

Leadership Training in Physician Assistant Programs: A Survey of Program Directors

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Abstract. Physician assistants (PAs), doctors, and nurse practitioners (ARNP) provide primary health care and fulfill leadership roles. Doctors and ARNPs are trained in leadership, but it is unclear how PA students learn leadership. An online survey was sent to all 173 accredited PA programs to determine if leadership training is part of PA curricula and how program directors believe PAs acquire leadership skills. Only 12% of programs provide any amount of stand-alone leadership training. Common barriers to initiation of leadership training are time constraints (44%), and the perception that leadership skills are gained through methods other than course instruction (50%). This may represent a disparity between what is necessary for PAs in practice and what is provided in their education.

1. Introduction

Agreement exists regarding the importance of leadership skills for a physician assistant (PA). The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), American Academy of Physician Assistants (AAPA), the Physician Assistant Education Association (PAEA) and the Student Society of the American Academy of Physician Assistants (SAAAPA) all list leadership as a skill PAs are expected to possess [1, 2].

According to the 2012 Patient Protection and Affordable Care Act (PPACA), nurse practitioners, physicians, and PAs are the three designated primary care providers suggested to lead patient-centered medical home models of health care delivery. Even though PAs practice medicine autonomously under the delegation of their supervising physicians; guide, direct, and motivate patients and communities toward better health; and lead healthcare teams, it is unclear how or if PA students are trained in leadership skills [3, 4]. Effective health care delivery requires PAs to provide high-quality, cost-effective, patient-centered and preventive care which requires PAs to advance their leadership skills unique to the field of health care [5, 6]. The importance of leadership skills is especially true in rural settings where the PA often assumes a more prominent role in clinics and hospitals due to the scarcity of rural health care providers, and therefore may be entrusted with greater leadership roles within the healthcare team [9]. There is evidence that some

nurse practitioner and physician educational models have or are incorporating at least some level of leadership training into their curricula; however, the extent to which PA educational models are doing the same is unknown [5, 7, 8].

Purpose

This national survey of PA program directors sought to evaluate the extent to which leadership training has been or is being considered for incorporation into PA program curricula, barriers to implementing such training, and attitudes/beliefs regarding leadership training for PA students.

2. Methods, Results, Discussion

Methods

An electronic survey was e-mailed to all 173 accredited PA programs listed on the PAEA website in November, 2013 and a follow-up survey e-mail in December, 2013. The survey was non-validated, national, cross-sectional, and consisted of eighteen items. A 5-point Likert scale ranging from strongly agree to strongly disagree was used to measure beliefs regarding leadership training. The study was approved by the WSU IRB. The response rate was 25% (44 / 173).

Results

Although nearly all program directors believed that leadership is an important skill for PA graduates, only 45% (n=20) of programs include leadership training as a part of their curriculum and only 11% (n=5) offer leadership training as an independent course. Sixty-seven percent (n=13) of the programs who do include leadership training in their curriculum, include it as a topic within another course, state that students are provided with leadership opportunities through their clinical rotations, or through participating in extracurricular activities that promote leadership. All respondents were asked if they were planning to introduce leadership training within the next two years. If the program already implemented leadership training, the respondent had the option of stating this in lieu of

answering the question. Only 7% (n=3) plan to introduce leadership training as an independent course, 59% (n=26) plan to introduce leadership as a topic within another course, 41% (n=18) plan to provide leadership training as an extracurricular experience, and 14% (n=6) plan to require students to demonstrate leadership skills prior to admission into the program.

As an open-ended question, directors were asked if not providing leadership training, why not. The two most commonly listed reasons were that the curricula did not provide sufficient time for leadership training (44%, n=19) and that leadership was not an ARC-PA requirement (6%, n=2). Other reasons offered included that leadership opportunities were an extracurricular activity; leadership behaviors were modeled for students by various professionals, preceptors and patients; and that it had not been considered before.

Table 1. Attitude/Beliefs Questions	Agree*
Leadership training should <i>not</i> be an integral part of the PA student preparation.	22% (8)
Leadership is an important skill for PAs.	95% (35)
Students learn leadership skills in other settings.	68% (25)
Leadership training should be learned in the workplace.	46% (17)
Leadership training will <i>not</i> impact the quality of healthcare offered by a new PA graduate.	11% (4)
Leadership training would enhance the PA programs competitiveness with other graduate degrees in the field of medicine.	54% (20)
Leadership is an important skill for PA graduates.	89% (33)
Leadership is something that can be taught.	76% (28)
Leadership is something learned on the job.	68% (25)
Our students will be effective healthcare leaders after they graduate from our program.	81% (30)

*Total number of respondents was 37

*Data are provided as % (number)

*Agree indicates those marking “agree” or “strongly agree”

Study Limitations

These results are limited by the low response rate, and thus may not reflect all PA programs and may be subject to a high level of response bias. Also, the survey did not ask specific details regarding leadership training and implementation, nor did it provide a universal definition of leadership or training which left program directors to define it independently.

Discussion

Per ARC-PA accreditation requirements, PAs receive training in areas identified as vital to becoming a competent PA including clinical medicine, basic sciences, ethics, interpersonal skills, diversity, and

professionalism. Though program directors acknowledge that leadership is valuable, it appears that PA programs are often not providing students with structured instruction to advance leadership skills, despite the importance placed on these skills.

PAs need leadership skills to be successful clinicians and to provide high-quality healthcare to their communities. Advanced leadership training within PA programs can help develop and build these skills. Further research is needed to delineate the level and type of leadership implementation within various healthcare programs and the efficacy of leadership training provided to students across disciplines in forming future leaders. For successful implementation, the type of leadership training chosen will have to fit within the time constraints of health professions educational models. It is encouraging that many programs want leadership training as part of their curricula. Making leadership training a required component of ARC-PA accreditation would almost certainly increase the rate at which leadership training occurs, but the optimal type and efficacy of such training may be difficult to define and document.

3. Conclusions

Although leadership training is viewed by professional PA organizations and PA program directors to be important to the profession, only about half of programs are providing leadership training for PA students due to a variety of barriers, primarily time constraints.

4. References

- [1] Marquez J. *Perspective on Physician Assistant Education* 2003;14(3): 186-187.
- [2] Jackson V. *Internet Journal of Allied Health Sciences and Practice* 2012; 10(1).
- [3] Huckabee MJ, Wheeler DW. *Journal of Physician Assistant Education* 2008;19(1):24-28.
- [4] Hooker RS, Everett CM. *Health and Social Care in the Community* 2012;20(1): 30-31.
- [5] Cooper RA. *Academic Medicine* 2007;82(9): 827-828.
- [6] Long PW, Loblely K, Spurgeon PC, et al. *International Journal of Clinical Leadership* 2011;17: 111-118.
- [7] Folan D, Tarraza MD, Delaney M, et al. *Policy Politics Nursing Practice* 2012;13(1): 38-44.
- [8] Kim J. *Physician Executive Journal* 2012;38(3): 80-82.
- [9] Blessing DJ, Ballweg R, Huntington CG, et al. *Physician Assistant* 1999;23(6): 59-63.