

Community of Competence™: Background Theory and Concepts – Part I

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ABSTRACT

Purpose – This paper aims to present the methods and framework of the Community of Competence™ (C of C) originated by Smith as a new organizational model designed to maximize the use of scarce human and material resources. C of C links the words “community” and “competence” and incorporates the theories of socialization, systems think, learning organizations, self-organizing systems, motivation, and creativity.

Design/methodology/approach – Combining the structure of a learning organization, systems thinking, the framework and methods of C of C was shown to create and support partnership for sharing key information and knowledge in electronic networked global multidisciplinary groups. The general and unique roles human and organizational variables play in selecting and assigning members, defining and solving problems, and documenting results are discussed in three of 11 major healthcare projects presented in part II of this paper.

Findings – Healthcare is extremely competitive and primarily driven by the bottom line, the need to “do more with less”, and apply 21st century thinking. Over the 2005-2010 period, the authors learned that to remain competitive in the local/global marketplace, healthcare organizations must start to share competencies and make better use of limited or scarce human and material resources. C of C brings multidisciplinary groups together to solve complex problems by creating practical and efficient ways to more effectively identify, address, and develop realistic, cost-effective solutions for major high-priority problems and concerns in health care.

Originality/value – A C of C, as a new organizational model and catalyst for change, may foster a paradigm not only toward patient-centered medicine or “medical home”, but also help improve the safety, quality, effectiveness, timeliness and equity of health care as originally proposed by the US Institute of Medicine in 1999. Only then can patients and families, as the only true customers of health care, be empowered and encouraged to more actively participate in decisions about their diagnosis, treatment, and outcomes.

Keywords: Competence, system theory, learning organizations, health services

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