Defining Leadership Training for Physician Assistant Education

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Responding to the demands for high quality, efficient, and adaptable health care delivery systems, health care professions are depending on leadership skills more than ever before. PAs are leaders, whether in guiding an individual patient to the best personal health care decisions, managing a team of health care providers, leading a health care committee, or overseeing community health programs. Research shows that leadership skills are not necessarily innate and can be learned. This article explores the teachable dimensions of leadership as applied to the role of the PA. Among several models of leadership, the model of servant leadership is proposed as most appropriate for PA education. Servant leader attributes are aligned with the leadership qualities described in the PA competencies. Specific applications for teaching the five reliable servant leader characteristics of altruistic calling, emotional healing, wisdom, persuasive mapping, and organizational stewardship are described.

The wicked leader is he who the people despise. The good leader is he who the people revere. The great leader is he who the people say, “We did it ourselves.”
— Lao Tsu (6th century BC)

For he who would learn to command well must, as men say, first of all learn to obey.
— Aristotle (384-322 BC)

INTRODUCTION
The role of the physician assistant (PA) is grounded in tension and balance. The conceptual framework of the physician-PA team typically requires a physician employer and a PA subordinate employee — this relationship is integral to high quality health care delivery. Yet, the authority and responsibilities given to the PA require a high degree of independent, daily strategizing and decision-making. The responsibilities of the PA are not fulfilled by simply executing the will of the employing physician by protocol or formula, but by the PA’s individual consideration of the patient’s needs, leading to decisions of treatment and care that represent the general philosophy of the local health care system. The skills and competencies that must be learned to successfully fulfill these responsibilities fall under the category of leadership.

Attempting to define leadership can lead into a quagmire of differing and ambiguous definitions. The many dimensions of leadership, applied to various and unique settings, only adds to the confusion. A strong argument is made that the meaning of leadership depends on the institution in which it is found.1 In many settings, there are similar descriptions of what leaders do, such as inducing compliance, exercising persuasion, transforming followers, and using power relationships to achieve goals. A comprehensive and helpful definition that is generally accepted is that leadership is “the process of influencing an organized group toward accomplishing its goals.”2,3

The central leadership role played by the PA is influencing (leading) patients toward ideal health and wellness. But beyond this key priority, many other leadership opportunities surround the PA. The PA typically

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helps influence immediate nursing care, whether in a clinic setting or as a first assistant in surgery. The PA often serves on or chairs committees at local health care institutions, which provide leadership in quality control, pharmaceutical requirements, infection control, ethics, and medical staff policies, among others. PAs find themselves sharing administrative roles, overseeing the work of other PAs and allied health professionals. Communities benefit from the PA's leadership through public health avenues such as community wellness education or leadership in community organizations such as local chapters of the American Heart Association. For PA students, institutional, state, and national leadership opportunities are plentiful and these increase as students graduate and move into various professional organizations. And in the rare but established role of managing his or her own clinical practice, the PA likely demonstrates highly creative leadership abilities.

**LEADERSHIP STYLES AND TYPES**

Through the ages, a plethora of leadership styles have been offered, often in particular arenas that are best suited for the specific leadership model. Among these are:

- **The Facilitator** – The leader is comparative to a midwife, allowing the group to run by itself and not intervening unless necessary. (Lao-tzu, circa 500 BC)

- **Follower-Turned-Leader** – The best leader rises from the experiences of being a follower. (Aristotle, circa 350 BC)

- **Power and Influence** – The leader is cunning and deceptive when necessary, and the end justifies the means. (Machiavelli, early 1500s)

- **The Great Man or Woman** – One who is born to lead, due to innate qualities of intelligence and personality leading all to subordinate themselves to him or her. (Carlyle, early 1800s)

- **History's Slaves** – The situation dictates that a person finds himself or herself leading out of necessity. (Tolstoy, late 1800s)

- **Passive Resistance** – With self-discipline, self-control, and self-purification, the leader is followed by example only, not as a person. (Gandhi, early 1900s)

More recently, leadership has been studied with the assumption that there are specific skills that can be learned and exercised. As these skills are identified, unique leadership attributes may serve best in specific situations or institutions. This paves the way for educators to train potential leaders for specific purposes and needs. Some of the more common leadership styles that meet current demands are:

- **Situational or Contingency Leadership Models** – Leadership is based on the position of power, the interactions between the leader and members, and the desired goal.  

- **Charismatic Leadership** – The leader is assertive and confident, using his or her personality rather than only a position of power to influence followers.  

- **Transactional Leadership** – Followers are motivated in an exchange relationship by internal and external rewards to accomplish the goal.  

- **Transformational Leadership** – Others are empowered by the leader with a shared vision that meets the immediate needs of the group while incorporating larger, long-term goals that develop and grow the organization.  

**What Leadership Style Best Fits the PA?**

In health care, it is often argued that for health care providers to operate effectively as a team, the leadership may need to be rotated according to circumstances and skills, rather than assumed by one person. The situational or contingency model serves this type of leadership. For example, if a cardiac arrest occurs in a hospital setting, those who arrive first are likely thrust into leading the response, taking charge until others arrive.

However, the demands of high quality health care necessitate defined governance, with a clear chain of command for accountability and efficiency. This then lends itself to a transactional style of leadership, under which the day-to-day responsibilities of health care are accomplished.

Managed care principles require that the PA perform his or her responsibilities according to established guidelines, and administration sets specific goals and expectations that when reached often yield financial reward.

Charismatic leaders must be trained as skilled communicators who inspire trust. While these individuals may have innate enthusiasm and forceful personalities, they may lack substance and the ability to fulfill expectations. This can lead to a loss of trust and commitment by those who follow. For example, the PA who serves as a likable cheerleader for patients may also set unrealistic expectations for them, such as vigorously promoting weight loss or smoking cessation programs that bring disappointing results. Therefore, this leadership style requires the leader to learn self-awareness and establish accountability to avoid the dissatisfac-
tion of others.

Deepened commitments to character, care, and trust are recognized as a priori in medicine, which requires a broader perspective from the PA educator seeking to teach leadership principles to students. For example, the transformational leader must learn to draw out the moral traits in those who follow, yielding growth in personal and professional development. Interestingly, the emerging workforce in nursing has found that younger professionals do not value visioning as important in their leaders. This suggests a greater need for self-direction of the modern workforce, as this finding may represent more of a generational effect than a response specific to the nursing profession.

SERVANT LEADERSHIP

Servant leadership is a leadership model that departs from the traditional power-based forms of leadership. Generally, the servant leader seeks to meet the needs of those around him or her, empowering them for personal growth and development, rather than solely focusing on the goals of the organization. Servant leaders deliberately choose to put others’ needs, goals, and hopes above their own, so as to transform others into more productive and effective individuals. From the original exploration of this leadership style has grown a movement rich with moral philosophy. Servant leadership has been proposed as a “successful approach to leadership” for both for-profit and not-for-profit health care organizations.

The philosophy of servant leadership was originally rooted in 10 characteristics (listening, healing, persuasion, foresight, growth, empathy, awareness, conceptualization, stewardship, and community building) which overlapped considerably with other leadership models. The original 10 characteristics are likely intuitive to many PA educators who informally teach and model these characteristics of servant leader attributes periodically, though haphazardly, throughout the PA curriculum. Over time, the definition of servant leadership has evolved and these 10 characteristics have been refined into five: altruistic calling, emotional healing, wisdom, persuasive mapping, and organizational stewardship (see Table 1). These five attributes are defined by more specific descriptions and, following rigorous testing for reliability and for convergent and divergent predictive validity, they are measurable concepts that can be intentionally taught within the scope of PA education.

Table 1. Five Factors of Servant Leadership

<table>
<thead>
<tr>
<th>Factor</th>
<th>Description of Characteristic in Leader</th>
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<tr>
<td>Altruistic calling</td>
<td>A deep-rooted desire to make a positive difference in others’ lives</td>
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<tr>
<td>Emotional healing</td>
<td>A commitment to and skill in fostering spiritual recovery from hardship or trauma</td>
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<tr>
<td>Wisdom</td>
<td>A combination of awareness of surroundings and anticipation of consequences</td>
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<tr>
<td>Persuasive mapping</td>
<td>Ability to influence others using sound reasoning and mental frameworks to conceptualize greater possibilities</td>
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<tr>
<td>Organizational stewardship</td>
<td>An ethic of taking responsibility for the well-being of the community</td>
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Servant Leadership for the PA Student

These empiric leadership skills can be taught and experienced. For example, altruistic calling is correlated with empathic skills, and instructional models have been documented that teach these skills, such as medical schools using popular movies to evoke emotions of empathy among students who feel for the characters who are suffering. Students who view and analyze these characters report a high desire for altruistic service to others and demonstrate a higher level of professionalism. Another teaching technique is having medical students actually be patients in a hospital setting for 24 hours to help them understand the profound loss of privacy and the insecurities that can be provoked by the hospital environment.

A second factor unique to servant leadership is organizational stewardship—an imperative value for clinicians working in the US health care industry. Drs. Schwartz and Tumblin (the former a physician and surgeon associated with the University of Kentucky Chandler Medical Center and the Veterans Affairs Medical Center, and the latter a professor at Asbury Theological Seminary) assert in an article in Archives of Surgery that servant leadership is one of the emerging leadership styles necessary for the 21st-century health care organization, and suggest that health care delivery systems must be “learning organizations,” able to learn adaptability to gain intellectual capital. While instruction in health care systems theory is a common component of PA curricula, this teaching should include those theories that offer a reimbursement framework that supports clinicians in meeting the health care needs of those who are financially vulnerable. Such concepts in systems management are teachable to PA students.
and can foster organizational stewardship.

The remaining servant leadership factors of emotional healing, wisdom, and persuasive mapping are more intuitive functions of the PA but still need to be fostered in the PA student through focused instruction.

Emotional healing specifically applies to the holistic awareness of the patient’s well-being and calls for the PA student to be attentive to the patient’s social, psychological, and spiritual needs, as well as the physical ones.

Wisdom refers to not merely an appropriate fund of knowledge, but the full awareness of surrounding circumstances so that wise decisions are made within the context of the leadership role. This supports the necessary instruction in and application of evidence-based medicine principles that are integrated with the patient’s values and expectations. For example, the PA student may conscientiously identify the need for long-term warfarin for a patient with nonvalvular atrial fibrillation; however, the patient may be diametrically opposed to this drug because of an aversion to the idea of taking “rat poison,” or more seriously, the patient may have had a family member who died from an unintended consequence of warfarin. Such a dilemma challenges the student to go beyond rote lists and formulas, requiring greater wisdom and depth of insight in managing this patient’s health care decisions.

Persuasive mapping is the leadership skill required to communicate the sound reasoning of the benefits of warfarin while showing compassionate understanding of the patient’s concerns about the drug. The PA student must discover appropriate strategies to convince the patient of the far greater benefit of preventing a stroke, which may require having the patient visit with other family members who are knowledgeable about the risk factors involved, and perhaps respectfully offering the patient the option of a second opinion. In utilizing persuasive mapping, the PA student should provide care that includes a decision-making pathway tailored to the individual patient’s values and ideals.

Though these five factors apply most readily here to the provision of patient care, servant leader characteristics have wide applicability to larger arenas of leadership. From management of allied health staff to conduct in leading a wide variety of health organizations, servant leadership is promoted as a model that leads to effective and productive outcomes.

THE PA COMPETENCIES INCLUDE LEADERSHIP

The PA competencies developed by the four national PA professional organizations (American Academy of Physician Assistants, Physician Assistant Education Association, Accreditation Review Commission on Education for the Physician Assistant, and the National Commission on Certification of the Physician Assistant) give further emphasis to the need for PA leadership skills. The competency of “interpersonal and communication skills” clearly identifies the PA as a possible leader of a health care team or other professional group. Servant leadership provides skills to gain “professionalism,” a second core competency. As defined by the PA competencies document, the definition of professionalism alludes to servant leadership in the statement, “foremost, it [professionalism] involves prioritizing the interests of those being served above one’s own.” Lastly, the PA competency of “systems-based practice” calls for leadership skills as PAs “work to improve the larger health care system of which their practices are a part.” This competency closely parallels the servant leadership characteristic of organizational stewardship.

TEACHING SERVANT LEADERSHIP

The PA educator is called not only to understand leadership attributes but to apply this knowledge in developing teaching strategies that emphasize leadership development. The five characteristics of servant leadership have teachable elements that may be successfully integrated into existing curricula. Examples are provided below of teaching techniques that are applicable to each characteristic.

Altruistic Calling

- Involve students in experiences that allow them to be a part of something bigger than themselves (eg, serving the homeless, volunteering at food banks, or participating in immunization programs).
- Give students exposure to role models who display a strong sense of commitment to their personal and professional goals.
- Provide imaging exercises to help students self-reflect about their future goals over their life span (eg, have students respond to the question, “After the next 20 years, what should be your epitaph?” or “What will people say about your contributions at your funeral?”)

Emotional Healing

- Have students observe poignant movie clips that show individuals with expressions of pain or frustration, and discuss appropriate actions that include intensive listening and empathic skills.
- Include mental health professionals when teaching about the health care resources available in a community.
• Support students who are processing their own frustrations or broken dreams, finding mechanisms that release them from past disappointments (eg, focus students on helping others in order to get beyond experiences that hold them captive to past failures).

Wisdom
• Encourage students to face controversial and difficult health care issues with thoughtful and mature reasoning.

• Build on established values of integrity and dignity in guiding students’ decision-making skills (eg, present a patient bill of rights and discuss practical challenges that may interfere with the rights).

• Use clinical scenarios to explore the interaction of ideals and practicalities to achieve successful patient outcomes (eg, the patient with lung cancer who insists cigarette smoking is a vice that he or she wants to continue).

Persuasive Mapping
• Utilize class debates on challenging health issues that require students to reframe issues into manageable or solvable problems.

• Have students participate in visioning exercises to establish new methods of achieving health care goals (eg, propose a plan to provide ongoing primary health care for the uninsured in a specific county, or develop a new outreach diabetes clinic for a local migrant population in the community).

• Challenge students to think of innovative solutions, asking “why not” and encouraging detailed approaches to problem-solving (eg, role-play a PA faced with a pediatric patient whose only cancer treatment option is surgery, but whose parents refuse to give consent.)

Organizational Stewardship
• Encourage students to react and respond to severe global health issues (eg, the AIDS epidemic, human trafficking).

• Have students lead discussions on solutions to health supply issues (eg, the projected physician shortage, maldistribution of primary health care).

• Exercise the balance of achieving short- and long-term goals rather than focusing only on short-term goals (eg, model conservative budgeting to maintain low student costs, uphold high performance standards for individual students to gain mature and competent providers as graduates).

CONCLUSION
The PA is a leader in health care delivery, whether it is in providing health care to an individual patient or overseeing community health programs. Among the variety of leadership theories, the servant leader model may be the best fit for the PA profession. The characteristics of servant leadership described above (altruistic calling, emotional healing, wisdom, persuasive mapping, and organizational stewardship) are unique to this leadership model and have been reliably measured. Each of the five factors of servant leadership can be learned by, and developed in, the PA student for the benefit of patient care and the efficient productivity of the health care system.

REFERENCES