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## **Chapter XVII**

# **Social Capital, An Important Ingredient to Effective Knowledge Sharing: Meditute, A Case Study**

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## **Abstract**

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*This chapter introduces social capital as a concept useful in identifying the ingredients necessary for knowledge sharing in Healthcare. Social capital is defined and its importance as a concept for identifying the conditions necessary for knowledge exchange is discussed. Furthermore the introduction of an online database and tutorial system (Meditute) is presented as a case study to highlight the importance of social capital where information systems are used in the sharing process. The authors anticipate that the use of social capital to analyse knowledge sharing initiatives will lead to more holistic approaches. Such approaches will inform both researchers and managers as to the many factors that affect knowledge sharing.*

## Introduction and Background

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Clinical staff is an extremely important asset to the emergency departments in hospitals. The knowledge they have, their competence and capabilities are vital to providing adequate and appropriate care to patients. Maintaining this knowledge and assuring that it is disseminated and renewed is an important management goal. People are the repositories of knowledge and effectively managing the human and intellectual capital within people involves providing suitable education and an organisational culture that encourages sharing the knowledge.

Knowledge sharing is dependent on social interaction, direct communication, and contact among individuals (Abou-Zeid, 2002). However the increased demands and workloads within the emergency departments have resulted in a lack of time and flexibility for staff to be included in the process of sharing knowledge. Until recently the only option for many senior clinicians to gain new or additional knowledge was through formal postgraduate education. However such programs are unpopular with senior clinicians as they tend to be lecture based with the emphasis more on teaching than learning. Formal education often lacks the “on the job” teaching, which incorporates the tacit forms of knowledge of “how we do things around here” and the context-specific cues for memory recall.

A premise for the discussion in this chapter is that although the clinical information shared is constructivist rational (based on known facts and linear logic), the access to and sharing of such information requires particular mechanisms. These mechanisms serve to create awareness that the information exists and is accessible. Furthermore the mechanisms allow access, use and ability to evaluate the content of the information

Accessible information is a transferable commodity. However the context and meanings that is often required to increase the usability of information involves sharing knowledge. Knowledge is not a transferable commodity, but rather a constructivist mechanism established from access to people, relationship building and developing shared understandings. The mechanisms will be discussed in detail as components of the social capital concept.

In March 2002, an Australian Hospital initiated a program called Meditute, which was based on a commercial system built in the United Kingdom. Meditute is a series of Web pages designed to teach small chunks of medical knowledge. It provides basic scientific information in a relevant clinical context for the learner to read and absorb, before undertaking a test of their learning by answering a series of short questions at the end of the tutorial. Meditute enables the learner to select the tutorials appropriate to their needs and complete them at their own pace through self directed learning. The intention is that the tutorials will contain more information than what is available in the textbooks. The main strength of Meditute is that the participants can write and are encouraged to write their own tutorials, which are peer reviewed before being shared with others.

The Meditute program has received grant funding from the Postgraduate Medical Council of Victoria and a donation of content from the Open University Centre Education in Medicare. While this has certainly helped kick start the program, its continued success relies on something far more important, that of social capital. In the absence of social capital, Meditute is inanimate. It is unable to command the necessary interactivity and

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