

TITLE Impact of a Leadership Thread on Doctor of Physical Therapist Education

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OBJECTIVE The purpose of this research was to investigate the impact of a leadership curricular thread on an entry-level doctor of physical therapist (DPT) program.

METHODOLOGY

This study was conducted at a Commission on Accreditation in Physical Therapy Education (CAPTE)-accredited DPT program in the School of Physical Therapy at a private Jesuit University in Denver, Colorado. The participants were from a convenience sample of 210 students (60% female and mean age of 25.33 years). All students were American Physical Therapy Association (APTA) members and were from the DPT graduating classes of 2015, 2016, and 2017. The LPI Self was administered in the fourth semester (after the first 8 weeks of clinical internship) and eighth semester (after all academic and clinical education) of the DPT program. The fourth semester was intentionally used as the first self-assessment point because the LPI requires the student to have an understanding of the demands of a physical therapy practice setting to self-assess their ability to exhibit the 30 leadership behaviors in a professional role. All students participated in the Regis Education Leadership Model during their three years in DPT school. RELM is based on the Kouzes Posner transformational leadership framework. Throughout the program, students assessed and advanced leadership behaviors essential for engagement in interpersonal and inter-professional relationships, advocacy, and organizational systems.

At the beginning of year 2, the LPI Self was administered, and every student created a development plan. Students were required to interview a clinical leader and practice administrator and reflect on observed ethical leadership behaviors and management skills in the profession. Students also had the opportunity to practice targeted leadership behaviors during service-learning team-based projects in the community. During the last two semesters of clinical experiences, students were encouraged to practice and seek feedback on specific leadership behaviors identified as goals in their development plan. In semester 8, students assessed their LPI change scores and reflected on their leadership development in an oral capstone presentation.

KEY FINDINGS

A significant positive difference ($p < .001$) was found in all five leadership practices from semester 4 to semester 8. The mixed-model ANOVA revealed no significant interactions

between gender and change in the five leadership practices over time; and the same was true for age groups.

The authors conclude: “The results of the study suggest that leadership skills can be developed in DPT students who participate in a developmental curriculum based on a transformational leadership framework. DPT students have early leadership profiles similar to young leaders reported in other studies and professions. The DPT students’ LPI Self mean scores were within 1 standard deviation below the LPI Self normative mean values in all five practices early in academic training (semester 4). By semester 8, the students’ scores were above the normative mean values in the practices of Model and Enable. Early in training, students perceived themselves as having stronger leadership skills in the practices of Encourage and Enable compared with the practices of Model, Inspire, and Challenge. There was a strong negative relationship between the scores of semester 4 and the amount of change in the LPI Self total, suggesting that students made more improvement in their less-developed leadership practices. This was most evident in leadership behaviors of Inspire and Challenge, although the scores in year three still ranked lower in perceived frequency compared with the other three practices” (p. 379).

The authors note further: “The most frequently practiced leadership behaviors were reported in the practices of Enable, Model, and Encourage in both semesters 4 and 8. These are important relational leadership traits, but alone may not be enough to lead change and inspire vision in clinics, community, and health systems. Health care education leadership programs may need to provide a greater number of concentrated learning activities in the other three exemplary practices. Leadership behaviors related to the exemplary practices of Inspire and Challenge may be difficult for students to practice during clinical internships because of lack of experience and student-perceived power differential between themselves and their clinical instructors. Connecting intentional practice of leadership skills within students’ clinical experiences is a necessary transition for further formative learning in preparation for entry-level clinical practice. Clinical faculty who model leadership skills and foster leadership opportunities for students could serve as a fulcrum for optimal leadership behavioral change” (p. 380).