for the meetings

Once the initial presentation about the PLC is done, interested individuals should be invited to the meetings. There is broad consensus that the ideal number of members is from five to 10 persons.¹⁶ Start the work of the PLC by asking "What do you want to gain from this experience?" and "Why did you join the community?".

Agree when and where the meetings will take place and how long they will take considering that the meetings should:

- Function in the way that members expect as a community.
- Continue for at least one year – this increases the chances to develop new ideas, keep mutual trust and have conversations on sensitive issues and topics regarding teaching and learning.
- Ideally occur twice per month or at least monthly, lasting two hours each.
- Happen within the working hours and dedicate a rarely used space for the meetings to help members detach from the working routine.
- Be in a place where members sit in a circle to ensure there is no hierarchy in the group and members can see each other. Make sure members sit comfortably.

¹⁶ Having a larger group might have disadvantages such as discouragement of active participation, limited time for each member to focus on what is needed, lower levels of belongingness. On the other hand, a smaller group might not be able to keep up the energy resulting in fewer ideas. However, in a small group, there is higher chance to rotate the position of the leader. Caine, G. and Caine, R. N. (2010). *Professional Learning Community – The Art of Learning Together*. Virginia: ASCD.

3.3 Establishing a sense of community

As addressed previously, cooperation and establishing trust among members are highly important. One of the ways to accomplish this is by seeing ourselves and co-participants in the community as competent, and as people who have something to contribute to the community.

Activity: Naming a Professional Challenge

1. Each participant chooses a professional challenge: "My niggle, question, concern, irritation in my daily practice is ...", or "What matters to you as you pursue your work (your ideals, dreams, wishes)? What would you like to see realized in your job? I am someone who strives to...".
2. These are shared with another colleague. Together, they try to formulate a question that answers "How Can I/We ensure ... encourage ... stimulate ... explore ... manage ... deal with ... change ... structure ... find balance in my team ... build on trust ... understand differences of ...overcome ... fight discrimination against ...
3. The leader should gather and use these challenges to help guide the members' thinking about their practice when they arise in later meetings. It shows the practicality of belonging to a PLC since it addresses real problems practitioners encounter in their work and helps make connections between learning and its application.

Activity - My vision of me (30 min)

1. The leader asks the members to imagine that they are at an award-winning ceremony for practitioners and that it is happening in the future, ten years from now. The award is given to them for their exquisite achievements. Each of them is the winner of the award, and their colleagues are talking about them.
2. What do they wish their colleagues would say? The leader asks members to write a two-minute speech expressing what they hope will be said about them at the ceremony.
3. The leader writes down what the practitioners say.
4. A quality framework of practice is presented to them, and they compare it to what they said they wished to hear about themselves. Differences are noted. Which criteria is more demanding, theirs or the ones in the document?

Adopting **specific rules of communication and behaviour** to ensure maximal professional development for each member is necessary. This will help members to feel accepted when expressing opinions, to be ready to listen to each other even in the case of disagreements and solve problems effectively. The rules should be designed by the group instead of imposing them. This usually happens in the second meeting.

Activity: Setting the rules of behaviour (30 minutes)

1. Give all members six post-its and a pencil.
2. Ask members to think about how the members of the PLC should behave in order for their work to be productive; each of the behaviors/ideas should be written on one post-it note.
3. Let them all post their post-it notes on a big piece of paper or a board.
4. Try to group similar behaviors/ideas.
5. After grouping ideas/behaviors, ask that for each group of behaviors they derive one norm of behaviour.
6. Write down the norms on a large sheet of paper. For each of the norms, check if everybody agrees with the norm. Try to reach a consensus (give members enough time to say why it is important for them to adopt a certain norm of behaviour).

Rules & Norms	Examples
Rules that regulate attendance at meetings	All members of the team will come on time and stay for the whole meeting. We will start on time and finish on time.
Norms of behaviour that regulate discussions between team members	We all participate in discussions. Everybody will listen carefully while others speak. When we disagree, we disagree with the ideas, not with the persons.
Norms of behaviour that relate to expectations of the members of the team	All members of the team will try to contribute to the productivity of the meeting. All members of the team will refrain from other tasks during the meeting.
Norms of behaviour that relate to decision making	We will reach decisions by consensus.
Norms that relate to evaluating the success of teamwork	After every two meetings, we will briefly review the rules of behaviour to see which ones should be improved and which should be changed.

3.4 Defining a common agenda for the PLC standards of quality practice at the center/service level

The PLC needs to areas of high interest and concern for all members. It can be an issue or a problem that needs to be solved, or a challenge.

An example of what the PLC could focus on can be agreeing on improving individually and collectively the quality of the service. In this case, members would need to use and agree on a quality framework and pursuing its implementation.

Members must be allowed to verbalize their vision of what kind of practice they want in their work center/service. This conversation should initiate the exchange of ideas, hearing each other, and creating a shared vision or definition of quality practice. A quality framework of practice can serve as a starting point for discussing quality throughout the entire duration of the PLC.

3.5 Agree on issues to be addressed collectively[®] choosing the focus areas of quality practice for enhancing the quality of practitioners' performance

Earlier experiences regarding the work of PLCs have shown that two aspects are essential when working on a common issue of interest, such as choosing an area of quality practice for improving the quality of performance:

→ *All members work in the same area (based on chosen quality framework).*

For a PLC, working on improving the same focus areas of quality creates across members a common energy to reach shared goals. However, this does not mean that each member needs to plan or follow the same steps to realize the goals. On the contrary, practitioners should have individuality in the work within a PLC. This helps to recognize and benefit from the diversity among members for improving quality in a certain area.¹⁷ (see Annex A for an example for a self-assessment form based on the ISSA Quality Framework focusing on early childhood educators, adapted from Brajković, 2014).

→ *The work should last for an entire year as a PLC.*

To prevent dissatisfaction among members when working on an area for an entire year, the interconnectedness of the areas must be emphasized to the members. One quality area will touch upon all other areas and help improve them.

3.6 Developing the initial individual professional development plan

This is the step of developing an individual professional plan. By creating this plan, practitioners identify their competencies, needs, strengths, and weaknesses, and the path of development to contribute to realizing the shared vision of quality practice.

The initial plan that the individuals create should be open to change and improvement because, at the beginning of the PLC, members might need more time to function as a team and to make a conscious decision to focus on an area. As this is a long-term process, the plan should evolve.

¹⁷ One disadvantage of having different focus areas of quality is that the materials the facilitator prepares may not satisfy all but several members as they might not be relevant for achieving their goal. Moreover, working on different focus areas simultaneously might lead to exploring areas where the practitioners are already productive rather than areas that might challenge them.

Setting up online learning communities¹⁸

All the steps of setting up in-person professional learning communities can be easily applied in the case of online PLCs.

The main added value of online communities is that professionals working in remote and rural places, different services or different countries can easily connect for free. Members from different countries and organizations can easily form a community. Online environments can enhance PLCs by providing a growing number of evolving virtual options such as video conferencing, discussion boards, forums, and social platforms. Online PLCs connect participants via different platforms including Twitter, Facebook, Zoom, Google suite, Slack, Microsoft teams and many more. Virtual PLCs can also provide online repositories of resources, and additionally it was proven that online PLCs lead to less off-topic conversations and therefore increase time on task. They can be entirely online or blended (combined with face-to-face sessions).

A blended or hybrid approach expands the content and delivery options as well as its outreach to members in a variety of locations, circumstances, levels of technological comfort and accessibility.

What facilitators must pay attention to:

- Choosing a platform – it has to be safe, accessible, and easy to master, both from the leaders' and participants' perspective. If participants are coming from different institutions or countries the best way is to check in advance with which platform participants are familiar with. It is always helpful to have "test" meetings.
- Gaining new skills and knowledge in using online tools such as Mentimeter, White board, etc. to collect input from participants or share materials before or during the meeting. It is also important to enrich with several options that allows deeper interaction between participants.
- Introducing new rules: switching camera and microphone of and on, sharing screens with video materials or presentations etc.
- Assigning clear roles and responsibilities for facilitator, note taker, moderator, and technical support or any related division of task.
- Following up of online meetings to collect feedback about the online structure, how the meeting went and what would be the next steps from the participants' perspective.
- Establishing the purpose in blended PLCs: making clear how the online platform will be used and how in person meetings will be organized, especially how the online component is going to support the PLC – will the online platform be used as the main tool for discussions, or used to supplement face-to-face meetings through providing access to experts, or as an online resource repository?

¹⁸ For more information, access: <https://theeducationhub.org.nz/the-features-and-benefits-of-online-plcs/>
<https://www.novakeducation.com/blog/10-tips-for-supporting-virtual-professional-learning-communities>

4. The Structure of Professional Learning Community Meetings

At this stage:

- Basic information about the PLC is clear.
- Time, space, duration, and frequency of the meetings are agreed upon.
- Rules of behaviour are defined and agreed.
- Quality standards of practice are understood, and
- The focus area is chosen.

It is important to meet at least once a month. 90 up to 120 minutes should be allocated per meeting, and the meetings should be well structured.

Table 1. Proposed structure of community meetings

Elements of the structure of community meetings	Activity	Duration
1. Warming-up	Warming-up exercise, creating a sense of unity and strengthening cooperation.	(5–10 min.)
2. Reflecting on performed activities	<ol style="list-style-type: none"> 1. The member who reports speaks briefly of the activities, impressions, dilemmas and ideas for improvement, etc. (10 min.) 2. Other members ask questions and seek clarification, offer their ideas for improvement, solutions, etc. (15 min.) 3. The speaker gets an opportunity to say which proposals she/he found useful. (5 min.) 4. Everybody gets a chance to give their opinion (5 min.) 	(30–45 min.)
3. Developing a common understanding of quality	Discussion on one quality area initiated by an article, text, video or similar.	(20–25 min.)
4. Planning next steps	Each member writes his/her own individual professional development plan.	(5–10 min.)
5. Closing the meeting	Closing remarks, conclusions, evaluation.	(5–10 min.)

Activity: Development of the initial, individual professional developmental plan

(20 minutes)

1. Members of the PLC receive the hand-out “Which actions to carry out and how to identify priorities” (Annex B, adapted from Brajković, 2014).
2. Members brainstorm on the questions.
3. Individually, each PLC member writes down what specific goals to work on before the next PLC meeting.
4. Each member fills in their plan in the Individual Professional Development Plan Form.
5. Everybody presents their plans. For the initial plan, it is important that the members plan activities that are to be carried out in practice until the next

4.1 Warm-up

Warm-up lasts 5 to 10 minutes. ‘Cooperation’ is the most emphasized element. Mainly informal conversations take place in the warm-up (having tea or coffee is a good idea).

The purpose:

- Introductions among the members.
- Develop trust, belonging, and emotional connectedness.

Activity: What’s in it for me?

Members walk around the room, shake hands, greet, introduce themselves, and tell each other what they expect will be useful for them at this meeting. Through this activity, members have an opportunity to welcome each other, but also to focus on the expectations of the meeting.

Activity: Joint sculpture

Members in smaller groups create a joint sculpture of different materials that will present the identity of their small group:

1. Everybody shares one of their characteristics.
2. Similarities and differences are identified.
3. Similarities and differences between members are transposed into the idea for a sculpture, and a sculpture is created out of recycled materials (newspapers, boxes, etc.)
4. Each group presents their sculpture, explaining the different characteristics contributed by individual members.

Activity: Magic Moments

The leader draws the “Magic moments” table below on a flipchart. Participants fill in their data. This table is used for getting to know each other better.

Table 2. Magic Moments

	Practitioner 1	Practitioner 2	Practitioner 3
Magic motivator: <i>“I strongly believe ...” or “I love this topic.”</i>			
Magic people: <i>“People who influenced me professionally.”</i>			
Magic events: <i>“Experiences which shaped me as a professional.”</i>			

4.2 Reflection on performed activities

This part takes 30–35 minutes. One member presents her/his plan and which activities s/he carried out in practice. The presentation can also be about a problem or a dilemma.

Reflecting on performed activities or working on a problem involves several steps:

The member who reports speaks briefly of the activities, impressions, dilemmas, and ideas for improvement (10 min).

The member presents their professional development plan from last month and what parts were realized.

- Helpful to have documentation (photos, graphs, anecdotes, children’s work etc.) to share with the group.
- Note that the documentation should be already in the professional development plan as indicators of progress.

The member should present their reflections on what happened. This includes:

- Giving reflections and thoughts about what happened when they introduce new elements to their practice enables processing the experiences gained, as experience alone is not sufficient for professional development.

- Examples of questions for reflection can be: Have I accomplished what I intended? What did I learn? What will I change in my work because of this experience? It is beneficial to refer to the quality standards after the presentation and find which indicators are visible in work presented.
- Encouraging discussion around the indicators of quality that were not initially part of the plan helps members to develop a comprehensive understanding of the quality practice.

Other members ask questions, seek clarification, offer their ideas for improvement and problem solutions (15 min).

This step highlights the constructivist learning of adults, this means building on each other's perspectives and understandings, and co-constructing new knowledge and about the impact of the work.

- Other members provide feedback, helping the presenter consider further high-quality practice that could be integrated into their daily work.
- Members are more likely to choose new paths in realizing different goals in their practice when they construct new thoughts on their practice by listening to the questions and comments of other members. For example, reassessing the teaching process, questioning their beliefs, and relationships with children and families.

Clarification questions

After the presentation, to help better understand the member's work, colleagues ask questions about specific facts known to the member. For example:

- How long did the project last?
- How did you group children?
- Which materials were available for children/families?
- Did children/families have a voice?

If the questions are answered immediately, then it is a clarification question.

Probing questions

Members ask probing questions following the clarification phase. These questions aim to make the members think deeply about a problem. For example, *'what other ways could you use ...?', 'What do you think would have happened if ...?', 'How would it look like when ...?', 'Did you have similar experiences before?', 'Why do you think it happened this way?', 'Who can help you in this situation?', 'What did you expect?', 'Why did you choose to do it that way?'*

NOTE: Sometimes, members might ask questions such as 'dear colleague, don't you think that...'. Beware of these types of questions as they can be a judgment about the colleague's work with a dilemma.

Suggestions on formulating good probing questions:

- ◆ Check if you are requesting a meaningful answer with your question. If yes, reformulate the question or do not ask it.
- ◆ Check if your question is relevant for the issue presented.
- ◆ Ask yourself if the question is in fact a problem that is bothering you. If it is, do not ask it.
- ◆ Use questions as: What are you afraid of? What do you want? What do you suppose? What do you expect?

Keep in mind!

- The person you are asking the question intends to be the best possible in their practice. Your question should assist the person you are addressing. Before asking the question, think carefully and then formulate it.
- Check if the question is relevant for the topic you are dealing with, and the problem the person wants to solve.

Providing feedback

- Members provide feedback after asking questions to the presenter by focusing on what they heard and providing suggestions for possible improvements. The presenter should not interrupt them; it is not about the justification of the presentation/behaviour.
- It is more challenging to provide feedback on things that need improvement than to give positive feedback. Being considerate and not hurtful is essential. Feedback is most beneficial when it is clear, relevant, and oriented toward action.

Good feedback speaks specifically of certain behaviors and situations, should refer to behaviors that can be changed, and talk only of the observed things. Avoid...

- ◆ ...giving feedback on behaviors that are difficult or impossible to change. This might cause withdrawal.
- ◆ ...vague and unclear speech.
- ◆ ...speaking of persons that are not present, or not known personally.
- ◆ ...evaluation!

Leaders should remind the members that the objective of the PLC is not to evaluate the quality of the work of others (e.g., saying this is good/bad) but to obtain new and/or better solutions.

The member gets an opportunity to say which proposals she/he found useful/helpful (5 min).

- After completing earlier steps, now it is the step for the presenting member to summarize their understanding of the feedback and share which ones apply to their work. Giving a few minutes to think of what s/he heard. As our brains program stressful situations (listening to the suggestions and opinions of our colleagues can be

stressful) in the same way as a physical attack (muscles contract and breathing become shallow and short). Deep inhaling and exhaling help the body relax, and the brain to focus on the topic at hand.

Everybody has an opportunity to share opinions (5 min).

- The leader should provide several minutes for members to say what they will apply in their practice, what they like, and what made them think. It is essential because all members gain information from the discussion for one case and have a chance to think about their practice.

4.3 Developing a shared understanding of quality

During meetings, members develop a better-shared understanding of an issue or problem. In this case, one specific quality aspect which is part of the focus area they are dealing with that year.

Developing a shared understanding of quality helps members better understand and develop a vision of the high-quality child-centered practice. This will allow them to assess where they are about this practice and to design a plan for achieving such a level of quality in their practice. In each meeting, an indicator can be selected. However, complex indicators can also be discussed throughout several meetings.

Steps for developing a common understanding of quality:

Definition

Members exchange opinions on how they understand individual quality indicators because there is the possibility of an ambiguous definition of the same term.

Studying

In this phase, members seek new understanding of terms and identify to what extent and how the specific quality indicator can become (or is) visible in their practice.

Experimenting

In this phase, members should understand that adult learning is an active process, which applies new ideas and theories. Individual reflection is focused upon (What have I learned? What will I apply?), which becomes the basis for group reflection (What have we as a group learned? What would be good to investigate more?).

Challenges in this part of the meeting

Developing a common understanding on quality along with developing a professional development plan is often the most challenging for members. The role of the leader of the PLC is important to:

- Clarifying misunderstanding and confusions: Tensions can occur if the member realizes that his/her knowledge of certain concepts is not sufficient or that his/her understanding is different from others.
- Avoid feelings of discomfort during discussions: Feeling discomfort due to an understanding of a term might cause avoiding taking part in the discussions.
- Take into consideration the experiences of members, their levels of professional development, and mutual trust when planning for meetings. Members might not be yet ready for discussions.

Overcoming these challenges

- To be able to speak openly about their thoughts, and even to have 'clashing opinions' with their colleagues, members must feel accepted, emotionally supported, and safe.
- Cooperation and trust among members must be at a high level. In communities in which cooperation and trust are not established, members will fear expressing their opinions freely. In such communities, more effort should be invested in establishing trust among members, by designing activities, which will teach them successful communication, recognizing the strengths of each member, knowing each other better, etc.

It might be the case that at the first levels of professional development members expect leaders of the PLC to give them knowledge or to explain quality and offer ideas. In these cases, at the beginning, the leader can prepare materials to initiate discussions about the quality area which the community is dealing with. Over time, as the community develops, the need for such stimuli will decrease, and members will become more ready to explore autonomously a specific topic.

Suggestions for stimulating discussions¹⁹

Joint reading of articles, chapters from professional literature or research on practice	Reading about concepts and ideas that become applicable in practice.
Short workshops on different strategies	Short workshops are helpful in terms of giving a change to members to practice different strategies. Member can discuss the application of

¹⁹ The task of the community leader is to plan activities for each meeting which will stimulate discussion on understanding the selected quality indicator they are dealing with.

which can be implemented in the practice	different professional ideas and concepts in their practice within different structured activities.
Very short expert lectures	Sometimes, experts can be invited to help members solve dilemmas. Expert videos online can also be used (e.g., https://www.ted.com/).
Collegial observation of the work in the practice (via video recording or 'live')	<p>Member can organize observation during practice or record a video to show to the others.</p> <ul style="list-style-type: none"> • Attention at the meeting should be focused on the visibility of the quality indicators observed live or in video. • During observation/video, concrete examples of efficient practice are acquired, the observer's repertoire of skills is broadened, and analytic thinking is stimulated. <p>The member who is being observed and needs feedback on her/his work, should determine the area of work in which feedback is required. The observation/video duration can be short (15–20 minutes) at first and gradually increase as members feel better about being observed.²⁰</p>
Self-evaluation of the quality of work	Members self-assess the quality of their work and realize that the quality is introduced gradually, but through concrete changes.
Joint exploration of problems, including analysing data, and action research	Members can plan their professional improvement rationally and systematically at the entire center level, to follow results and make conclusions. The quality of insight and solutions will enhance the level of professionalism.
Providing moral support and encouraging practitioners who face difficulties	Members can present the problems they encounter in their work and are encouraged not to give up on new practices during a difficult period. Stress levels drop while the readiness of practitioners to experiment with new methods and exchange ideas rises.
Joint reflection	When reflecting together, PLC members feel safe to ask for assistance and advice without feeling either dominant or less valuable.

²⁰ Getting honest feedback from our colleagues can be an unpleasant experience. So, the basic principle that should be respected in the process is that the **person being recorded or observed always controls the situation**. It is also beneficial if colleagues agree in advance on some basic rules for giving feedback, for example. "Everything we say to each other and observe in our practice will remain among us".

Activity: Think – Question– Explore

This activity works particularly well with indicators/focus areas containing terms less familiar to the members.

1. Members read the indicator/focus area they are dealing with.
2. Individually, they reflect and write down the ones which are not clear to them, what confuses them, and about which they would like to know more.
3. Questions and dilemmas are shared in the group.
4. Discussion is started and for the unanswered questions, the discussion may focus on resources that can be used for deepening understanding and finding solutions.

4.4 Planning next steps

This part of the meeting is intended to plan out of all discussed which ideas will be applied in practice. The task of each member is to fill in the Professional Development Plan at the end of each meeting and to describe what s/he plans to achieve or change in their practice until next meeting (related to this area, indicators, and materials they worked on), which activities will be carried out, resources needed, and who can help them. Since members are at different stages of professional development, each designs those activities that they think are applicable to their practice.

Planning the next steps is often seen as a “technicality”, and members do not reflect on their plans once they have created them. In contrast, each community meeting discusses how they applied the planned activities in practice. In addition, plans made in the community are not general; members focus on a very narrow segment of their practice in which they plan to introduce “small” changes. Writing plans take little time (approx. 5 min).

Professional Development Plan	
The aim (What do I intend to achieve? What will I change in my practice?)	
Activities I will carry out (What will I do? Which steps will I take and when?)	
Resources (Which form of support do I need? Who can assist me and how?)	
Indicators (How will I know if I was successful? What, concretely, will I expect to change?)	

Writing Individual Professional Development Plans guarantees that members will systematically and gradually introduce changes in their practice. The results/consequences of introducing the changes will be considered/analyzed both at the meeting (practice reflection) and while applying the changes (reflection during practice).

Consistently writing (achievable) plans helps members to feel that they gain more from participating in the learning community. Instead of starting from planning activities to be implemented in practice, it is expected from the members to start with the aims they wish to accomplish. We can use the following activity to facilitate the writing of plans at the beginning.

Activity: If ... Then

(First part)

1. First, everybody asks themselves a question: If in my practice I would aim to ... (behaviour/quality indicator), in which ways should I change my work?
2. Each member writes several ideas on a post-it for their professional development.
3. Then everybody presents their own ideas and posts them on the wall, grouping them by similarity. During that process, several topics/groups will stand out.
4. Everybody will then choose one of the ideas which make most sense for them and which are most important for the quality indicator to become visible in practice.
5. Ideas are recorded under "activities" in the Professional Development Plan.
6. The Professional Development Plan is

Activity: If ... Then

(Second part)

1. Sometimes, it makes more sense to start with indicators of success; then we can ask ourselves: While in the practice ... (Indicator), what can we notice?
2. The response to the question is recorded under "Indicators" in the Professional Development Plan.
3. We think about what is necessary to achieve a certain outcome, notice such indicators in the practice, and we put this under "activities".
4. The Professional Development Plan is filled in.

When developing plans...

Attention should be focused on what the member does, not children or families (e.g., “I will create a possibility for the children to make...” instead of “The children will engage in...”). Plans should be designed to challenge the member sufficiently, yet they should not be too demanding.

Designing plans that are sufficiently challenging but not too demanding

Comfort zone	It consists of those tasks and/or places that do not present a challenge because we feel safe in them, work without tension, and can control the situation even if something does not go as planned.
Risk zone	It is the best place for learning. This is where a person does not feel very competent and relaxed but is prepared to take a risk to learn something new or become better. This is where people openly disclose to others, ask for opinions and ideas, and honestly consider them. Some call it relaxed alertness – an area where a mixture of the low threat of failure or rejection and high challenge coexist.
Danger zone	It is not recommended to work while feeling in the danger zone. People feel high anxiety and stress and may wish to run away from the situation. They are wasting a lot of energy on something that exceeds their competences. Therefore, when we find ourselves in that zone, we should think about how to move into the risk zone.

4.5 Closing meetings

At the end of the meeting, the leader asks community members to evaluate the process of the meeting. If there is time, members can briefly share what they found to be most useful at the meeting, what they learned, and what they wish to explore further. It is important not to rush them because then the impression will be that the leader is not interested in their opinion.

The leader should distribute evaluation sheets to be filled in (see Annex C, adapted from Brajković, 2014) providing them with an opportunity to evaluate the productivity of the meeting, orientation to practice, leading of the meeting, and communication amongst members, and to give suggestions for improving the meetings. In addition, at the beginning of each meeting, the leader/facilitator should refer to the evaluation of the previous meeting. S/he should be very brief and specific.

The evaluation should not be commented upon, and advice should not be given; this should be left to the team members. If the evaluations mention specific people, it is better to reformulate that part and speak of activities and behaviors. Also, the good sides mentioned in the evaluations should be recognised. Suppose the evaluation is excellent, which often happens because community members appreciate the effort

leaders/facilitators invest in preparing and leading the community. In that case, the leader may comment on how s/he evaluated the meeting and their expectations to prompt the community members to be constructively critical the next time they assess the work of the community.

Examples of PLC: English Together Project – Turkey

The English Together project is an example of a professional learning community established in 2020 where teachers all over Turkey were involved to improve their teaching practice. Teachers joined a large network of peers who support each other, co-operate, and together strive to improve the English learning experience of students in secondary state schools. The aim is to introduce new classroom practices and create classrooms where students feel comfortable to talk and are actively involved in the learning process. The project continues until 2023. More information [here](#).

5. Challenges encountered in running PLCs

To what aspects careful attention should be paid when running/managing PLC meetings?
The most common challenges affecting the running and managing of PLCs include:

- **Improper Implementation:** The most common drawbacks of PLCs come from the incorrect initiation and implementation.
- **Lack of Time and Buy-In:** One initial and common complaint from practitioners (observed among teachers) is that they don't have time for a PLC; this situation might result in a lack of practitioners' buy-in.
- **Producing collective/group thinking:** Meeting the same colleagues during the PLC meetings can create one way of thinking that can limit innovative thinking. PLC leaders should prevent that by challenging the dominant discourse in the group and stimulating critical and alternative thinking.
- There is no guarantee that throughout the life of a PLC there is **equal participation of members**, and that **maximum learning is achieved** by all members. PLC leaders must ensure that the PLC members' level of interest and perceived benefits remains high.
- **De-privatizing practice:** The culture of privatization and autonomy of one's practice is quite dominant, and there is a lot of resistance to sharing it with peers. Additionally, there is a fear of breaking privacy rules and making data or comments about the quality of a colleague's work publicly available.

6. Useful references from the health sector

The "Health Care" Based Professional Learning Community –

https://educationinnovation.typepad.com/my_weblog/2009/07/the-health-care-based-professional-learning-community.html

Elbrink, S. H., Elmer, S. L., & Osborne, R. H. (2021). Are communities of practice a way to support health literacy: a study protocol for a realist review. *BMJ Open*, 11(8), e048352. <https://bmjopen.bmj.com/content/bmjopen/11/8/e048352.full.pdf>

Mehta, T. G., Atkins, M. S., Neal, J. W., & Walden, A. L. (2018). Supporting mental health providers: The feasibility and promise of a virtual professional learning community. *Evidence-based Practice in Child and Adolescent Mental Health*, 3(4), 236–251. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6752741/>

Ranmuthugala, G., Plumb, J. J., Cunningham, F. C., Georgiou, A., Westbrook, J. I., & Braithwaite, J. (2011). How and why are communities of practice established in the healthcare sector? A systematic review of the literature. *BMC Health Services Research*, 11(1), 1–16. <https://doi.org/10.1186/1472-6963-11-273>

McLoughlin, C., Patel, K. D., O’Callaghan, T., & Reeves, S. (2018). The use of virtual communities of practice to improve interprofessional collaboration and education: Findings from an integrated review. *Journal of Interprofessional Care*, 32(2), 136–142. <https://eprints.kingston.ac.uk/id/eprint/39313/1/Reeves-S-39313-AAM.pdf>

Gao, L., Peranson, J., Nyhof-Young, J., Kapoor, E., & Rezmovitz, J. (2019). The role of “improv” in health professional learning: A scoping review. *Medical Teacher*, 41(5), 561–568. <https://doi.org/10.1080/0142159X.2018.1505033>

Social media and emergency preparedness in response to novel coronavirus.

Reference: Merchant, R. M., & Lurie, N. (2020). Social media and emergency preparedness in response to novel coronavirus. *Jama*, 323(20), 2011–2012. <https://jamanetwork.com/journals/jama/fullarticle/2763596>

Rolls, K., Hansen, M., Jackson, D., & Elliott, D. (2016). How health care professionals use social media to create virtual communities: an integrative review. *Journal of Medical Internet Research*, 18(6), e5312. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4933801/>

The use of social media in graduate medical education: A systematic review. Reference: Sterling, M., Leung, P., Wright, D., & Bishop, T. F. (2017). The use of social media in graduate medical education: a systematic review. *Academic*

medicine: journal of the Association of American Medical Colleges, 92(7), 1043.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5487290/pdf/nihms842735.pdf>

Zheng, B., & Beck Dallaghan, G. (2022). A Twitter-facilitated professional learning community: Online participation, connectedness, and satisfaction. *BMC Medical Education*, 22(1), 1-8.
<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-022-03639-6>

Attenborough, J., Knight, R. A., & Brook, J. (2018). Developing and sustaining a Community of Practice through Twitter for work-based learning. *Evidence-Based Nursing*, 21(4), 89-90. <http://dx.doi.org/10.1136/eb-2018-102981>

Hart, M., Stetten, N. E., Islam, S., & Pizarro, K. (2017). Twitter and public health (Part 1): how individual public health professionals use Twitter for professional development. *JMIR Public health and surveillance*, 3(3), e6795.
<https://pubmed.ncbi.nlm.nih.gov/28931499/>

Annex A: Self-Assessment Form (example)

Deciding on the Area That I Want to Improve in My Practice

(This is an example from the educational sector that can easily be adapted for health providers)

For each Focus Area, separately:

- Read why this Focus Area is important.
- Read all principles and indicators. For each of them, mark the indicators that you feel are visible in your work and which are not, or they are but only partially.
 - Write down for each Focus Area what are your strengths and your challenges and what you would like to improve in this area.
 - Finally, consider and write down which Focus Area you would like to work on most in your professional learning community to improve the quality of your practice.

Strengths		Challenges	
Relationships			
Family and Community			
Inclusion, Diversity, and Democratic Values			
Health, Well-Being, and Nutrition			

Strengths		Challenges	
Development and Learning			
Observation, Documentation, Reflection, and Planning			
Enabling Environments			
Professional Development			
Intersectoral Cooperation			

The Focus Area that I would like to improve most during the next year is:

Annex B: Prioritizing Common Actions (guiding questions)

Discuss the issues raised together. Take time to discuss the ideas of all colleagues and try to reach a mutual decision.

Guiding questions	Answers
1. On which quality principle(s) / indicator(s) do we want to work first? Why?	
2. Do we have something to learn or explore to better understand this/these principle(s) / indicator(s)? What resources can we use?	
3. Which goal do we want to achieve?	
4. What specific activities are we going to perform to improve the quality of our work on this principle/indicator?	
5. What other specific activities in the practice we can perform to improve the quality of our work for this quality principle/ indicator?	

Annex C: Professional Learning Community Meeting – Evaluation Sheet

Date:

Please evaluate today’s meeting on a scale of 1 (poor) to 5 (excellent):

Productivity	1	2	3	4	5
Dedication to practice	1	2	3	4	5
Guidance	1	2	3	4	5
Communication among members	1	2	3	4	5

Your suggestions for the next meeting:

Did you perform the professional plan that you created in the last meeting?

Yes

Partially

No