

# Using a Dyad Model for Mentoring: *The Role of the CNO in Growing the Next Generation of Executive Nurse Leaders*

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CNOs are bombarded with daily routines of hospital operations and competing priorities, which result in the lack of time to immerse in succession planning. To change the cycle of grooming leaders as an afterthought, this CNO utilized a Dyad Model for mentoring. A tenured department director was frustrated at the lack of growth opportunities that existed and was excited to be a part of this new methodology. This is their journey of a true partnership built on intentional succession planning. Results are this CNO finding joy in working with prospective emerging leaders to mentor them to achieve executive nursing practice.

Coming into a new organization as chief nurse executive is an opportune time to assess and plan the most necessary approach to optimizing the nursing services' functions. An important role of a tenured chief nursing officer (CNO) is succession planning at all levels. For this article, the Dyad Model for mentoring will be defined as the mentor-mentee relationship between the CNO role and the associate CNO (ACNO) role to groom the next generation of executive leader. The Dyad Model for mentoring is intentionally meant to focus the tenured CNO in the coach and mentor roles so that there is a succession plan to build an adequate pipeline of future nurse executive leaders, specifically to interest the younger generations of nurses into the role of chief nursing officer.

Sanford and Moore<sup>1</sup> describe the much-needed dyad partnership between the CNO and chief medical officer, writing that dyad leadership is essential to building true partnerships, as well as being an approach that is sorely lacking; therefore, they've explored how the nurse leader and physician leader can truly transform health care as a dyad team. What's not prevalent in the literature is the role of the chief nurse executive in a dyad-style model that leads to mentoring and succession planning; rather, the descriptions in the literature on dyad partnerships are based on nursing and medicine working collaboratively in leading change, enhancing bidirectional communication, and leveling the professional relationship to work as partners and enhance the diversity of the role each holds.<sup>1</sup>

In author Christopher Johns' narrative<sup>2</sup> on his approach to transforming his own nursing career, he states that servant leadership was the path that he felt best prepared him to contribute back to the profession.

As an experienced CNO, this CNO author (L.S.), too, was thinking about how best to contribute back to the nursing profession and how she could use a dyad-style of partnering to identify prospective "rising" stars to interest them in the role of CNO as a career choice. Using the thoughts of both servant leadership and dyad partnering, this is where the Dyad Model of mentoring planning really began to take shape, with the desire to create a meaningful journey to foster an individual so he would be ready for a CNO role. In our facility, this individual had expressed an interest or career goal in becoming a chief nursing officer; now was the time to enact this concept of dyad-model learning.

The first step was for this department director to be promoted into a newly created role of associate chief nursing officer. The plan was to spend the next 2 years training and mentoring with the intent to position this leader to seek a career as a CNO.

## KEY POINTS

- In your organization, there are prospective leaders.
- This is the journey 1 CNO took to develop a tenured department director looking for the person who would invest time and mentoring toward his career aspirations to lead at the CNO level.
- This expedition begins with an innovative Dyad model for mutual learning and trust for grooming the next generation of nurse leaders.

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## CNO STORY

This tenured nurse leader had completed a good portion of career time as a “road warrior” with long-term assignments in both consulting and interim leadership roles. At this stage, this author was at a place in her career to take on a more traditional role, less travel, and find ways to contribute to an organization in the nurse executive role. This resulted in assuming the chief operating officer/CNO role for a small for-profit surgical specialty acute care hospital located in Fort Worth, Texas.

There were several exciting things happening at this hospital. There was rapid growth in the region, new service lines were being built, and an acquisition of a 7-man neurosurgeon group had just been completed. Business was robust, and the pace of change was heightened to get new services up and running smoothly and efficiently. In a surgical hospital, it is imperative that surgeons have confidence in processes and patient care to ensure quality outcomes. The role of CNO in this venue was a natural fit and led to feeling right “at home” by joining such a great organization.

A long-term department director in the facility (J.C.) had become disenfranchised with the work. That nurse leader had also applied for the CNO position and thought he would be selected because he had long tenure in the organization (J.C.). Unfortunately, his not getting promoted led to frustration and resentment by that leader. He had difficulty understanding why he had been passed over for the open CNO role. This department director had many strengths but had not received any planned mentoring to adequately prepare him to lead as a CNO. Thus, without experience, the organization chose to fill the role with this outside candidate (L.S.), clearly a cycle of continued disappointment if succession planning was not a core competency of the newly appointed nurse executive.

One of the goals the nurse executive had was to grow talent from within. Time was planned to meet with, assess, and learn what kind of aspirations and development needs each department director had so that a plan could be implemented to help them step into the next level of nursing leadership. This was truly the foundation of building a servant-led leadership framework based on a Dyad Model.

It was apparent that 1 of the key department directors (J.C.) was bored and needed a challenge. This department director was very skilled in the ability to run a very fast-paced operating room department, one that was performing nearly 18,000 procedures annually. What was missing was his exposure to the hospital as a whole; his primary focus was perioperative services. This is where the newly created ACNO role would serve to engage him into an expanded role where the Dyad Model for mentoring would come into play. The plan was designed to take him out of his comfort zone and give him some new challenges. But this was not the first step.

The first step was to register both players into a program held by AMN Healthcare, called CNO Academy. The program is a week-long deep dive into course matter geared toward developing an understanding of one’s own skills, communications, professional presence, and other relational skills. The goals were for these authors as new colleagues, and new direct report to boss, to attend the meetings together. The sessions led to tactics to understand the learning styles of each of us as individuals, and the ways in which we would be best suited to work together, knowing better which of each of our own skills either complemented or competed with each other. Identifying like strengths would help us to focus on the areas of differences and appreciate the style each brings to the Dyad Model for mentoring.

This is where a CNO must be able to be humble and to show vulnerabilities as well, to promote the skill building of those who are being mentored. What we found in this approach was a symbiotic way going forward with which we were able to build consistency and trust in this journey of our Dyad Model for mentoring. We agreed that a Dyad Model for mentoring would enhance our ability to work cohesively together, because this was a team learning approach and not just a “show and tell” approach of an experienced leader to the mentee. This approach leveled the playing field, and as the newly appointed ACNO (J.C.), the candidate was able to grasp the commitment to his success.

During the next 2 years of the Dyad Model for mentoring program, there were major projects and assignments that would lead to stretch assignments to build on the ACNO role that spanned the hospital, the company, and the market. Tactics included developing a professional networking community and attending events to expose him to the role of the CNO in both the hospital and the community. Building a professional network and developing relationships beyond the hospital were areas he was most unfamiliar with.

The AONL Executive Nurse Competencies was a guide to assist in ensuring that development was taking place on the foundational principles of an executive nurse leader.<sup>3</sup> Building effective communication skills is 1 of the key principles. AONL discusses that an executive must be comfortable with presentations, writing skills, and other ways to demonstrate clear and concise communications. Another area of skill building is around the partnerships with nurse leaders in the hospital setting and connecting with nurse leaders in the academic setting; incorporating these 2 specific approaches led to the development of a new graduate Periop 101 program for our hospital. Part of the growing and mentoring for the ACNO was to assist in joining with the local university and presenting to the faculty and students the new program to recruit interested nursing student candidates. This project facilitated growth and networking for the ACNO outside the

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hospital walls, which is a key principle in the AONL competency, to associate and build dynamic networks.<sup>3</sup> Having a senior CNO to facilitate networks is a part of the partnering in the Dyad Model for mentoring.

In addition, during this Dyad Model for mentoring period, the ACNO was successfully chosen to a board role for the local chapter of our AONL association. Sharing with him the importance of professional association connections, as well as demonstrating these areas to outreach, was an important development plan for his growth in learning the full complement of how nursing leaders influence the profession of nursing and support the core competencies of nurses serving on boards.<sup>3</sup>

From there, the work of mentoring shifted to one that was geared toward succession planning and leading others through career advancement. The ideals that were gained from the Dyad Model for mentoring relationship over the 2-year program can be summarized as:

1. Communication skills: how to speak more fluently and politically as a nurse leader
2. Learning to include feedback in daily work routines
3. Transparency: learning to be vulnerable, to share areas of concerns, ask for feedback, and be open to sharing
4. Delegation: this is a key essential for a leader to learn to delegate and to trust those with the ability to work with in their set of authority and accountability
5. Timeliness and deadlines: create plans that are actionable, are centered on the goals of the organization, and are pivotal to improving patient care, customer service, recruitment, and retention
6. Enjoy the journey of being a CNO in training, embrace change, and learn to be an innovator, learn to be an early adopter to change, and lead with enthusiasm for changes
7. Celebrate successes and role model that a learning culture is imperative to the climate of health care; that to be engaged, curious and excited for process improvements leads to a culture of resiliency and adaptability

Learning by doing has now found organizational support for the next candidate, as the outcomes have far exceeded our expectations, including this ACNO who was recently promoted to his first CNO role in the company. The Dyad Model for mentoring that was used in this program along the way also supported the ability of this CNO to be a better leader, role model, and strategist for this dyad team to be successful.

## DEPARTMENT DIRECTOR'S STORY

The plan of any leader is to become the best they can be at leading departments successfully. Once one

becomes experienced in a leadership position, there is a possibility of falling into the “comfort trap” and start moving laterally between facilities and replicating successes. Although this is a great way to build experience and play it safe, this is not helping the units or facilities being managed to grow, or challenging yourself as a professional.

This is something this author knows, as this is exactly the comfort trap that led to being complacent, a cycle of moving from hospital to hospital as a perioperative director. Working at the director level is a rewarding experience at any size hospital because each facility comes with its own set of challenges, with the majority of the time spent on hiring and educating the clinical staff, improving processes, budgeting, and the never-ending policy and procedure updates. The 1 thing that is noticed in most facilities is that there is very little focus on developing the next leader to fill the C-suite. There were very few conversations in this author's long director career about moving into an executive role with my supervisors. When these conversations did occur, the leader really didn't know how to help. It was always work hard and get noticed.

Skip ahead a few years, and this is where this story really begins. It was a time when, what is now most likely the last director-level position this author desired, but as all hospitals do, the chief executive officer changed over and shortly after, the chief nursing officer position came open.

As a tenured employee of the hospital (J.C.), processes and systems were well-known; in fact, as the department director for the perioperative services, this role included being part of the leadership team that built the hospital from construction upward. As the CNO position came open, it was natural to think the role would likely to be filled with an internal candidate who knew the organization so well; this led to an application and making it to the last round of interviews. Two months into the process, an external candidate was brought in for an interview with the leadership team. This was frustrating, because as this department leader (J.C.), the ability for upward movement was stymied again.

The choice was obvious which candidate the CEO and hospital board should hire to lead nursing, and the external CNO candidate was selected (L.S.). Let's just say the first month together was not the best for communication. However, we worked through her entry into the organization, her onboarding process, and her directional change for nursing services, and it became apparent that rapid change was an imperative. Eight months later, after the new CNO settled into the processes that she brought to the facility, she asked this author to consider that the comfort zone in surgical services leadership be left behind and to take the new role of associate chief nursing officer. Finally, someone was going to invest in the ability to move forward in

a leadership role; this gives a lot of hope for the new learner in aspiring to be a CNO leader. Partnering this way meant that development was finally on the horizon.

So, where does one start to develop as an executive leader? There are a lot of resources to review, so where should to start? The clear choice was to settle on the AONL Executive Leader competencies as a foundation for professional development.<sup>2</sup> Furthermore, the selection of other leadership writings was imperative, and the decision was made to adopt the “Keys to Successful Mentoring Relationships,” an article written by Teresa Byington.<sup>4</sup> Having these tools ready, the beginning of my journey commenced.

In the first formal session, the focus was on getting to know each other’s background history, experiences, hot buttons, and preferred leadership style. These conversations allowed the Dyad Model for mentoring to guide toward the first key to success, which is to develop a relationship of trust. The frequency of communication and type of communication required was established (i.e., phone call versus e-mail versus face to face). The communication rules were established mostly for boundary setting. Every morning at 9:00 a.m., huddle time was established to discuss the priorities for the day and to update based on the hospital activities that were occurring or major projects that were in progress. Looking back, it was these formal and daily conversations that allowed the feelings of a comfortable relationship to build the next 2 steps in our successful mentor–mentee relationship. This relationship was further cemented when we attended CNO Academy together; the work required allowed trusting in our mutual goals to further objectively compare our strengths and weaknesses and learn from one another.<sup>5</sup>

The final key to success was collaborating to solve complex problems that occurred. These were situations that a department director is rarely exposed to and has limited experience to know which methods are best to apply: experiences such as the tough personnel issues that arise in the hospital setting, complex patient care topics, and addressing physician issues that are at the level of executive leadership in the organization. These are skills that, as you meet those challenges, it is nice to have an experienced and wise mentor to lean on in order to solve the problems with clear focus on the goals of the organization; in other words, learning how to manage and reduce risk.

This collaboration that was built now flourished after developing relational trust, the agreed-upon vision for nursing, and the agreed-upon personal and professional goals. This Dyad Model for mentoring now directed solid collaboration, which led to many successes in a year and a half, such as a new graduated registered nurse to operating room nurse program that was launched.

The succession planning process was not easy. Every day, there was a learning event, and there were

points of contention along the journey. However, using the Dyad Model for mentoring to build a mutual trust, these authors got it right! Results were an engaged nurse leader who found a professional nurse wanting to expand and grow. The time to foster a relationship was built into the plan, including the devoted time, energy, and resources to develop, teach, and mentor using simple concepts, ones of learning to listen, to study, to learn, to network, to think broader, and to communicate at a different level.

In conclusion, maybe the hardest part of the nearly 24-month journey was when it was finally time to take the next step and once again get out of the comfort zone. As of October 2018, the role of this author changed again, and this led to becoming the chief nursing officer at a sister hospital inside the United Surgical Partners International/Tenet Health Care organization and proof that Dyad Model for mentoring works.

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