

Members in Action: Keys to Successful Co-Leadership

Catholic Health Initiatives – Englewood, Colorado

Last fall, key leaders from the American Hospital Association (AHA), American Organization of Nurse Executives (AONE), and the American Association for Physician Leadership (AAPL) were joined by hospital and system chief medical officers and chief nursing officers from around the country with effective co-leadership leadership models to understand what made their leadership stand out from the crowd.

Through a series of podcasts, AHA explored what it takes to develop an effective dyad partnership. Below are highlights from an interview with Kathleen (Kathy) Sanford, DBA, RN, senior vice president and chief nursing officer, and Robert (Bob) Weil, MD, chief medical officer at Catholic Health Initiatives.

Key Takeaway

Making a clinical dyad partnership work well requires a special kind of synergy between physician leaders and nursing leaders.

Q: What questions should be asked if someone is interviewing to be part of a dyad model?

BOB: Find people who ask questions, don't just leap to answers. I think for me, another one is how comfortable are people in dealing with uncertainty and dealing with information asymmetry. It exists all around us, and some people are comfortable with that and other people are not comfortable with that.

KATHY: I've always thought about these kinds of relationships that they have, probably, three defining characteristics which is that you both are willing to look for and seek out the truth, that you both deal with people with respect, and that you communicate effectively what you learn and what you know.

Q: What's been the impact of this model on your organization? What's different from an outcomes perspective, or what do you see as different as a result of your partnering together?

KATHY: We've seen a decrease in silos across our system and the national level, and between the national level and the different groups. That's always

an issue in a large company -- it's easy to get into silos...and I believe the dyad leadership model has been a big part of why that reduction has come about. I believe the dyad leadership model is part of why our patient care has increased year over year in our quality metrics. You can't say that any one thing you do causes that, but I believe it's a very important piece of why we're on this trajectory of improved quality.

Q: What has helped you move through difficult parts? How have you strengthened that partnership in the face of those difficulties?

BOB: ... getting coaching, that almost never hurts. But coaching can be coaching one another. ... we do that, probably, more now in the sense of either preparing for a meeting or when a meeting or situation is over, going back over it with one another to think what did we learn from this? Did we get our message across and did we fully understand the message that others were trying to get across to us?

...we spend a lot of time around intentionality of being seen as joint leaders. We sign critical memos together. We do joint meetings of even the people who theoretically report to Kathy or theoretically report to me on our organizational chart by saying we represent a collective clinical enterprise.

To hear the full interview and learn more about dyad leadership models, visit www.aha.org/physicians.