Developing a Sustainable Model for Institutionalizing Interprofessional Health Care across Pre-Professional Programs: A Complex Leadership Paradigm

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Complexity Leadership Theory

• An alternative to traditional administrative leadership
• Stems out of complexity science and the Cynefin Framework
• Recognizes that administrators negotiate *simple, complicated, complex* and *chaotic* environmental contexts
• Emphasizes the importance of adaptive and emerging leadership
• Requires innovative problem-solving and ownership by stakeholders at all levels
• A natural fit for application within a university context
• A natural fit for healthcare education and healthcare practice
## Traditional vs. Complexity Leadership

<table>
<thead>
<tr>
<th>Traditional Leadership</th>
<th>Complexity Leadership</th>
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<tr>
<td>• Industrial era</td>
<td>• Knowledge era – contemporary work environment. Fast paced, volatile parts. Uncertain future.</td>
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<tr>
<td>• Hierarchical organizational structure</td>
<td>• Leaders enable other to interact creatively with uncertain outcomes.</td>
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<tr>
<td>• Leaders influence others to desired outcomes for efficiency, simplicity, and control</td>
<td>• Order is emergent</td>
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<tr>
<td>• Order is predetermined</td>
<td>• Ideal for challenges that require adaptive learning, innovation or behaviors.</td>
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<tr>
<td>• Ideal for technical problems that can be solved with available information, and standard operating procedures.</td>
<td>• Requires speed, flexibility, and adaptability.</td>
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What Does Complexity Leadership Theory Look Like

Adaptive Leadership: Enables Emergence

Administrative Leadership

Information flow
Increased choice
Capitalize on emergence

Entrepreneurial System (informal leadership)

Generative Leadership

Administrative System (often top-down)
How does this theory relate to IPEP?

• Path to IPE success at an institution can not be forged from the top-down
• Challenges that complexity leadership can help with are;
  • Competing ideas of preferred IPE learning activities
  • Reporting structures and roles/responsibilities of leaders and administrators in different programs.
  • Various accreditation standards
  • Scheduling conflicts
  • Financial/funding challenges
Organizational Structure: Building Leadership

Director Center for IPHE

Administrative Leadership

Faculty Fellows
Program IP Liaisons

Deans Health Sciences, Medicine and Nursing Provost

Generative Leadership

Faculty Ideas
Student Ideas
Community Partnerships
Organizational Structure: Building Leadership

Positives
- Builds capacity at multiple levels
- Incredible number of ideas
- Enables emergence
- Meets multiple accreditation standards

Considerations
- Communication structures
- Overwhelming the system (Houchlin and MacLean, 2005)
- Director needs many interaction points (Boisot & McKelvey, 2010)
Financial Structure: Building Sustainability

Adaptive Leadership

Administrative Leadership

- Provost and Controller
- Development Office
- Grant office

Shift Projects Based on Shifting Finances

35% Operating Budget
25% Endowed Gifts
25% Start up Grants
15% Dean Contribution

Generative Leadership
Financial Structure: Build Sustainability

**Positives**
- Building operational budget over time
- Decreased reliance on grants
- Building community partnerships with endowed gifts

**Considerations**
- Accountability to internal and external sources-takes time!
- Balance generative ideas of faculty/students with funding sources-compromise
- Back off and push ahead ideas based upon funding
- Faculty time and incentives
Integration Complexity Leadership and IPE: Learning Activities

Seminars
Case Studies
Interactive Book Clubs
SOM Capstone IP
Community Experiences
Co-curricular Learning
Integration of complexity leadership and IPE: Learning Activities

**Positives**
- Drop and add learning activities as environment shifts
- Satisfy stakeholders
- Pulls from successful strategies in literature

**Considerations**
- Do not let ego hold on to behavior
- Promote organic emergence of ideas
- Guidance to maintain only one concept- IPEC, 2016
- Promote and build connections (law, business, clinics)
- Interact and enable (Boisot & McKelvey, 2010; Garud et al., 2006; Uhl-Bien, 2012)
Conclusions

- Complexity leadership matches the complexity of higher education in a private tuition driven university; healthcare; and interprofessional healthcare education.

- Supports and enables emergent leaders, financial strategies and learning programs.

- Complexity leadership may not be a “feel good” model for leaders as it goes against traditional managerial concepts.

- Complexity leadership can move a system toward a new equilibrium with building capacity of people, programs, finances.

- “Rubber Band” effect: snap back against the leaders when the system gets pulled too much…..the rubber band needs to be stretched gently from the front so that the system is moved forward (Uhl-Bien & McKelvey, 2007).
References


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Apr 04, 2019. Developing a sustainable model that improves access to high-quality care. Estimated reading time: 8-10 minutes. In simple terms, Makueni County is responsible for policy, provision of healthcare professionals and drugs and supplies, Amref is taking the lead in training health workers and managing facilities, FMO is providing catalytic financing and financing expertise, while Philips is providing health system infrastructure and medical equipment. The program itself is effective because we tackle the entire health system by improving the demand and supply side of care and by focusing on financial sustainability. In order to really improve the system, you need to tackle these three areas. Establishing a Sustainable, Integrated Pre-professional Interprofessional Simulation Program. Authors. Authors and affiliations. Pisek P. Redesigning health care with insights from the science of complex adaptive systems. In: Crossing the quality chasm: a new health system for the 21st century. Washington, D.C.: National Academies Press (US); 2001. p. 309–22. Google Scholar. 7. PDF | Healthcare professionals and organizations, policy makers, and the public are calling for safe and effective care that is centered on patients’ | Find, read and cite all the research you need on ResearchGate. Continuing professional development for interprofessional teams supporting patients in healthcare decision making. June 2011. Journal of Interprofessional Care 25(6):401-8.