

Surgical Management Consultants

Whitepaper

CORE COMPETENCIES AND THE SURGICAL DEPARTMENT

Kenneth J. Bradley, BA, MD, FRCS(C), MMM,

In considering a health facility's **core competencies** one must not consider overall departments or units e.g. radiology, surgery, obstetrics, paediatrics, etc., nor outcomes such as mortality, morbidity, successes and failures. Instead one must look at the basic ingredients that go to make up or result in the aforementioned.

In the **surgical department** these basic ingredients include the surgeons and physicians, -their general abilities and their potentials, the operating room administration and supervisory staff, the nursing staff, the technicians, the physical layout, the equipment available, and more recently the 'knowledge systems' that are in place. These are the real **core competencies** of the **surgical department**. These are the basic building blocks of the department and each one plays a significant role in both direction as well as degree of success and failure of the department. As an amalgam they may be termed a portfolio of competencies.

In any in depth analysis of a **surgical department** whether it be for purposes of developing a competitive strategy or to try to come to a conclusion or a decision on a significant or even a lesser degree of dysfunctionism, all of these **core competencies** must be included in the study. They are all parts of the 'system' and each plays a role in the synchronicity necessary for optimal function.

An overall assessment of a **surgical department** especially when trying to foresee and plan for the future in surgery may necessitate considering the developing or acquisition of new **core competencies**. Old competencies may be found to be dated and anachronistic. It may be necessary to discard them, or more profitably, possibly disassemble them and use the skills and components to create new competencies that may in turn become part of a new or improved **core competency**.

Knowledge systems have more recently come to the fore as an expanding competency to the extent that in many instances it may now be considered a **core competency**. Such systems are generally computer generated using software packages that may be customized or off the shelf. Properly instituted they enable the complete department to continually and synchronously expand their knowledge and potential as more and more new products, ideas and concepts come on line. Rather than have these advances percolate in an uneven and discretionary fashion down from above as in the traditional fashion of the days of old, now all involved can remain on the cutting edge of progress. This in turn not only elevates self esteem but eliminates roadblocks and obstructionism so often found when things are not completely understood. As

these systems become interactive more and more heretofore often withheld ideas, get introduced into the programs both further improving productivity and a feeling of worth at all levels of the department.

Finally some health facility **core competencies** may be considered as 'cross'competencies. That is certain competencies may transcend different departments. An example is records and communications. In today's environment these play a leading role in the functionality of the facility as a whole and therefore must be considered whenever the **core competencies** of a particular department , including the **surgical department** are assessed.

In summary, **core competencies** are not departments or business units of a health facility, nor the successes or failures with the product (patients), but the basic ingredients of each department working singularly or as a team using both physical and knowledge assets to produce a competitive edge in a competitive environment.

Kenneth J. Bradley, MD
Surgical Management Consultants

Kbradley@surgicalmanagement.com
<http://www.surgicalmanagement.com>
Phone 804-4533043 Fax 804-4532678