

# Chapter 16

## Knowledge Sharing in Academic Medical Centers: Examining the Nexus of Higher Education and Workforce Development

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### ABSTRACT

*In light of substantial government subsidies, upcoming demographic shifts, new technologies, and financial downturns, higher education (HE) must adopt new approaches for knowledge creation and knowledge sharing to foster economic development. This chapter explores knowledge sharing in academic medical centers which represent a nexus of higher education and workforce development and they operate as a critical component of medical education in the United States. Particular emphasis is placed on technology and culture in academic medical centers. This chapter concludes that cultural changes and the development of leadership skills are needed in both academic medical centers and higher education to most effectively create and share both tacit and explicit knowledge needed for expertise development.*

### INTRODUCTION

Higher education (HE) in the United States is at a crossroads. Economic upheaval, globalization, and technology have created a sea change that will affect funding sources, instructional methods,

student pipelines, education priorities, and the relationship between HE and workforce development. As far back as 1972, Kerr noted that the greater the percentage of gross national product that HE takes up, the less likely the American people will wish to pay the bill, especially if graduates are

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unable to find the jobs they expected to have at the end of their programs, and his prediction seems to be relevant to the present economic climate.

With recent unemployment rates rising above ten percent in some states, lawmakers and the public are beginning to question whether HE is living up to its promises. In so doing, they are asking whether the degrees provided in HE translate into the capabilities and experiences graduates need to qualify for and be successful in high-earning jobs. Additionally, the question of how HE promotes economic growth is a critical one. The United States is lagging behind less prosperous countries in disciplines that have a critical impact on economic growth, such as math, science, and technology. Prosperity itself may be the culprit since students in the United States have fewer extrinsic incentives to study these subjects (Christensen, Horn, & Johnson, 2008).

Knowledge is increasing rapidly, and the global economy is predicated on capitalizing new knowledge. Economic success depends upon the application of knowledge necessary for production and innovation. While some domains, such as law and medicine, have always been knowledge-based, every profession possesses domains that include forms of knowledge that are difficult to share, particularly knowledge built from experience and held implicitly by experts. In the past, apprenticeship models of education combined knowing and doing, thus producing expertise through iterative practice; however, apprenticeship declined as HE was formalized over time.

One exception to this decline is in the field of medicine. Medical education still heavily uses apprenticeship as a model for training. Medical education is housed in professional schools of medicine but it branches quickly into healthcare practice, thus extending its boundaries far beyond traditional HE. The model represents a mixture of basic science curriculum and medical practice along a continuum of undergraduate, graduate, and continuing medical education.

Medical education represents an example of the nexus between HE and workforce development, combining academics and practice. Academic medical centers (AMCs) exist at this nexus because they are invested in the development of a qualified future workforce. AMCs provide clinical experience essential to undergraduate medical students and they are typically accredited for graduate medical education programs, or residencies.

Gunderman (2006) noted that medical educators must become adept at knowledge sharing for the field to thrive. In keeping with the call toward knowledge sharing, the purpose of this chapter is to explore knowledge sharing in AMCs in that nexus between HE and workforce development. The chapter opens against the backdrop of HE, describes the role of AMCs in medical education, examines a framework for knowledge sharing, contrasts AMCs and HE, and discusses how tenets of knowledge sharing are connected to the use of technology in medicine. The chapter concludes with a discussion of future trends in AMCs and HE.

## **BACKGROUND**

HE has functioned as the gatekeeper to many professions (Biesta, 2007); however, a credential does not necessarily correlate with success when students enter the workforce. One aspect missing from the traditional HE classroom is the development of expertise through real-world application of knowledge over time. Experience, flexibility, critical thinking, and the ability to solve problems in chaotic contexts are necessary for success. A different kind of knowledge born of tacit learning and experience is needed, and this knowledge typically cannot be learned in textbooks nor can it be confined solely to the duration of a degree program.

HE, however, has often been marketed as the way into higher status, higher earning professions. Just as real estate has been over-inflated in recent years, some postulate that a HE bubble is about

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