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"*W*e both honestly feel that one plus one is more than two." — Kathy Sanford

The shift toward value-based care as a reimbursement model requires the blending of clinical expertise and administrative know-how to ensure alignment of incentives between hospitals and physician groups. Regulatory emphasis on population health and chronic disease management across the continuum requires that clinical care be jointly coordinated to achieve effective outcomes. The patient safety movement continues to drive the development of interprofessional teams where the expertise and clinical acumen of nurses and physicians is integrated. All of these developments led to the proliferation of dyad leadership,[1] but truly improving health care delivery requires more than the realignment of accountability structures and gathering all of the voices into the room. Leading effectively necessitates the strategic leveraging of synergy through clinical partnership.

The time has come for the adoption of a leadership model that emphasizes clinical partnering between doctors and nurses from the executive level to the bedside. As described by Sanford and Moore, "dyads are mini-teams of two people who work together as co-leaders of a specific system, division, clinical service line or project."[2] 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 temporary appointment of champions, super users, or co-chairs of initiatives. It involves more than a collaborative spirit or collegiality among peers.

In September 2017, the American Hospital Association, the American Organization of Nursing Executives (AONE), and the American Association for Physician Leadership convened an executive forum of nurse and physician dyad partners from 9 health care organizations across the country. The project's goal was to create a model for such partnerships gained from insights on how to build and sustain them. The forum participants were selected to represent a diversity of geography, position (system-level to hospital-level), type of organization (child and adult care), 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. To further the conversation, interviews were conducted with dyad partners from 3 organizations and a panel of executives presented at the AONE national meeting in April 2018. Throughout this article, they describe in their own words what it takes to work together as partners and not just side-by-side.

A MODEL OF CLINICAL PARTNERSHIP

Executive clinical partnerships leverage synergy to optimize the achievement of shared strategic goals and further the mission of the organization. Leading in this way requires a capacity for mutuality, connection, shared decision-making, conflict engagement, and an openness to grow 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."[3]

Clinical partnership is both a way of working and a way of being. The insights of successful executive clinical partners suggest a model which places a 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 anchored in shared values and beliefs. What is best for the patients and those who care for them serves as the North Star guiding all leadership activity. Partnerships are further supported by organizational infrastructure, personal mastery of leadership skills, and the use of strategies that sustain growth-fostering relationships at all levels of the organization (*Figure 1*).

Figure 1. Clinical Partnership Keys to Success

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

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

A relational approach to leading can seem both obvious and illusive. The leaders all mentioned 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 executives? What makes their partnerships work and holds them together when there are differences of opinion, miscommunication or conflict? What keeps them anchored to what matters most?

USING MORAL IMAGINATION
Partnership is a relationship in which there is mutual benefit, based on trust, openness, honesty, and respect. Clinical partners connect their work to their shared mission and vision. The leaders all mention the importance of a shared philosophy or set of values and beliefs regarding patient care and leadership that is a guidepost for their decision-making, particularly when they have differences of opinion.

The leaders participating in the forum describe the importance of intentionally building trust and taking time at the beginning to go slow and get to know

one another. They all saw this as essential in creating a foundation for working together through difficulties and understanding differences. They acknowledged the cultural and structural barriers dividing nursing and medicine historically and the effort needed to be curious, aware of biases and open to learning about each other's profession.

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."[4]

The leaders refer frequently to development of their ability to imagine the perspective of their partner when making determinations about strategic direction, clinical practice, or operational issues, even when their partner is not in the room. 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 acknowledge the need for empathy and appreciate how difficult the work is for those in other roles. They create a space for learning from one another 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 relationships. This shared ethos is the foundation for their synergy as clinical leaders.

PARTNERING MINDSET

A partnering mindset permeates the ways 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 6 "partnering attributes" that include self-disclosure and feedback, mutuality, ability to trust, comfort with change, interdependence, and future orientation.[3]

According to the executives, participating in the interviewing and hiring of a dyad partner is a best practice that contributes to future success. Leaders say they look for candidates whose values align with the organization. In addition, they seek someone who is patient-focused, humble, curious, flexible, and adaptable. The successful candidate puts team before self; has a complementary skillset; desires to work in partnership; is comfortable with risk and ambiguity; has conflict engagement skills; and desires to learn from failure. "The people who make great dyad leaders were great leaders to begin with," said one experienced executive, "They are willing to listen to other people openly, completely, and to learn, and those who can't were never truly great leaders."

A partnering mindset also incorporates the one thing needed for effective teamwork: providing psychological safety. Empirical evidence from research by Google and social scientists identifies psychological safety as the key differentiator in high-performing teams.[5] Psychological safety is characterized by trust and mutual respect, ensuring a space in which people feel confident in being themselves without fear of embarrassment, rejection, punishment, or ostracism.

The executives all spoke of the need for psychological safety as a core measure of their partnership's success. Their descriptions of successful partnerships reflect the need for a safe space to be vulnerable and authentic and to 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," and "you can be open and get honest feedback." This aspect of partnering is key in supporting ongoing development toward leadership mastery.

LEADERSHIP MASTERY

Leadership requires working from the inside out through development of self-awareness and self-management. The partner relationship provides an ideal laboratory 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 real-time learning, partners 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.[6]

Many of the executives spoke of the personal growth and the potential for leadership development they experience working in partnership and the joy of working together. "We have a lot of fun together, and that's important too," said one executive. "We spend too much of our waking hours together not to have fun."

ORGANIZATIONAL SUPPORTS

The leaders identify a number of organizational supports necessary for clinical partnerships to succeed. These role descriptions include partnering and shared accountability; meetings that allow for coleading including the patient care committee of the board, the medical executive committee, and the safety and quality committee; hiring practices that select for partnering competencies; and joint review of and response to adverse events, patient feedback, and employee concerns.

Offices that allow partners to have easy access to one another are key. They routinely mention the need for meeting informally to confer, work through questions before and after meetings, and follow-up on issues that would be delayed if they had to wait to get on each other's schedule.

A major support to the model is to give the partnering approach high visibility across the organization. All the interviewed dyads put time and attention into to ensuring that they are seen as a unified voice and model effective clinical partnership. The partners share

Figure 2: A Partnering Model for Clinical Leadership
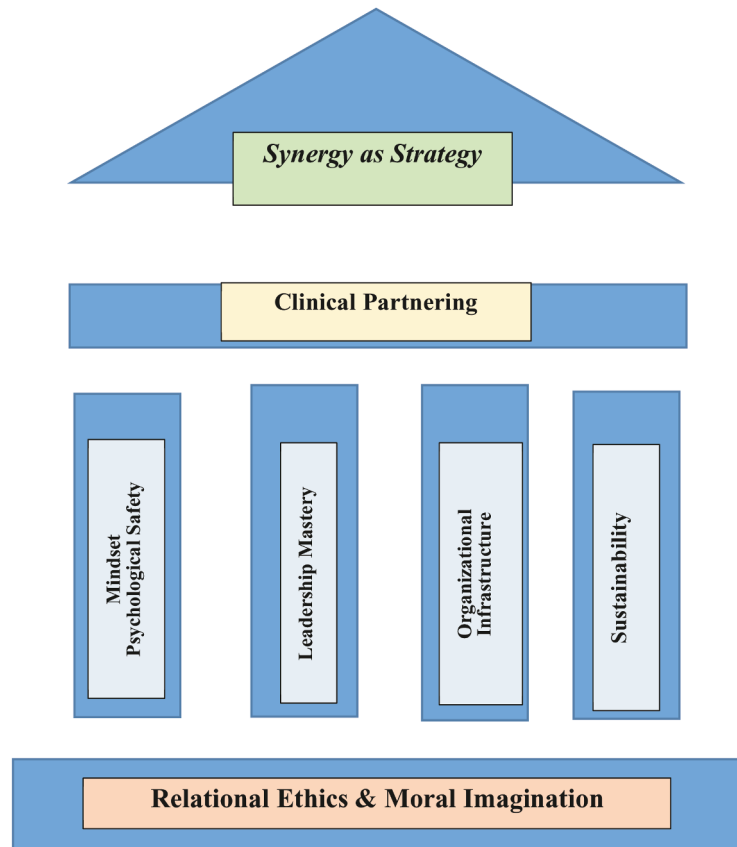
This model is drawn from the insights and experience of the nurse and physician executives who attended the AHA Executive Forum and those interviewed following the forum.

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 of importance to these leaders.

SUSTAINABILITY

Sustaining partnership is an ongoing and evolving process. The leaders shared their experience of the importance of going slow 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. These professionals helped partners to develop self-insight and work through sticking points that come from old ways of thinking and working. 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' or 'I had this ego that I didn't know was getting in the way' or 'I had a way of talking that I didn't know was offensive.'"

Of equal importance is what is needed to support and sustain the model over time. Many of the organizations have cascaded the clinical dyad model down to the unit level to highlight the importance of partnership to improve care. The leaders shared their desire to implement onboarding processes to help new dyad leaders move into partnerships with support from peers and ongoing leadership 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 coleading teams. All of the dyad leaders shared the importance of mentoring and

modeling clinical partnership as a main strategy for sustaining the model.

OUTCOMES

According to the executives interviewed, 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 infection rates have decreased significantly, patient satisfaction scores have increased, and staff engagement has improved. While they acknowledge many factors contribute to these successes, they are certain that they could not have achieved the outcomes without bringing nurses, physicians and others together in partnership to address clinical improvement.

Executives identified other positive outcomes such as 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 leader 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." Another executive noted, "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 colleague's expertise and education." The partners also speak of the need for working differently in the future, "We are not going to have enough people to lead in the future," said one executive, "so we have to be sure that we are leveraging our skills and abilities by coming up with these types of partnerships."

It is clear the partnerships have buttressed the leaders' own resilience. "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," said one physician leader. "It's lonely at the top. If you have someone who is doing the work with you who you can to talk to, 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 your partner in whatever you are doing."

The greatest benefit of these partnerships is the power they generate to amplify the clinical voice on behalf of patients and clinicians. The participants noted that the voice of clinicians, representing patients, sometimes gets lost and clinical partnerships can correct that. As one CNO noted, "We are much more powerful together—to do what's right for the patients and the people who take care of them."

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