

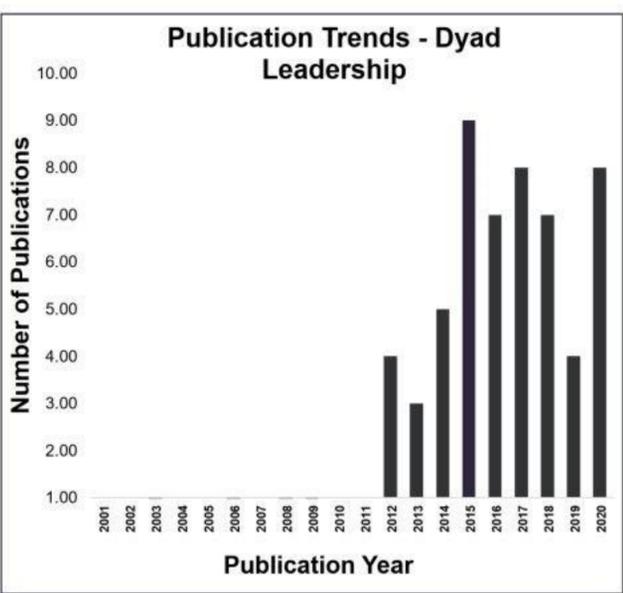
Introduction

- The use of the dyad leadership model is increasing at MD Anderson and at healthcare organizations worldwide¹
- The model is based on^{2,3}:
 - (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

“There’s nothing that can make you fail as a leader more than a ineffective relationship with your dyad partner” -MD Anderson Leader

What is a Dyad?

“Dyads are mini-teams of two people who work together as co-leaders of a specific system, division, department, clinical service line or project”⁴



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

“Must Have” Competencies for Dyad Leadership Teams

Leadership Competencies



Professionalism

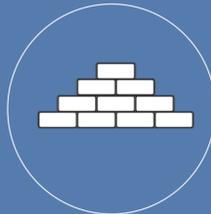


Emotional Intelligence



Accountability

Teamwork Competencies



Foundations

- Mutual Accountability
- Shared Leadership



Attitudes, Behaviors, & Cognitions

- Conflict Engagement & Management
- Communication
- Mutual Respect



Ideal Team States

- Psychological Safety
- Trust

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 (1) Identify competencies to include, (2) Align competencies to learning objectives, (3) Determine best-suited training method, (4) 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

- Saxena (2020)
- Pearce (2004)
- Gibeau et al., (2020)
- Sanford & Moore (2015)