

Members in Action: Keys to Successful Co-Leadership

Cincinnati Children's Medical Center – Cincinnati, Ohio

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 Steve Davis, MD, MMM, chief operating officer and a pediatric physician by training, and Cheryl Hoying, PhD, RN, senior vice president for patient services at the time of this taping, with Cincinnati Children's Medical Center.

Key Takeaway

For a dyad relationship between physician leaders and nursing leaders to work properly, it has to have organizational support.

Q: Tell us a little bit about your partnership model? How does it look in your organization?

STEVE: ...[with] my background in the intensive care unit, I had a long history of partnering directly with nursing and respiratory therapy to develop a team model of care. I benefited as a physician greatly from those partnerships...I already had the desire to work very closely with patient services at every aspect of the organization because I had seen at the bedside how much of a difference it made for kids in the intensive care unit.

CHERYL: I would also add that we have an interprofessional practice model. And that model really is one that sets how we deliver care in our organization. It's collaborative, and it's coordinated, and it's really focused on innovation and safety. And it is one that also supports the family and patient as a member of the health care team.

Q: When you're thinking about advice for others who are looking to implement this kind of a partnership model, what would be the top two or three things you would recommend that they think about?

CHERYL: Make sure that your values and beliefs align. From there you can build upon and achieve whatever goals and things that you've set out to do.

STEVE: One of the mistakes that can often be made is wanting to go too fast. Having a pair come together and, particularly, if they have similar views on what needs to be accomplished in the next year or two, the desire is to go really fast. But take the time...to get to know what the other person's values are, interests are, and beliefs around how the organization is run and what's important.

Q: Thinking back on this time that you've worked together, what is something that you've been most proud of?

CHERYL: I think in the beginning, it's just trying to find that common ground that you can both build upon. And it's really building that trust level that you've got each other's backs no matter – when it's good or when it's bad. You're both supportive of one another to be there and help raise the other person up.

STEVE: What I've experienced is that the vast majority of time, when we aren't in agreement right off the bat, if we take a little bit of time to explore what the rationale is, usually we both learn something, and we find out that we're actually not that far apart.

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