A Model for Clinical Partnering: How Nurse and Physician Executives Use Synergy as Strategy

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The American Hospital Association (AHA) and its affiliates the American Organization of Nurse Executives (AONE) and AHA Physician Alliance joined with the American Association for Physician Leadership (AAPL) to bring together chief medical and nursing officers to identify effective approaches for collaborative executive leadership in complex systems; develop a shared understanding and common language for clinical leadership and decision-making to be used by other executives; share partnering challenges and peer-to-peer approaches to those challenges; and identify the resources needed to support ongoing efforts for collaborative leadership and executive development.

Synergy as Strategy

Health Care Landscape. The shift of health care delivery toward value-based care requires the blending of clinical and administrative expertise to ensure alignment of incentives between physicians and hospitals. This has led to the proliferation of dyad leadership models (Chazel and Montgomery, 2017). Regulatory emphasis on population health and chronic disease management across the care continuum requires that clinical care be jointly coordinated to achieve effective outcomes. The patient safety movement continues to drive the development of interprofessional teams and coordinated care models, where the expertise and clinical acumen of nurses and physicians is integrated to deliver high-quality patient care. But truly improving health care delivery requires more than the realignment of accountability structures and gathering all voices into a room. Leading effectively in a volatile and complex world necessitates the strategic leveraging of synergy through clinical partnership.

The adoption of a leadership model that emphasizes clinical partnering between physicians and nurses from the executive level to the bedside is an idea whose time has come (Sanford and Moore, 2015).

Incorporating the dyad leadership concept with the practice of partnering between nursing and medicine is a strategic approach that leverages synergy to achieve strategic objectives and deliver excellent patient care.

Given the historical divide between the two professions, how does synergy occur? What does it take to develop and sustain these clinical partnerships? How do patients and their families benefit? What is the impact partnerships have on clinical quality, patient satisfaction, employee engagement, or on the leaders themselves? What potential does clinical partnering hold for the unknowable future of health care given the volatile nature of the political environment? And how can clinical partnering reconnect nurse and physician leaders to what gives them meaning and joy in their work?

In order to find the answers to these queries, in September 2017, the AHA, AONE and AAPL convened an executive forum of nurse/physician dyad partners from nine health care organizations. The participants were selected to represent a diversity of geography, position (system-level to hospital-level), type of organization (children and adults), role (chief medical, nursing or operating officer, aka, CMO, CNO, COO), gender, and generation. These exemplary leaders spent a day sharing their insights and experiences to elucidate what it takes for effective partnering at the executive level. As a follow-up to the forum and to further the conversation, interviews were conducted with dyad partners from three organizations.

This report features the insights and wisdom from these successful executives who have intentionally created and nurtured their clinical partnerships as a means of co-leading their organizations to address complex strategic challenges while supporting one another. Despite their diversity, many common

themes emerged from the conversations, with a distinct emphasis on the power of connection and the resulting impact of synergy on delivery of patient care. Drawn from their expertise, the report provides a model of clinical partnership that fosters synergy between nurses and physicians who are tasked with leading in increasingly challenging environments.

Dyad Leaders as Clinical Partners

"Dyads are mini-teams of two people who work together as co-leaders of a specific system, division, clinical service line or project" (Sanford and Moore, 2015). The purpose of a dyad leadership approach is to help organizations meet strategic goals, enhance the leadership skills of new clinical leaders, promote shared accountability across divisions, and model partnering throughout the organization as a means of collectively improving clinical outcomes. Adoption of dyad leadership is a strategic choice in which a partnership is embedded into the organizational structure. It differs from appointment of champions, super users or co-chairs of initiatives who come together temporarily for specific projects or implementations. Dyad leadership involves more than a collaborative spirit or collegiality among peers.

Clinical partnership goes beyond role clarification and shared accountability structures. Our participants unanimously emphasized the role of relationship and the work that goes into developing and sustaining a clinical partnership as the keys to their success as dyad leaders (see *Table 1: Keys to Success*).

A Model of Clinical Partnership

Executive clinical partnerships are relational approaches to leading. They leverage synergy in order to achieve shared strategic goals and further the mission of the organization. Executives who intentionally partner as leaders use synergy as strategy. Leading in this way requires a capacity for mutuality, connection, shared decision-making, conflict engagement and openness to growth personally and professionally. An essential aspect of clinical partnering requires that leaders have 'partnering intelligence,' which has been described as "the ability to develop trusting relationships while accomplishing mutually beneficial objectives" (Dent, 2004).

> **"We both honestly feel that one plus one is more than two."**
>
> – Kathy Sanford, RN
>
> Senior Vice President and Chief Nursing Officer for Catholic Health Initiatives

Clinical partnership is both a way of working and a way of being. Drawn from the insights of successful executives leading as clinical partners, this report outlines a proposed Model for Clinical Partnership. This model places primary emphasis on the centrality of relationship as the vehicle for effectively leading others. Partnering as clinical leaders requires intentional and deliberate creation of a relationship that is anchored in shared values and beliefs with, "what is best for the patients and those who care for them," serving as the North Star guiding all leadership activity. The partnership is further supported by organizational infrastructure, personal mastery of leadership skills, and use of strategies that sustain 'growth-fostering relationships' at all levels of the organization (see *Table 2: A Partnering Model of Clinical Leadership*).

Woven throughout the participants' stories is a common narrative that is reinforced by their capacity for compassion and empathy toward self and others. From this relational ethos emerges a mindset through which these leaders discern what to do and how to be with one another, while working to resolve complex challenges that affect the lives of others. This ethical framework and mindset are foundational to their ability to work as true partners.

A relational approach to leading can seem both obvious and elusive. The leaders all mention the importance of building trust, communicating effectively and engaging respectfully as key to their success. But how do they "do partnering" on top of the multitude of tasks required of busy leaders? What do they do that makes their partnership work? And what holds their partnership together when there are differences of opinion, miscommunication or conflict? What keeps them anchored to what matters most?

Ethics and Moral Imagination

Partnership is a relationship in which there is mutual benefit. It is based on trust, openness, honesty and respect. Clinical partners connect their work to their shared mission and vision, "to do what is best for patients, families and staff in order to achieve optimal clinical outcomes and overall engagement." The leaders all mention the importance of a shared philosophy or set of values and beliefs regarding patient care and leadership as guideposts for their decision-making, particularly when they have differences of opinion.

Clinical partnering between nurses and physicians focuses on the delivery of exemplary health services, while undoing challenges from the past – where professional silos and power dynamics might have prevented effective collaboration. The leaders participating in the forum described the importance of intentionally building trust and taking time to get to know one another. They all saw this as essential in creating a foundation for working together through difficulties and integrating differences. They acknowledged the cultural and structural barriers that have divided nursing and medicine historically and the effort needed to be curious and open to learning about each other's profession and being aware of their own biases.

Developing the capacity to bridge this cultural divide relies on moral imagination, described as "the ability to discover and evaluate possibilities within a particular set of circumstances by questioning and expanding one's operative mental framework… It is an ability to consider a situation from the perspectives of various stakeholders—a facility that can help managers avoid the ethical trap of confusing reality with what they want it to be" (Werhane and Moriarty, 2009). Not surprisingly, moral imagination is more easily invoked in organizations where purpose, vision and values are aligned.

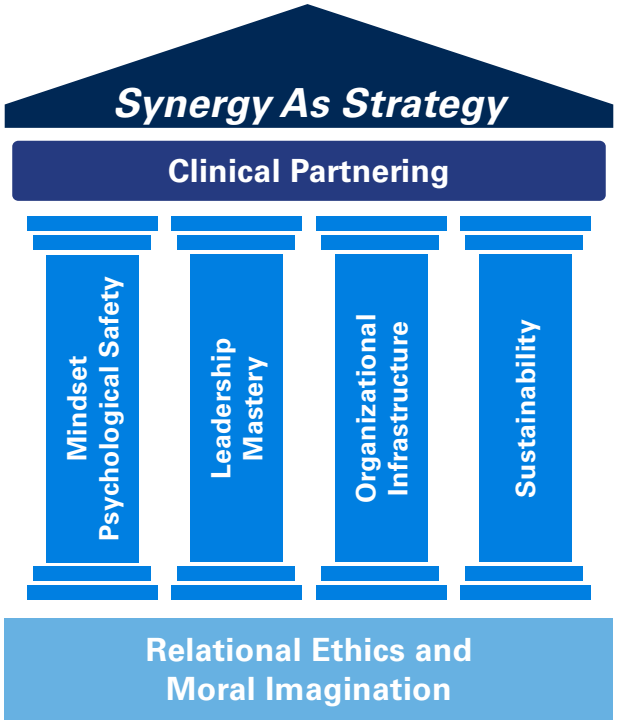
Table 1: Clinical Partnership Keys to Success

These keys to successful clinical partnerships were identified by participants at the AHA Executive Forum, September 2017.

Interpersonal Qualities	Interpersonal Behaviors	Organizational Factors
– Trust and respect – Intentionality – Friends as well as colleagues – Self-awareness – Self-reflective – Open to perspective of others – Service orientation/ mission-driven – Own their contribution to outcomes – Willingness to learn and grow – Able to take risks with each other – Mutuality – Humility	– Get to know each other, go slow to go fast – Assume good intent – Good communication/ model partnership – Spend time together – Strategic influencing/ seen as jointly leading – Share success and failures – Present a united voice – Conflict engagement that preserves relationship – Give and receive feedback – Can openly talk about strengths and weaknesses with each other – Positively influence each other	– Shared mission, vision and strategic goals – Supported by senior leadership – Clear role descriptions that include shared accountability – Knowledge sharing is valued – Offices are co-located – Opportunity to interview and hire your partner – Coaching provided to support partnership and leadership development for all dyad leaders – Cascade dyad model from executive team to unit level

Table 2: Synergy as Strategy: A Partnering Model for Clinical Leadership

This model is drawn from the insights and experience of the nurse and physician leaders who attended the AHA Executive Forum and those interviewed following the forum.



The leaders referred frequently to their ability to imagine the perspective of their partner when making determinations about strategic direction, clinical practice, or operational issues. They mention their ability to speak with one voice and represent each other in meetings or during presentations, and even did so automatically during their conversations together. They acknowledged the need for empathy and deeply appreciate the work their partner does. They create space for learning from one another and remain open to and actively seek feedback. They mention the importance of invoking compassion, for themselves and others, particularly in the face of mistakes or unpopular decisions. This moral imagination is a quality they also demonstrate when interacting. It guides their capacity to make ethical decisions in unanticipated or difficult situations and helps them work through conflict without harming their relationship. This shared ethos is the foundation for their synergy as clinical leaders (see *Table 3: A Physician's Story*).

Mindset and Psychological Safety

There is a partnering mindset that permeates the way in which clinical partners engage with one another. It guides their behaviors and frames how they think about their approach to leadership. The executives consistently mention the qualities that make for a good clinical partner and they actively hire for these. Dent describes six "partnering attributes" that include: self-disclosure and feedback, mutuality, ability to trust, comfort with change, interdependence and future orientation (Dent, 2004). These qualities reflect the mindset of a good partner, and they are what leaders listen for when interviewing and hiring new leaders to work within a dyad.

According to the executives, participating in the interviewing and hiring of a dyad partner is a practice that contributes to the success of the partnership. Essential qualities that leaders say they look for are values aligned with the organization, being patient-focused, putting team before self, humility, flexibility and adaptability, having a complementary skillset, a desire to work in partnership, being comfortable with risk and ambiguity, having curiosity, possessing conflict engagement skills, and having a desire to learn from failure. As one experienced executive said, "The people who make great dyad leaders, were great leaders to begin with. They are willing to listen to other people openly, completely and to learn. Those who can't were never truly great leaders."

A partnering mindset also incorporates the one thing needed for effective teamwork — psychological safety. Empirical evidence from research by Google and social scientists identifies psychological safety as the key differentiator in high-performing teams. Psychological safety is characterized by trust and mutual respect and ensures a space in which people feel confident in speaking up and being themselves without fear of embarrassment, rejection, punishment, or ostracizing. Experiencing psychological safety can contribute to "social courage" where someone takes the risk to act or

Table 3: What Moral Imagination Sounds Like – A Physician's Story

From a physician executive now serving in a COO role:

"I'm going to go back to a story from about 25 years ago when I was a young critical-care doctor, and I had had a string of very challenging patients. Many of them died. I had been in my role as director of the unit for a fairly short amount of time and I was feeling personally responsible for some children who didn't survive. The nurse manager of the unit saw that I was struggling and came up to me and took me downstairs for a cup of coffee and a discussion. She'd been the nurse manager for almost 20 years and she said, "Our successes and the ones that we don't do well are on all of us as a team in this unit. You did everything you could, and this wasn't your fault." And it was the first time a nurse or anyone else had ever let me know that it was ok. The ICU can be a pretty challenging place, particularly then when the death rates were so much higher than they are now. The value of a team working together made it much less lonely and scary being the physician in the ICU. So, I carry that feeling of working as a team. It makes it better, not only for the patients but for the day-to-day life of all of the providers. You just feel more comfortable when you know that you have a whole team working together, rather than individuals working in parallel."

speak up for the sake of others in a way that could create a risk for their professional or social image (Howard and Cogswell, 2018).

The leaders all spoke of the need for psychological safety as a core measure of their partnership's success. Their descriptions of successful and unsuccessful partnerships reflect the need for a safe space to be vulnerable, be authentic, seek help, and support one another. The benefits cited by many of the dyad leaders of working with a partner is knowing:

- "You are not in it alone."
- "There is someone to run things by and debrief with."
- "Someone has your back and knows what you have gone through."
- "I can be open and honest and I get stronger from the feedback."
- "You can be comfortable allowing each other into your space."

This aspect of partnering is key in supporting ongoing development toward mastery as leaders.

Leadership Mastery

Leadership requires working "from the inside out" through development of self-awareness and self-management, while simultaneously performing the complex work of engaging and leading others. It requires intra- and interpersonal skills combined with fundamental administrative skills. According to a survey in which a majority of the respondents are using the dyad leadership model, the top skills needed to lead others are interpersonal skills (Swensen, 2017). These are more difficult to develop than task-based skills.

The partner relationship provides an ideal "learning lab" for clinical leaders to learn about themselves and how they lead others. Partnership allows colleagues to serve in the role of, "peer as mirror" and reflect back what they see and experience. This feedback is invaluable and becomes increasingly rare for leaders as they reach the apex of their organizations. Through this real-time learning, partners can enhance the psychological resources of the other within the context of a growth-fostering relationship. What is observed as a result is increased vitality and energy, increased self-agency, more accurate view of self and the other, greater sense of self-worth and greater feeling of connection and motivation for engaging others (Baker Miller, 1986).

Many of the executives spoke of the personal growth and the potential for leadership development that they experience from working in partnership and the joy of working together. In their own words:

- "We have a lot of fun together, and that's important too. We spend too much of our waking hours together not to have fun."
- "I am surprised by how much fun it has been!"
- "It's been nothing short of spectacular to have this relationship together."
- "In a complex organization like a health system, it is impossible that we have all of the expertise ourselves. That's why these kinds of relationships are not only important but resonate with all clinical leaders. They recognize that they can take advantage of their colleagues' expertise and education."
- "This work is too hard to try to do it all alone. I wish we would have started earlier in our careers working this way."
- "You not only need the truth, but actually have to have trust in your partner that they will speak the truth. Trust is something that you earn principally by speaking the truth and being truthful."
- "You have to demonstrate reverence for one another as well as for the people you serve."

Organizational Infrastructure

The leaders identified organizational supports that are necessary for these partnerships to succeed. This infrastructure encompasses structural supports, physical space and visibility. Examples of structural supports:

- Role descriptions that include partnering and shared accountability.
- Meeting structures that allow for co-leading including board-level committees.
- Hiring practices that select for partnering competencies.
- Joint review of and response to adverse. events, patient feedback and employee concerns.

Some aspects of the organizational infrastructure are linked to physical space. Having offices where partners have easy access to one another is key. They routinely mention the need for meeting informally to run something by the other, working through questions before and after meetings, and following-up on issues that would be delayed if they had to wait to get on each other's calendar.

A major contributor to supporting the model is visibility of the partnering approach across the organization. This is an area that all of the dyads put time and attention into to ensure that they are seen as a unified voice and so that they can model the partnership. They mention how they share presentations, speak to one another's area of work responsibility or expertise, jointly sign memos, and work interchangeably when following up on professional conduct or clinical practice concerns. They work diligently to be seen as jointly leading and fully aligned. Sustaining the partnership and the model itself is important to these leaders.

Sustaining Clinical Partnership

Sustaining clinical partnership is an ongoing and evolving process. The leaders shared the importance of going slowly in the beginning to go fast later. They describe the benefit of bringing in professional coaches to help them learn how to work with one another, to develop self-insight and to work through sticking points that may come from old ways of working and habits of mind. In one leader's words, "the reason the coaching worked was because we both wanted the same thing for patients and employees. We both had something greater than ourselves that we wanted to accomplish. We were willing to listen to the coaching and to ourselves and have the maturity to know I wasn't doing this right or I had a bias I was unaware of."

Of equal importance is support to sustain the model over time. Many of the organizations have cascaded the clinical dyad model down through the organization to the unit level to highlight the importance of partnership to drive results and improve care. The leaders shared their hope that they could implement onboarding processes to help new dyad leaders move into partnerships with support from peers and ongoing training. They also talked about the need to spend time together, to meet at regular intervals throughout the year to work as

partners on clinical initiatives and to practice co-leading teams. All of the dyad leaders shared the importance of mentoring and modeling clinical partnership on an ongoing basis as a main strategy for sustaining the model over time.

Outcomes from Clinical Partnering

According to the leaders who gathered, clinical partnership has a positive impact on achievement of strategic objectives including excellence in patient care and staff engagement. They cite specific examples in which performance metrics have increased and staff engagement has improved. While cautiously acknowledging there are many contributors to these successes, they are certain that they could not have achieved them without bringing leaders together in partnership.

Other outcomes identified are a decrease in silos across the system, higher job satisfaction among leaders, better decision-making, and the ability to implement change much faster. As one person said, "It is hard to make change if you are not dealing with reality and you have to work together to get the full picture of what is really happening." They also speak of the need to work differently in the future, "We are not going to have enough people to lead in the future, so we have to be sure that we are leveraging our skills and abilities by coming up with these types of partnerships," said another participant.

It is clear that there is a positive impact on the leaders themselves and their own resilience. As one physician said, "Don't be afraid to make mistakes. That is what you have a partner for, to help guide you and to put you back on your feet." Another forum participant said, "It's lonely at the top. If you have someone who is doing the work with you, who you can to talk to and help each other, you're not all alone in the decision-making and in responding to how people feel about those decisions. When you have a dyad partner, you have someone to help you try to make the best decisions and someone who is there with you who is your partner in whatever you are doing."

Conclusion

Executives who intentionally partner as leaders use synergy as strategy. The greatest benefit of this strategy is the power it generates to amplify the clinical voice on behalf of patients and clinicians. As one CNO said, "We are much more powerful together — to do what's right for the patients and the people who take care of them."

References:

Baker Miller, J. (1986) *What Do We Mean by Relationships?* Paper No.22, Jean Baker Miller Training Institute at the Wellesley Centers for Women

Chazel, R. and Montgomery, M. (2017) The Dyad Model and Value-Based Care. J of the Am College of Cardiology, Vol 69 (10), 1353-1354. Available at: *https://www.sciencedirect.com/science/article/pii/S0735109717304412?via%3Dihub.*

Dent, S. (2004). Partnering Intelligence: Creating Value for Your Business by Building Strong Alliances, Second Edition, 2004, Davies-Black Publishing. See also: *http://www.partneringintelligence.com/about_SixAttributes.cfm.*

Howard M.C. and Cogswell J.E. (2018). The left side of courage: Three exploratory studies on the antecedents of social courage. *The Journal of Positive Psychology*, DOI: 10.1080/17439760.2018.1426780.

Swensen S. and Mohta N. (August 2017). Leadership Survey Ability to Lead Does Not Come from a Degree, Insights Report. latest NEJM Catalyst Insights Council Leadership survey, "Leading Physicians and Physician Leadership." Interpersonal skills are by far the top attribute needed to successfully lead a health care organization (82% of respondents) and to lead other physicians (90%). Available at: *https://catalyst.nejm.org/ability-lead-degree-dyad-leadership-interpersonal-skills/*

Sanford K. and Moore S. (2015). *Dyad Leadership in Healthcare: When One Plus One is Greater than Two*. Philadelphia: Wolters Kluwer, at 7.

Werhane and Moriarty (2009). Business Roundtable Institute for Corporate Ethics Moral Imagination and Management Decision Making, Available at: *http://www.corporate-ethics.org/pdf/moral_imagination.pdf*

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