Introduction

- The use of the dyad leadership model is increasing at MD Anderson and at healthcare organizations worldwide.
- The model is based on:
  1. The belief that leading in a volatile, complex, uncertain, and ambiguous (VUCA) environment requires the expertise of more than one individual, and
  2. The need to integrate professional and management as two arms of governance.
- The importance of these relationships and the need for training have been identified, but we have very little empirical guidance on what makes them effective.

What is a Dyad?

“A dyad is a mini-teams of two people who work together as co-leaders of a specific system, division, department, clinical service line or project.”

“Must Have” Competencies for Dyad Leadership Teams

Leadership Competencies

- Professionalism
- Emotional Intelligence
- Accountability

Teamwork Competencies

- Mutual Accountability
- Shared Leadership
- Conflict Engagement & Management
- Communication
- Mutual Respect
- Psychological Safety
- Trust

Study Aims

- Inform training by uncovering:
  - Competencies required for a successful dyad relationship
  - Internal and external factors that influence the relationship
  - Desired training design elements
  - Challenges and strategies for success in dyad leadership models
- Align training to existing competency models and identify themes:
  - Align to the MDA Team Effectiveness and Leadership Competency models
  - Identify overarching themes in the data

Methods

Aim 1

- 59 Dyad Leaders from across the institution participated in one hour long focus groups or interviews about their dyad leadership experience.
- Leaders held various positions: Vice Presidents, Division Administrators, Clinical Chairs, Clinical Department Administrators, Clinical Administrative Directors, Clinical Medical Directors, Research Chairs, Research Department Administrators.
- Transcripts were thematically analyzed by three team science subject matter experts (SMEs).

Aim 2

- Three team science SMEs independently aligned each dyad competency to a competency in existing models.
- Discrepancies were noted and reconciled.

Results

Aim 1

- 23 distinct competencies were identified.
- 10 competencies identified as “must-haves”.
- Desired training design elements include:
  - Dyad partner coaching,
  - Case studies,
  - Awareness building activities (of self, position, other’s work style),
  - Facilitated conversations on team norms and areas of responsibility.

Aim 2

- 78% initial agreement across raters.
- Final agreement pending.
- Overarching themes include:
  - Need to embrace a “Mindset Shift”: collaborative decisions, vulnerability, conflict as a positive, personal over positional influence.
  - Importance of relationship structure: highly interdependent, complementary expertise, shared core values, equality.

Future Plans

- Develop Training. For each training module:
  - Identify competencies to include,
  - Align competencies to learning objectives,
  - Determine best-suited training method,
  - Create practice activities and actionable tools.
- Pilot Test Training. Deploy with group of dyad leaders.
- Evaluate training. Evaluate training across multiple levels and adapt based on feedback.
- Roll out to the institution. Present results to sponsor and create larger implementation plans.

References

1. Saxena (2020)