

Outcomes of Leadership Training for PAs and Other Advanced Practice Providers

Amy L. Haller MBA, MPAS, PA-C^{1,2}; David C. Beck EdD, MPAS, PA-C, DFAAPA^{1,2}; Deborah Farkas PhD¹;

Emily A. Murphy EdD, MPAS, PA-C, DFAAPA¹; Alexandria Bartow MBA, MSN, ACNP-BC, CSSGB^{1,2}; Danielle M. Meholic DNAP, MSN, CRNA^{1,2};
Rachel Poerschke CNM^{1,2}; Scott Massey PhD, PA-C¹

¹University of Pittsburgh School of Health and Rehabilitation Sciences; ²UPMC

Background and Purpose

As an increasing number of Advanced Practice Providers (APPs) pursue or are called upon to enter leadership positions, it is clearer than ever that APPs are not adequately trained during their clinical programs to enter these positions. Skills and competencies to develop effective, inclusive, and adaptive leaders of teams comprised of fellow PAs, APPs, and non-clinical personnel must be taught. Leadership training for entry-level students and professional development activities exist; however, these are rarely led by an interprofessional team or attended by colleagues from multiple professions.

Review of the Literature

As of 2020, the standards by the Accreditation Review Commission on Education for Physician Assistants and the Standards for Accreditation of Baccalaureate and Graduate Nursing Programs of the Commission on Collegiate Nursing Education do not require or direct programs preparing PAs, NPs, Clinical Nurse Specialists, CRNAs, or CNMs to include leadership training in their curricula. Extracurricular opportunities for students exist but are limited.

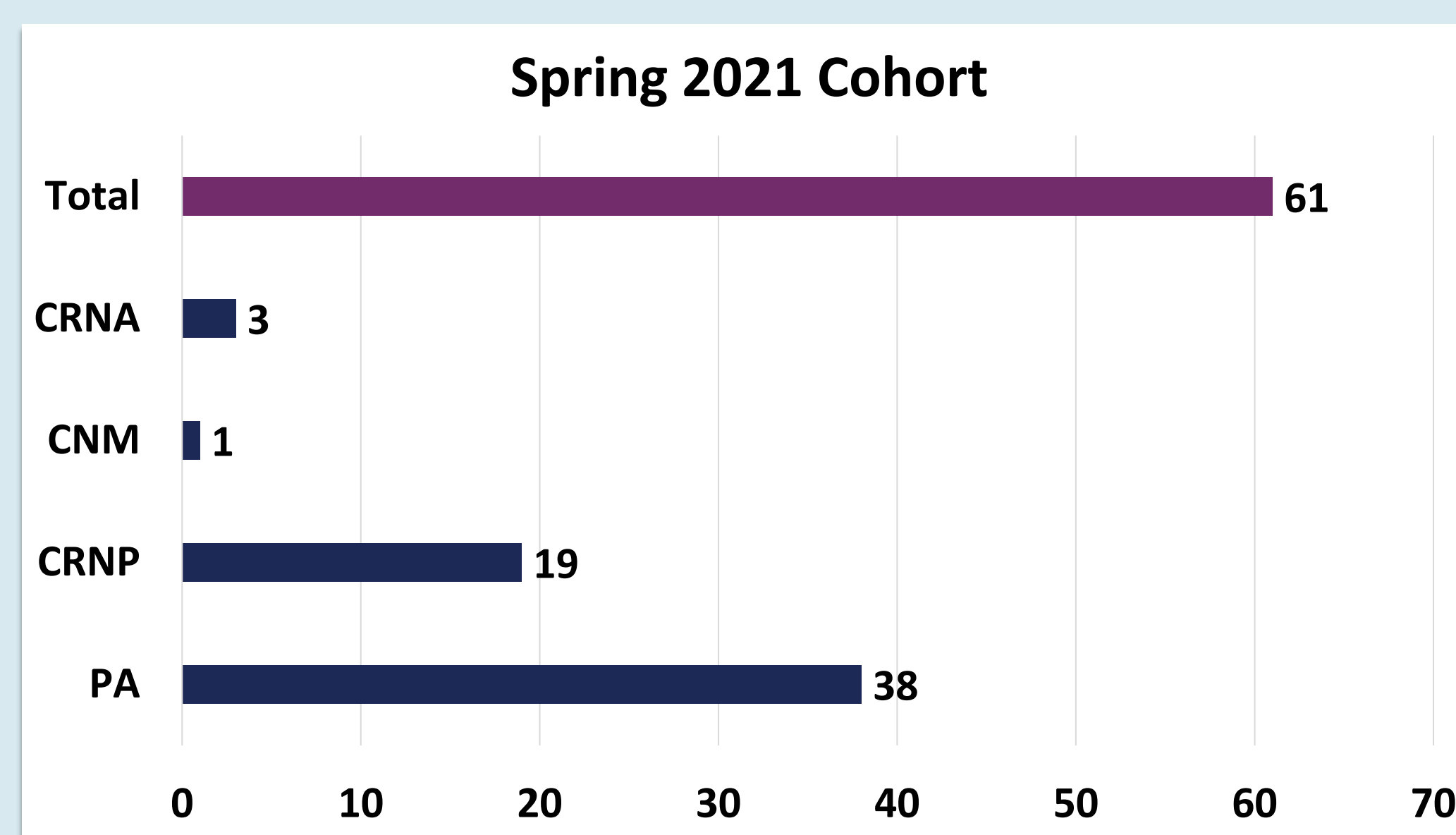


Figure 1. Initial APP Leadership Certificate Course Demographics by profession.

Description

An interprofessional collaborative leadership certificate course was developed by the UPMC Office of Advanced Practice Providers and the University of Pittsburgh School of Health and Rehabilitation Sciences Department of PA Studies. At the time of development, there was no other leadership course that provided and emphasis on professional development for this interdisciplinary group of providers to develop and collaborate on their learning. This course was designed and implemented by a diverse team of APPs and national content experts to develop the skills and strategies needed to lead and supervise clinical and administrative teams.

Methodology

This 16-week, mostly asynchronous course was designed and implemented by a diverse team of experienced APP leaders (including representatives from the PA, NP, CNM, and CRNA professions) to develop the skills and strategies needed to lead and supervise clinical teams. The professional demographics of the initial cohort of 61 participants is demonstrated in Figure 1. Module topics included leadership styles, career paths, personal wellness, communication, human resources, feedback, diversity and inclusion, healthcare administration, economics, research, and governmental affairs. Networking opportunities with colleagues, course faculty, and local and national leadership experts were integrated throughout the course. Attitudes toward leadership were measured via a 30-item survey before and after the course. Participants were asked to rate their attitudes toward leadership on a Likert-scale. Item responses were coded into numeric ratings as listed in Figure 2.

Numeric Rating	Response	Response	Response
1	Extremely unconfident	Strongly disagree	Extremely unaware
2	Unconfident	Disagree	Unaware
3	Slightly confident	Moderately agree	Slightly aware
4	Confident	Very much agree	Aware
5	Extremely confident	Strongly agree	Extremely aware

Figure 2. Item Response Types and Numeric Ratings

Results

Pre-course survey completion rate was 93% (57/61) and post-course was 79% (48/61). The post-course rating for each item was statistically-significantly higher ($p < 0.05$) and the mean overall rating was statistically significantly higher at 5% significance level (see Figure 3). Magnitude of difference was large (Cohen's $d=2.45$). The greatest increases were seen in the following areas: creating an engaging culture, impact of personal leadership style, awareness of how exhibited behaviors may negatively impact team performance, supporting collaborative practice and team effectiveness through applied leadership practices, and choosing effective communication tools and techniques to facilitate discussions and interaction can enhance team function.

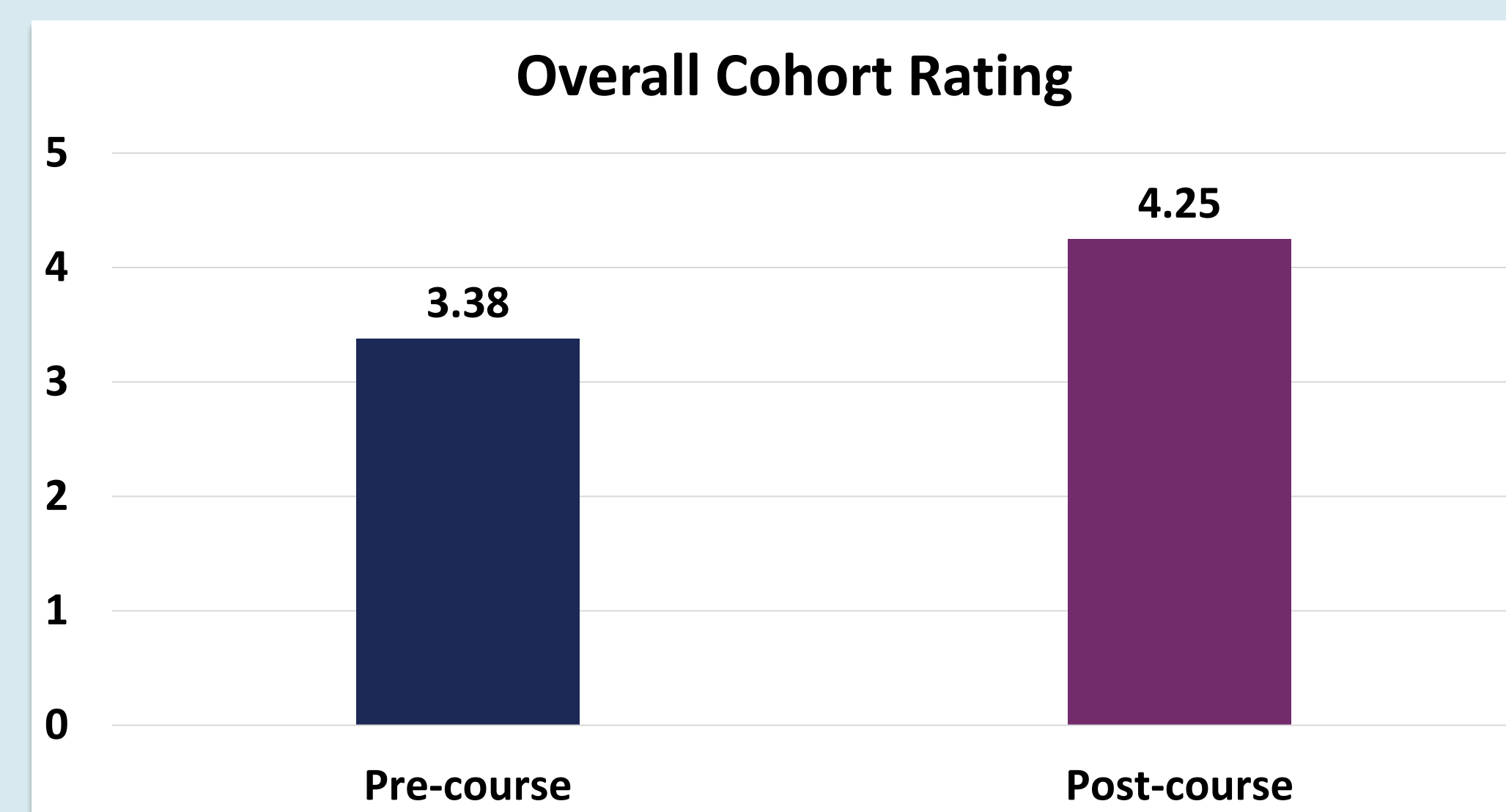


Figure 3. Mean overall rating across all 30 items on the survey was also compared between pre-course and post-course survey.

Discussion and Conclusions

This study indicates the course was impactful in developing the improving the professional leadership expertise and the degree of confidence of the participants in the not only the course topic areas but also in their overall self-assessment of themselves as leaders.

The study was limited by using a single measurement methodology and by not pairing results by profession or other demographics. As a result of this analysis, this course will continue to be offered to further develop and diversify the healthcare leadership team. These findings align with the literature that supports how leadership training advances the scope and skill of PAs and other APPs and prepares them to lead in a variety of clinical, administrative and academic settings.

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