Prepared Nurse-Physician Co-Leadership implementation guide
INTERACT Project

The **INTER**disciplinary **A**pproaches to **C**ommunication and **T**eamwork (**INTERACT**) project is designed to improve communication and teamwork on general medical hospital units. The intervention consists of Prepared Nurse-Physician Co-Leadership and Structured Inter-Disciplinary Rounds (SIDR). The project is supported by a grant from the Agency for Healthcare Research and Quality. This implementation guide is intended to provide practical advice to hospitals wishing to improve teamwork and patient safety by implementing similar interventions.

Are you ready?
You must first define your goal. What are you hoping to accomplish by implementing co-leadership and SIDR? Be specific about your goals and/or the problems that you hope to address. We've seen improvements in teamwork ratings and a reduction in adverse events. We have not seen a reduction in LOS or cost. We have not yet assessed the effect on patient satisfaction.

Get stakeholders on board early. Stakeholders include key institutional leaders who will ensure adequate resources for co-leaders and champion these efforts. The Chief Nurse Executive and Chief Medical Officer (or their equivalent positions in your institution) need to be fully supportive of these efforts. Financial support for unit medical director time may be required. Additionally, key stakeholders include all the team members who will attend SIDR and the leaders of those respective disciplines.

Getting set to begin
In most cases, creating the prepared nurse-physician co-leadership model will include the creation of a new role, the unit medical director. The unit medical director is a physician, selected with nursing input, for excellence in interpersonal communication and leadership potential. Unit medical directors partner with their respective nurse managers to improve the quality and safety of care delivered on their units.

Specific responsibilities in the nurse-physician co-leadership model include:

- Co-leadership of daily SIDR
- Coaching individuals in correcting ineffective communication skills and other behaviors interfering with the delivery of safe and effective care
- Positively reinforcing effective communication and behaviors enhancing safe and effective care
- Providing an orientation to the unit and SIDR for new staff and physicians rotating onto the unit
- Scheduling and facilitating ad hoc meetings with patients, their families and team members when complex care decisions are required

Unit co-leaders need training to be effective. Co-leaders should be trained to facilitate the discussion between team members at SIDR and to avoid providing their own opinions about clinical decisions. Leaders must ensure closed loop communication. The leaders should know

the names of all team members on the unit. The leader needs to pay close attention to verbal and nonverbal cues during SIDR and pull team members into the discussion when needed. Conversely, the leader will need to help some members focus their discussion. We created a program for our co-leaders consisting of eight 90 minute sessions delivered over a 16 week period. Training sessions will included a mixture of methods, including brief didactics, debriefing and reflection, and simulation exercises. Unit co-leaders also underwent Myers-Briggs Type Indicator (MBTI) assessment with interpretation designed to compare and contrast their personality features.

A set of co-leadership competencies (see below) was developed based on our pilot study and guided leadership training session learning objectives.

Prepared unit co-leaders will:

- Understand principles of patient safety (including systems thinking, latent vs. active error, contribution of teamwork in preventing AEs, etc.)
- Work effectively with the other unit co-leader, adapting to his or her personality type and unique strengths and weaknesses
- Teach and emulate closed loop communication skills
- Ensure meeting attendance by specified disciplines
- Set the expectation that all team members consistently use each others' first names
- Engage team members and facilitate conversations to create a shared understanding of the plan of care
- Identify and skillfully resolve conflicts that arise among team members
- Elicit systemic safety concerns from staff and formulate plans to address them

Going forward

Co-leaders need to reinforce good habits. Examples of "nice catches" during SIDR should be acknowledged by unit co-leaders and rewarded. We gave coffee cards to all individuals involved in conversations which resulted in safer care for their patients.

Co-leaders should make efforts to eliminate bad habits. Unit co-leaders should speak with individuals who are not attending or performing well in SIDR in person, outside of SIDR, to explore reasons and give corrective feedback.

Leveraging Unit Co-leadership to make additional gains

Our unit co-leaders serve as members of the Department of Medicine Quality Management Committee. Unit co-leaders receive a unit level quality dashboard each month to monitor performance. All co-leaders are currently undergoing extended six sigma process improvement training and have assembled unit based quality committees. Co-leaders and their unit quality committees engage in small scale quality improvement initiatives which are reviewed at a monthly unit co-leadership meeting.