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From the past up to the present time, diabetes care in Thailand has advanced to a large extent because various participating agents have contributed to this area in ways they are responsible for. Since 2005, knowledge management (KM) has been used for building the diabetes care team network. It started from the Knowledge Market Workshop, during 30 April-1 May 2005, supported by the Foundation for the Development of Diabetes Care, Theptarin Hospital, and the Knowledge Management Institute (KMI). The multidisciplinary healthcare teams who had best practice in diabetes care were invited to participate in this workshop. The participants practiced dialogue, storytelling, and deep listening techniques in sharing and learning success stories in a positive and encouraging ambience. Success stories to be shared do not need to be major successful events but small practical actions. From success stories the knowledge assets were extracted, then categorized and synthesized as diabetes care competencies which will be described in 5 levels, from basic to the best. These 5 level competencies are for self-assessment (present and future) of which the scores obtained will be analyzed and shown as river and stair diagrams. Strengths and weaknesses of each team will be revealed and who to learn from to improve their practices will be shown in these diagrams.

Another activity within the network is Peer Assist. The Peer Assist is a process of learning before doing. If there are diabetes care teams who have already done things well for the subjects in the area that other teams want to improve, there is no need to start from zero. They should learn by 'shortcut' and apply the learnt practical knowledge to their contexts. Knowledge Market Workshop and Peer Assist are organized several times; thus, the network is easily expanded. The network has also used the weblog (<http://gotoknow.org/planet/dmcommune>) as a knowledge sharing platform.

Since 2007, the network has organized the KM Conference on diabetes care once a year. The conference participants are multidisciplinary healthcare personnel, community volunteers, and diabetic patients from all over the country. In such events, the participants learn new KM tools, tacit knowledge and new explicit knowledge in diabetes care. Diabetic patients are invited guest speakers at the conference. Participants do not sit listening passively but they move from one learning station to another. They listen to practitioners,



see how things are done and try out by themselves. They enjoy their active participation at these stations, no one feels bored. In this way, the practitioners are publicly recognized. This conference is well accepted by the public.

All activities have resulted in an increase in the numbers of healthcare personnel who work more efficiently and happily; the diabetic patients increase their self-care ability, thus they can take better care of themselves and other patients.

From a humble beginning in which few healthcare personnel worked together, KM grew to involve diabetic patients and people in the community. The network has eventually developed power to face the growing challenges of diabetes and to empower the community. Personal transformation is clear in persons who have adopted KM in their practices. KM has indeed inspired the spiritual development and involvement as well as the heart-to-heart ties of all lives in the network. This is the miracle of KM that makes the almost impossible collective participation, the structurally untied network believed to be "*the invisible network*", possible.

