The Benefits of Dyad Leadership in Graduate Medical Education

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Disclosures

I have no financial disclosures
Learning Objectives

• Define the term "dyad leadership"

• Describe uses and benefits of this leadership model to improve operations and collaboration with other leaders

• Describe how this leadership model can be applied to the medical education enterprise and the process to implement this model
Dyads Defined

Noun
1. a group of two; couple; pair. considered as an operator.

Sociology.

two persons involved in an ongoing relationship or interaction. the relationship or interaction itself.

Ideally this is an symbiotic relationship
Dyads

- A healthcare management "dyad" includes a qualified physician paired with a qualified non-physician manager who complement each other while working toward shared goals.
- Dyads may oversee an integrated clinical service line, divisions of care providers, entire community services delivery systems or specific projects.

Dyad partnerships are fundamental to all we do to share leadership, engage physicians & colleagues and develop physician leaders.
Physician Engagement/Leadership Development Transition:

From

A hierarchical, executive led decision-making culture that requests clinical leadership to “install” its strategies

To

A shared leadership or dyad decision making culture where clinicians/physicians in partnership with executives develop strategy/initiatives & implement together
Dyad: Typical **Physician** Responsibilities

* Assuring quality
* Building the medical group practice culture
* Encouraging teamwork among physicians and multidisciplinary care teams
* Managing physician-driven clinical resource use
* Minimizing inappropriate practice style variation across providers
* Maximizing provider-driven patient satisfaction and customer service
* Providing for physician continuing education and skill building
* Encouraging clinical care innovation
Dyad: Typical **Administrative** Responsibilities

* Operating and financial performance and ratio analysis and management
* Market share performance and Competitor strategy analysis
* Capital and resource consumption patterns, comparisons and investment models and management
* Strategic planning and plan implementation
* Collaboration on resource and labor use issues across services, sites or divisions
* Coordination of meetings and workplan tracking
Dyad Model in GME

Characteristics of GME that support this idea:

- GME is no longer a “silo” within a health care setting but must be integrated at several levels
- Decisions by clinical leaders as well as GME leaders impact the environment
- Greater responsibility for oversight
- DIO roles continues to expand to cover great areas of competencies
DIO competencies

1. Maintaining the Institution’s ACGME Accreditation
2. Maintaining the Institution’s Residency Programs’ ACGME Accreditation
3. Improving the Institution’s Education Program
4. Developing and Supporting Residency Program Directors
5. Managing the Institution’s GME Budget and Advocating for Resources
6. Managing and Representing the Institution’s GME Operations
7. Overseeing the Well-being of the Institution’s Residents
8. Providing Guidance on GME Legal Matters
9. Functioning Effectively in the Larger Medical Context
10. Working in the Health Policy Context
11. Developing Further as a GME Leader.

For each competency, it defines three levels (modeled on Dreyfus)
1. Competent - knowledge and understanding of what needs to be done;
2. Proficient - the ability to translate that knowledge into effective action; and
3. Expert - the ability to exercise creativity and leadership.

AAMC GRA Core Competencies For Institutional GME Leaders/Designated Institutional Officials, June 2008
Leadership Solution: The Dyad

Dyads: a “Best of Both Worlds” Leadership Model

<table>
<thead>
<tr>
<th>Administrative Leader</th>
<th>Physician Leader</th>
</tr>
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<tbody>
<tr>
<td><strong>Optimizes The Business</strong></td>
<td><strong>Leads Clinical /Educational Transformation</strong></td>
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</table>

- Business strategy and growth planning
- Clinical operations management
- P&L\(^1\) accountability
- Coordination with related hospital functions (e.g. nursing, finance)
- Staff management

Typically full-time

- Spearheads clinical strategy, develops, implements, and refines new care models
- Acts as change agent, advocating for clinical initiatives to physician peers
- Tackles challenges like reducing care variation, fostering uptake of evidence-based practice

“influencer in chief” of his or her clinical peers

Often part-time

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\(^1\) P&L = Profit and Loss

Source: Physician Executive Council interviews and analysis.
Poll

Are Dyad partnerships common within your organization?

How have they influenced your work?

(sharing for 10 mins)
Implementation Plan for Dyad Development
Pre-Work:
Identify the compelling value/Reason for dyads

Leadership can discuss benefits of dyads and where they are most needed in the organization
Form or identify initial Dyad partnership(s)

Look at where partnerships currently exist between physician and administrative leaders

- Are they truly operating as a "dyad"
- Inventory to see where dyad partnerships are missing

- Examples: DIO/DME
  Program Director/Program Manager or coordinator
2. Introduce the concept of "Dyads"

1. First with Executive Team

2. Then with GMEC

3. Management Team and physician leaders
3. Match dyads and facilitate best working relationships, using Assessment Tools as appropriate.

• Fill gaps in partnerships with administrative and physician leaders who have complementary personalities and work styles

• Explain benefits of working in dyad partnerships and explain how to work within them

• Share assessment tools and encourage use, perhaps taking time in a meeting to do assessment and discuss within dyads.
4. Dyads working together

Review and agree upon division of responsibilities

Implement an accountability structure for upward and downward communication

Ensure that common goals are set for both sides of the dyad partnership.

Identify where knowledge gaps may be and target professional development

Periodically take "inventory" of who is working as dyads throughout your organization

Applaud effective dyad teams and use as role model for others.
Key Considerations for Success

Critical Success Factors

Sources: "Examining the Dyad as a Management Model in Integrated Health Systems", Daniel K Zismer, PhD and James Brueggemann, MD PEJ, January – February 2010
1. Select the Right Partners

Who has the foundational knowledge and skills that complement each other?

Verify documented success in previous activities

Remember this is not a clinical position but draws on clinical expertise!

Do not forget to include professional development training in your plan
Who are we looking for?

Key Attributes Both Role-Specific and Shared

Physician Leader
- Sterling clinical credentials
- Excellent relationship and influence skills with physician peers
- Systems thinker

Shared Attributes
- Communicates effectively
- Enjoys working as part of a high-performance team
- Able to solve complex problems
- Respected by peers

Administrative Leader
- Management skills: finance, staff, operations
- Clinical credentials (often an RN)
- Persistent, organized, detail oriented
- Relates well to leaders of shared services and relevant functional areas across the organization

Source: Physician Executive Council interviews and analysis.
2. Explicit delineation of responsibility of each role

- An effective dyad has clear delineation and definition of roles

- Don’t duplicate each others work

- Aren’t disconnected from each other

- Both parties know what their share of the common work is.
### Delineation of Responsibilities (example)

<table>
<thead>
<tr>
<th>Physician Leader</th>
<th>Administrative Leader</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spearheads Clinical Strategy, Develops, implements and refines new care models</td>
<td>Business strategy and growth planning</td>
<td>Mission</td>
</tr>
<tr>
<td>Quality of Clinical Professionals</td>
<td>Operations</td>
<td>Vision</td>
</tr>
<tr>
<td>Provider Behavior</td>
<td>Revenue Management</td>
<td>Values</td>
</tr>
<tr>
<td>Provider Production</td>
<td>Operational Expense Management</td>
<td>Culture</td>
</tr>
<tr>
<td>Clinical Innovation</td>
<td>Capital planning and application</td>
<td>Change Leadership/Management</td>
</tr>
<tr>
<td>Compliance</td>
<td>Staffing models/Human Resources issues</td>
<td>Overall performance</td>
</tr>
<tr>
<td>Patient Care Standards</td>
<td>Performance Reporting</td>
<td>Strategy</td>
</tr>
<tr>
<td>Clinical Pathways for evidence-based guidelines/Model Management</td>
<td>Supply Chain</td>
<td>Internal Organization Relationships</td>
</tr>
<tr>
<td>Referring physician relationships</td>
<td>Support systems and services</td>
<td>Measurement, Continuous Improvement, Accountability, Communication</td>
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Effective dyads also have strong accountability, including both goals and performance management against those goals.

Standard for administrative leaders to have these types of supports—including them for physician leaders, who may be part time, is less common, but an emerging industry best practice.

Goals should be a mix of shared and separate BUT COMPLEMENTARY.
Authority

• Each leader must be given sufficient latitude and power to make critical decisions, enact necessary changes.

• That’s a tried and true management principle of course that applies in dyads just as it does in every key leadership role.
Recognized Benefits

Benefits of Dyad Leadership

• “More than the sum of its parts”: Dyads deliver strong management and strong change agency—competencies rarely found in a single individual

• Uses leaders at top of license: Ensures maximum return on each leader’s time and effort

• Reduces leader burnout: Solid partnership, teamwork dynamic raises engagement, reduces stress

Hospitals Using Dyads In Leadership Roles

2014 Physician Leadership Survey
(n=100)

- CQO: 14%
- CMO—System: 15%
- VPMA: 21%
- CMIO: 21%
- CMO—Facility: 21%
- Department Chair: 25%
- Medical Director: 32%
- Service Line Leader: 46%

88% Physician leaders agreed that dyads improve leadership performance and accountability

Source: Physician Executive Council interviews and analysis.
Wrap Up
Resources Used

- "Examining the Dyad as a Management Model in Integrated Health Systems", Daniel K Zismer, PhD and James Brueggemann, MD PEJ, January – February 2010
- AAMC GRA Core Competencies for Institutional GME Leaders/Designated Institutional Officials, June 2008
- Why Dyads?, Presentation to Physician Advisory Council, Trinity Heath- Livonia, November, 2016. The Advisory Board Company