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Career Paths, Barriers, and Professional Experiences: A Comparison Study of Physical Therapy Program Directors in the United States

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CAREER PATHS, BARRIERS, AND PROFESSIONAL EXPERIENCES: A COMPARISON STUDY OF PHYSICAL THERAPY PROGRAM DIRECTORS IN THE UNITED STATES

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SIGNATURE PAGE

I hereby affirm that the following project meets the high academic standards for original scholarship and creative work established by my discipline, college, and the Graduate College of Marshall University. With my signature, I approve the manuscript for publication.

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ABSTRACT

The entry-level degree for physical therapists today is a professional doctoral degree. It is similar to a medical degree program where the expected outcome of its graduates is clinical practice, and there is no formal training in academic teaching or administration. The purpose of this study was to determine the leadership characteristics, styles, and behaviors of accredited Doctor of Physical Therapy (DPT) program directors (PD) and to gain a better understanding of their preparation and path to program leadership. The survey instrument was sent electronically to all program directors of accredited DPT programs in the United States (N=233) and the response rate was 46%. The results of this study are presented as comparisons between PT Program Directors with DPT degrees and those with other academic terminal doctoral (OATD) degrees. Survey items included both qualitative and quantitative questions and analyzed for similarities, trends, and patterns between the two groups. The data were analyzed using descriptive statistics, *t*-tests, and chi square calculations. Significant differences were found between groups regarding leadership training, style, and characteristics. When asked about years of experience, overall, most DPT program directors were in their first DPT PD position and had between 3-9 years experience as a PD. Most subjects reported feeling moderately to well-prepared for their first role as PD, crediting the most useful primary means of preparation after earning their entry-level PT degree as (1) *on the job training* (79%), (2) *completing an advanced degree* (69%), (3) *seeking a mentor* (60%), and (4) *leadership training from their institution* (41%). Both groups reported the same four primary methods in the same order. Similarly, the method of leadership preparation of current PDs with a DPT in their role as PD did not differ significantly at the specified .05 level ($x^2 = 1.54$, $df = 4$, $p = .672$). The majority of PDs completed additional training beyond their entry-level PT degree in the topics of (1) conflict

resolution, (2) communication, and (3) leadership in order to help prepare for their first role as PD. Most (84%) program directors reported that their preferred leadership styles were Servant leadership and/or Transformational leadership. A significant difference was found in the preference for the transformational style for the DPT group at the .01 level ($z = 3.2137$, $p = .0013$). Conversely, no significant difference was found for the OATD group's preference of servant leadership ($z = .5553$, $p = .5754$). Leadership characteristics differed significantly between groups. The DPT group favored the characteristics of empowering and respect significantly higher than the OATD group. The OATD group favored knowledge and confidence significantly higher than the DPT group. No significant differences were found between groups regarding self-reported personal satisfaction in the role of PD and future career aspirations. The chi-square analysis found no association between the independent variables of highest PT degree earned and future career aspirations of all PDs ($x2 = 5.79$, $df = 3$, $p = .2152$) Both groups had similar plans for the next five years, with a combined total of 67% of current PDs planning to leave their post as PD, indicating a significant number of vacancies in the near future. Leadership training programs are essential for physical therapy faculty and clinicians who are considering a shift from clinical practice or teaching into administration. The survey findings suggest that there is a growing need to train and develop current PT practitioners and faculty members to fill the role of PT program director. As the entry-level degree of physical therapy has evolved quickly in the last twenty-five years from master's to doctoral degree, qualified leaders and faculty are needed more than ever. Similarly, new DPT programs are opening frequently, and the demand for capable program directors is increasing. The majority of current PT PDs agree that securing a mentor and building a strong support network are key components of leadership development and should be an integral part of a leadership-training program. The results of this study suggest

that formal training programs such as the American Physical Therapy Association's Educational Leadership Institute Fellowship program, as well as advanced master's and academic doctoral degrees that emphasize higher education administration, are valuable resources for leadership training. A well-defined, ongoing, and specific training program for future leaders, which builds on and leads to effective leadership behaviors and characteristics may be a potential solution to an impending leadership crisis in PT education. The results of this survey clarify the leadership training and career paths of current DPT program directors, and they identify the leadership characteristics and behaviors needed to lead a professional educational program in a unique and dynamic environment. These findings add to the growing body of knowledge of how to best prepare leaders for the future of PT education.

Keywords: administrators, department head, director, higher education, leadership preparation, leadership qualities, leadership training, physical therapy program chair, physical therapy program director, PT program chair, PT program director

CHAPTER I

INTRODUCTION

Physical Therapy (PT) education is a professional graduate program leading to a Doctor of Physical Therapy (DPT) degree and prepares individuals to be skilled physical therapy practitioners. After graduation, state licensure is required to practice physical therapy. Considerable evidence is available to support the curriculum for physical therapy education, which includes in-depth study of the foundational sciences, systems-based examination, evaluation, diagnosis and intervention, professional practice, research, and supervisory and management skills. The Commission on Accreditation in Physical Therapy Education (CAPTE) monitors educational programs for consistency and quality (CAPTE, 2015c). CAPTE's mission is to ensure that professional entry-level PT education programs adequately and uniformly prepare students for successful clinical practice.

However, professional entry-level doctoral education does not provide adequate leadership skills and training for those students who wish to pursue an academic or higher education administrative PT career. Knowledge of pedagogy and academic life is often acquired with a second doctoral degree or through trial and error (Perry, 2002; Giuffre, 2007). Most academic doctoral degrees prepare learners for research, and few include teaching and leadership skills training. Physical therapy administrators hail from primarily clinical or research backgrounds and move into program director roles as part of the promotion process, but little is known about how each is trained to lead (Giuffre, 2007). Higher education faces a current crisis in leadership preparation as a result of an aging population. As current PT program directors retire, there may be few individuals left who are adequately prepared to manage and lead entry-level PT programs.

Review

An entry-level PT degree must be followed by successfully earning a state license in order to practice physical therapy. A licensed physical therapist may practice in their state according to the rules and provisions of the state practice act, and most states require licenses to be renewed at least every two years (American Physical Therapy Association, 2015a). Most entry-level DPT curricula are three years long and are divided into didactic coursework (80%) and full-time clinical experiences (20%) designed to provide students with an education that promotes critical thinking skills and application of knowledge to provide evidence-based interventions to patients and clients of all ages. This education is standard in all accredited PT programs (CAPTE, 2015c).

Prior to passing a state board examination, a candidate must graduate from an accredited PT program in order to practice. Indeed, it is possible to earn a degree in physical therapy and not be permitted to practice because of lack of an active license. In physical therapy education, most clinicians and full-time core academic faculty are required to hold an active PT license, with exceptions for some guest speakers, and some visiting professors or non-PT faculty hired as instructors in foundational sciences such as anatomy or physiology. The available data published annually by CAPTE indicate that all PT program directors are licensed physical therapists (CAPTE, 2015c). Moreover, as with any health discipline, one expects the director of the PT program to have had sufficient depth and breadth of clinical experience to understand the full scope of the demands of the field. This experience may include practice in inpatient, outpatient, and home care settings, as well as specialty practice areas. It stands to reason that most, if not all, PT program directors have spent a significant amount of time in clinical practice before or during their roles as administrators.

According to earlier studies of physical therapy department chairs and program directors, most have more clinical experience than academic experience by the time they enter their new role as program directors (Perry, 2002; Giuffre, 2007). For the purposes of this investigation, the term "program director" will be synonymous with the term program "chair", and may also include the duties of PT "department chair", as some institutions prefer this term and use it in their materials. Because CAPTE data use the term "program director", this study will follow suit for consistency and clarity.

In addition, maintaining a current PT license, even if not actively practicing, indicates that the director will meet the minimum requirements for continuing education in the respective state. Given the continuing education requirements for licensure, coupled with the desire for tenure and promotion in academia, a need exists to know more about how a program director divides his or her time between the omnipresent demands of administrative duties, scholarship, teaching, and clinical practice. To this end, CAPTE sends an annual survey to all program directors seeking data on demographics and professional duties of the program directors and all PT faculty. This information is published on the CAPTE website accessible freely to the public.

CAPTE Data on Demographics of PT Program Directors

The existing number of accredited programs is a moving target, having increased since 2014 from 212 to 233 DPT programs, with 13 more in various stages of candidacy (CAPTE, 2015b; CAPTE, 2016, December). Accreditation can be granted, denied, or suspended from year to year based on the review of annual reports from each program, therefore the data must be reanalyzed annually.

To learn more about the entry-level, subsequent, and terminal degrees that PT program directors hold, the aggregate program data existing in the Commission on Accreditation in

Physical Therapy Education (www.capteonline.org) and the American Physical Therapy Association (www.apta.org) websites were explored. Searching under "faculty" tabs, both websites offer direct links to each PT program's webpage. A manual search of each of the 233 currently accredited PT Program websites was completed to access the credentials and curriculum vitae of each program director (CAPTE, 2014; CAPTE 2016). At the time this research was initially conducted in 2014, there were 212 currently accredited PT programs. CAPTE meets quarterly to approve new programs, and by 2017, the number of currently accredited DPT programs had risen to 233.

The search method utilized was a manual exploration of the websites of each individual program to discern the baseline characteristics of each director individually and compared to the published annual Fact Sheet data from CAPTE. The CAPTE data published annually includes information from currently developing programs as well as currently accredited programs. For data published in 2015, CAPTE noted that information was taken from the 2014 annual accreditation report (submitted each December), and "unless otherwise indicated, the data reflects accredited and developing physical therapist education programs in the United States for the academic year 2014 – 15" (Fact Sheet 2014-2015). The figures for this background information derive from careful investigation of both sources to avoid overlapping the data. It is expected that by the time this study is published most developing programs will have completed the accreditation process, and the individual program webpage data will also be available on the CAPTE Directory of Programs.

A basic description of current PT program directors according to the CAPTE database include general demographics, percentage and type of terminal academic degrees held, clinical specializations earned, and average time as a core faculty member. The length of time as a core

faculty member at his or her current institution varied slightly between 2012 and 2015 for program directors, but overall remained steady. According to CAPTE records for 2012-2013, PT program directors had been core faculty members on average of 21.5 years, with 15.3 years at their current program (Fact Sheet 2012-2013). But for academic years 2013-2014, the time as core faculty member decreased slightly to 21 years, and the length of time at his or her current program decreased to 14 years (Fact Sheet 2013-2014). Data published in 2015 indicated that the time as core faculty member returned to 21.5 years and the length of time at his or her current program increased slightly to 14.5 years (Fact Sheet 2014-2015). The length of time as a core faculty member suggests familiarity with academia and recognition of roles and responsibilities of their peers and superiors. However, the fluctuating amount of time in both categories may indicate an increase in the promotion rate into administrative roles, perhaps designating a need to replace faculty.

Also of note, the average age of program directors in 2013 was 56.6 years but dropped to 54.3 years in 2014 (Fact Sheet 2013-2014; Fact Sheet 2014-2015). It is possible that the slight decline in age may have been due to the addition of 14 new accredited PT programs since 2013. Hinman reported (2014, p.42), that most (57%) of the PT program directors of current or developing programs had ten or more years of academic experience prior to taking the position as program director, leaving the remaining 43% with 3-9 years of experience in higher education. The age ranges reported by Hinman (2014, p.42) were primarily grouped between 40-49 and 50-59, and although the authors did not specify ages of PT versus Physical Therapist Assistant (PTA) program directors, it was possible that new program directors were added or promoted at younger ages than in previous years. Still, according to the 2015 CAPTE Fact Sheet (2014-

2015), the number of accredited PT programs has been steadily increasing to a projected total of 258 accredited DPT programs to be offered in the US by 2018.

Both CAPTE and the American Physical Therapy Association (APTA) reported that 58.6% of program directors were female (Fact Sheet 2012-2013). That fact was not surprising since 68% of licensed PTs are female, and the profession has been historically female-dominated (APTA, 2011, p.4). It was consistent with the gender makeup of the profession since female enrollment in PT programs has held steady at 62-63% (Fact Sheet 2014-2015), even as more men have sought careers as physical therapists. Opportunities for leadership positions may still be awarded to more female applicants due to their age and experience in the field at least for the next few decades until enough males enter the profession to make a significant effect.

The rank of program directors was also shifting. For 2012-2014, the percentage of program directors with an Assistant Professor rank was minimal and varied from 6.4% in 2011 to 4.6% in 2012, down to 2.2% in 2013, and back up to 4.9 % in 2014. For Associate Professor rank, the percentage of program directors has been steadily declining since 2012 from 53.2% to 50.6%, and full Professor rank has fluctuated from 39.8% in 2012 to 45% in 2013 and to 42.9% in 2014 (Fact Sheet 2014-2015). Most program directors were at the Associate Professor or higher rank; however, the fluctuation of rank between Assistant Professor and higher ranks over the last few years might be a reflection of the addition of newer, inexperienced faculty as interim or founding department heads. This observation might correlate with the ages of program directors noted earlier.

Program directors and other core faculty are expected to show evidence of quality teaching, scholarship, service, administration, and, where appropriate, clinical practice. The faculty workload for program directors in 2015 showed a slight trend toward an increased

teaching load since 2012 moving from 24.3% to 26% in 2015, and a decrease in scholarship from 15.7% of allotted time to 14% (Fact Sheet 2012-2013, Fact Sheet 2014-2015). For program directors, administration time was reported to be at 45% for both 2012 and 2015, but clinical practice and service time show the greatest difference between 2012 and 2015, with the former moving from 2% to 10% and the latter changing from 10% to 2% (Fact Sheet 2012-2013, Fact Sheet 2014-2015). It is too soon to determine if a trend away from scholarship is underway, although it may indicate a decreased emphasis on publishable research by program directors struggling to juggle the demands of teaching in a new PT program. As a new PT program develops, the workload and pressure of hiring faculty, establishing curriculum, and submitting accreditation documents often takes priority over research interests. Since 2012, an additional 25 PT programs have been accredited, which might possibly explain some of the increased time counted towards teaching and administration in the aggregate data.

CAPTE Data on Terminal Degrees of PT Program Directors

Of the 215 accredited PT programs in 2015, all directors held a PT license, and some held additional degrees such as a Doctor of Medicine (MD) and Occupational Therapist (OT) (CAPTE, 2015a). Between the years 2012-2015, the highest academic degree held by PT program directors was primarily a PhD, but some variation was found in the other professional doctoral degree categories including EdD, Doctor of Science (DSci), and other advanced degrees. CAPTE reported that in 2013, 47.8% of all core faculty including program directors held a PhD, and in 2014 only 47.2% did (Fact Sheet 2014-2015). The 2017 Fact Sheet reported that in the numbers of all core faculty with academic doctoral degrees further decreased to 45.9% in 2015 and 45.3% in 2016 despite an increase in the overall number of accredited PT programs (CAPTE, 2017). More specific data regarding earned academic degrees for each program

director were found by investigating each program director's distinct credentials as posted on each PT program website linked to CAPTE's Directory of Programs (CAPTE, 2015a). This information is required by CAPTE to be updated every time there is a change in leadership, or if the leader experiences a significant change in qualifications, such as the addition of a new degree or credential. The first table lists the number of various doctoral degrees for each program director, as well as the overall percentage. The findings are summarized in Table 1.

More DPT program directors hold the PhD than any other academic terminal doctoral degree (OATD), followed by the EdD and DPT. Remarkably, in 2016 seven PT program directors claimed more than one doctoral degree, and 24 had both a doctoral and master's degree (CAPTE 2015a; CAPTE, 2016). When two doctoral degrees were accomplished, the combination of DPT/PhD was the most common, with ten program directors listing both degrees in 2013, and 12 in 2014 (Fact Sheet 2014-2015). Because the PhD is an academic terminal degree and the DPT is a professional degree, the combination of the two complement each other with little chance for content overlap. Other degree combinations were also found: in 2013, of the 28 total program directors with a DPT, 11 also held either a PhD (10) or an EdD (1), leaving 17 program directors with DPT alone as the highest degree. The results shifted slightly higher in 2014 with three additional program directors listing a second doctoral degree to the DPT: the PhD (12) and the EdD (2). In 2015, the number of programs directors with a DPT and PhD decreased to nine, and the combination of DPT and EdD increased to three, although more program directors (28) in 2015 had the EdD alone as their highest terminal degree. See Table 2 for a full list of doctoral degree combinations.

Table 1

Terminal Degrees Held by Physical Therapy Program Directors, 2012-2015

Degree	2012-2013 % and number of degrees (N=212)	2014-2015 % and number of degrees (N=233)
DBA	0.47% (1)	0.43% (1)
DHS	0	2.15% (5)
DHSc	5.66% (12)	0.86% (2)
DScPT	0.94% (2)	0.86% (2)
EdD	13.68% (29)	12.02% (28)
PhD	59.43% (126)	59.23% (138)
ScD	4.72% (10)	0.86% (2)
DPT	13.23% (28)	12.88% (30)
JD	0.94% (2)	0.86% (2)
MD	0.47% (1)	0.43% (1)
OT	0.47% (1)	0.43% (1)

Note. DBA=Doctor of Business Administration; DHS/DHSc =Doctor of Health Science; DScPT=Doctor of Science in Physical Therapy; EdD=Doctor of Education; PhD=Doctor of Philosophy; ScD/DSc=Doctor of Science. Considered Professional Academic Doctoral Degrees. DPT: Doctor of Physical Therapy; MD: Doctor of Medicine; OT: Occupational Therapist. These are professional doctoral degrees and are not considered academic doctoral degrees, but may represent terminal degrees in a field. The data on academic degrees were adapted from "CAPTE Accredited PT Education Programs" Commission on Accreditation in Physical Therapy Education, 2014 (Retrieved from http://www.capteonline.org/apta/directories /accreditedschools.aspx?type=PT&navID=10737421958).

CAPTE Data on Masters Degrees and Specialist Credentials

In 2013, of the 16 program directors with a DPT as their highest degree, seven also held American Board of Physical Therapy Specialties (ABPTS) board certification in a recognized specialty area of PT practice, which according to CAPTE is required criteria for establishing competency in core program faculty (CAPTE, 2015e). Later in 2014, of 11 program directors with a professional doctoral degree (DPT), seven also held ABPTS certification, and in 2015 four of the 13 program directors were board certified specialists (CAPTE, 2015a).

Table 2

Program Directors with More than One Doctoral Degree

Doctoral Degree Combinations	2012-2013 Number of Program Directors with a DPT and OATD	2012-2013 (n=28) Percentage of Program Directors with a DPT and OATD	2014-2015 Number of Program Directors with a DPT and OATD	2014-2015 (n=26) Percentage of Program Directors with a DPT and OATD
PhD + DPT	10	4.70%	9	5.58%
EdD + DPT	1	0.47%	2	0.93%
DSc + DPT	1	0.47%	1	0.47%
DHS + DPT	0	0	1	0.47%

Note. The data on program directors with more than one degree is adapted from "CAPTE Accredited PT Education Programs" Commission on Accreditation in Physical Therapy Education, 2014.

Therefore, less program directors listed their highest terminal degree as DPT in both 2014 and 2015 than in 2013, but of those who did, most (64% vs 44%) were also board-certified specialists**.**

Of note was the increase of program directors without another academic terminal doctoral degree. Though many program directors with a PhD or EdD also included master's degrees in their credentials, there was some evidence of a slight increase in PDs whose highest academic degree was a Master's degree. In early 2015, only two program directors had an MS/MBA or MSPT as their highest degrees, while in 2016, eight held Masters degrees (CAPTE Accredited PT Program directory, 2016). The CAPTE Accredited PT Program directory (2016) listed several program director's credentials as having one or more professional doctoral and/or Masters degrees: DPT/MBA (1), DPT/MEd (1), DPT/MS (7), DPT/MSEd (1), MS/MBA (1), DPT only (2), and MS only (7). The change might have been influenced by recent changes to accreditation standards regarding the minimal degree requirements for entry-level physical therapy education. As the degree progressed from an entry-level baccalaureate degree to a master's degree and now the doctoral degree, the faculty and administration might have been pressured to reach higher levels of education in order to stay at least one step ahead of their students (CAPTE, 2015e).

In 2015, CAPTE published revised standards for core faculty and program directors effective January 1, 2016. These standards stated that "CAPTE will begin enforcing the requirement for doctoral preparation of all core faculty effective January 1, 2020, except for individuals who are enrolled in an academic doctoral degree program on that date, in which case the effective date will be extended to December 31, 2025" (CAPTE, 2015e). CAPTE defines doctoral preparation as inclusive of the DPT and allows extra time for those enrolled in an

academic doctoral degree such as the PhD (CAPTE, 2015e, p.10). An exemption exists, however, specifically for program directors regarding the requirement for an earned academic doctoral degree, allowing a program director to seek exemption from CAPTE if credentials are determined to meet the former 2006 evaluative criteria, which were in effect well before the DPT became the required entry-level degree (CAPTE, 2015e, p. 12).

An analysis of all the master's degrees listed for program directors from 2012-2016, revealed that 40.4% earned a Master of Science degree. Given the historical evolution of the degree, the specific master's degree offered for entry-level education was the MS, so it is probable that the other master's degrees listed by PDs represented either a career change or, more likely, an advanced degree earned to help prepare a PT faculty member for a leadership role. Given the frequency of master's degrees in business and public health found in the analysis, it stands to reason that these degrees were sought after earning a baccalaureate or certificate in PT. The full results are presented in Table 3.

CAPTE Data on Specialization of Current PT Program Directors

As noted, some program directors were board certified specialists in a particular area of practice, such as orthopedics or geriatrics, indicating that they passed a national specialty board examination. In order to qualify for the exam, learners must provide evidence of completion of a residency program accredited by the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) or proof of a minimum of 2000 clinical practice hours in one specialty area (American Board of Physical Therapy Specialties, 2014). Initial certification lasts ten years in order to maintain the credential the specialist must either retake the exam or show proof of clinical proficiency over the course of ten years to maintain the title of clinical specialist (ABPTS, 2014). All board-certified specialists must meet the minimum required direct patient

Table 3

Program Directors (PDs) with Doctoral and Master's Degrees

Master's Degree in Addition to Doctoral Degree	2012-2013 Number of Degrees	2012-2013 Percentage of All PD (n=212)	2014-2015 Number of Degrees	2014-2015 Percentage of all PD (n=215)	2015-2016 Number of degrees	2015-2016 Percentage of all PD (n=233)
MA	4	1.88%	3	1.40%	2	0.86%
MBA	11	5.12%	11	5.12%	12	5.15%
MBS	1	0.47%	0	0%	0	0%
MEd	1	0.47%	1	0.47%	2	0.86%
MHA	1	0.47%	1	0.47%	0	0%
MHSA	1	0.47%	1	0.47%	2	0.86%
MPA	3	1.42%	1	0.47%	0	0%
MPH	4	1.88%	4	1.86%	5	2.15%
MPT	1	0.47%	3	1.40%	4	1.72%
MS	19	8.96%	18	8.37%	21	9.01%
MSEd	1	0.47%	1	0.47%	1	0.43%
MSPT	1	0.47%	2	0.93%	1	0.43%

Note. MA: Master of Arts; MBA: Master of Business Administration; MBA: Master of Business Science; MEd: Master of Education; MHA: Master of Health Administration, MHSA: Master of Health Services Administration; MPA: Master of Public Administration; MPH: Master of Public Health, MPT: Master of Physical Therapy; MS: Master of Science; MSEd: Master of Science in Education; MSPT: Master of Science in Physical Therapy. Data Adapted from CAPTE Accredited PT Education Programs (2016).

care hours including 200 hours in the last three years leading up to recertification (ABPTS, 2014). Therefore, the program directors, who indicated they were specialists, must also be spending a portion of their time treating patients in addition to their administrative duties.

With nearly one quarter of program directors being ABPTS board-certified specialists, it would be beneficial to know the average amount of clinical practice in which they are engaged. According to the CAPTE 2014-2015 Fact sheet (2015), between 2011 and 2014, an average of 10% of the workload time was spent in clinical practice (p.15), which was similar to other core faculty. This clinical practice time is vital to remain qualified to recertify in any ABPTS specialty. See Table 4 for a summary of specializations held by program directors.

In 2015, seven of the eight APTA-recognized clinical specializations (all but the women's health specialty) were held by program directors (ABPTS, 2014). Orthopedics was the most common specialty, which is not surprising since there are more orthopedic specialists than

Table 4

Specialties Held by Program Directors 2012-2016

Area of ABPTS Specialization	2012-2013 Number	2012-2013 Percentage (n=212)	2014-2015 Number	2014-2015 Percentage (n=215)	2016 Number	2016 Percentage (n=233)
CCS	1	0.47%	1	0.47%	1	0.43%
ECS	1	0.47%	0	0%	0	0%
GCS	7	3.30%	7	3.26%	6	2.58%
NCS	3	1.42%	5	2.33%	7	3.00%
OCS	25	11.79%	26	12.09%	30	12.88%
PCS	9	4.25%	10	4.65%	11	4.72%
SCS	9	4.25%	8	3.72%	11	4.72%

Note. Cardiovascular and Pulmonary (CCS**),** Clinical Electro-physiology (ECS), Geriatric (GCS), Neurologic (NCS), Orthopedic (OCS), Pediatric (PCS), Sports (SCS). Data adapted from "CAPTE Accredited PT Education Programs" (CAPTE 2014; 2015).

any other specialty area (ABPTS, 2014). What was surprising was that four program directors (CAPTE, 2015a) had more than one specialty, which meant that their minimal clinical hour requirements were doubled if they planned to recertify, which would be reflected as even less time for administrative roles. Certainly, recertification is not required in order to practice, but in order to maintain the credential and recognition as a board-certified clinical specialist an individual must attain recertification. It was apparent that clinical specialization was on the rise for core faculty as well as PT administrators. Nearly 40% of core faculty claimed specialization in 2015 as compared to 35% in 2011, which could be attributed to multiple reasons, including an attempt to meet changing CAPTE criteria for core faculty members (Fact sheet, 2015).

Because attainment of an academic doctoral degree often occurs later in the career of a physical therapist, and after significant time spent in clinical practice, the entry-level degrees held by each program director were investigated. For program directors in the 203 accredited programs in 2013, 54% entered PT practice with a baccalaureate degree, 24% with a master's degree, 8.4% with a certificate, 12.3% earned a transitional DPT after their baccalaureate degree or certificate, and less than 1% of program directors began their PT career with a DPT (Fact Sheet, 2014). The transitional DPT is a bridge program of limited coursework offered to those who attended physical therapy educational programs that did not offer the DPT or attended prior to the existence of the DPT. For example, a student who graduated with an MSPT could take an additional 30 credits (approximately) of coursework, representing the difference between MSPT and DPT, to earn their DPT degree. For someone with a baccalaureate degree, the number of missing course credits would be much higher than the MSPT, as most DPT programs average 115 credits (CAPTE, 2015c). Entry-level degrees of current program directors were not identified on the CAPTE Fact Sheet for 2015; however, it stands to reason that future data will

show a higher number of entry-level DPTs in administration, reflecting the phasing-in of the DPT degree as the new entry-level standard and changes in the experience of program directors.

This shift towards higher entry-level degrees can be explained by reviewing the history of physical therapy education. According to the APTA (2011), the first degree in physical therapy education was the certificate in 1928. Recognition of education in physical therapy remained as a certificate with an apprenticeship until the 1950s, when universities and colleges began offering PT as a baccalaureate degree program (APTA, 2011, p. 6). From then on, the baccalaureate degree was the entry-level degree until the 1970's, although in the late 1960's master's degrees in physical therapy emerged, followed by the Doctor of Physical Therapy degree in 1995 (APTA 2011, p.8). As of 2002, all programs were master's degrees or higher, and baccalaureate degrees in PT were no longer offered (CAPTE, 2015c). The entry-level degree is now the doctoral degree (DPT), and because most PT directors are between 40-60 years of age, the number of program directors (78%) with entry-level baccalaureate and master's degrees aligns with the evolution of physical therapy entry-level degrees (Fact Sheet, 2014). As time passes and more DPT-trained individuals gain experience in academics, the number of program directors with entry-level DPT degrees will inevitably rise.

PTs in Administration

While entry-level PT education does prepare clinicians for varying degrees of clinical administration (Shaefer, Lopopolo, & Luedtke-Hoffmann, 2007), few data exist to describe the preparation PT program directors receive to fulfill their unique responsibilities. Few studies are available that examine how the directors of the physical therapy programs are prepared to lead their departments and faculty. Certainly, this is one area of research that is needed as physical

therapists and administrators of higher education look towards the future and prepare for the increase in the numbers of retiring PT administrators and practitioners.

One study by Perry (2002) indicated that PT program directors did not plan to enter academia after earning their PT degree. Giuffre (2007) confirmed that the training for physical therapy department chairs was often informal and lacking in distinctive leadership skills development and instead focused on the pure administrative responsibilities required to maintain daily operations. Other higher education, medical, and professional programs have faced a similar challenge in leadership development (Gmelch, 2002).

Leadership preparation in the Doctor of Nursing Practice (DNP) includes training on quality, service, process assessment, and improvement to generate strategies to enhance patient services (Sherrod & Goda, 2016). Similar to the DPT and PT/PhD education, DNP degree holders are trained to synthesize research to apply to clinical practice; however, the DNP includes additional training in health system leadership. Educational training in needs-assessment, organizational accountability, and health services delivery administration are key components of DNP education, but are not emphasized in DPT preparation (Sherrod & Goda, 2016).

For medical students, leadership development begins early in a physician's education and continues throughout their careers. According to Warren and Carnall, (2011), physicians are expected to develop leadership skills through mentoring, coaching, action learning, and networking in order to "lead across professional boundaries." Warren and Carnall (2011) credit the Medical Leadership Competency Framework (MCLF) jointly developed by the Academy of Royal Colleges and the HS Institute for Innovation and Improvement as laying the foundation for leadership content to be included in undergraduate and postgraduate medical education.

Moreover, Warren and Carnall (2011) reported that leadership training was found to be more valuable to the learner if leadership development occurred in "real-time experiential learning." When leadership opportunities arise during clinical work, trainees must apply their knowledge in the moment. Medicine and physical therapy are both clinical fields, yet entry-level preparation of physicians differs from physical therapists due to the inclusion of a specific leadership piece.

Acquisition of technical skills is paramount to any clinical health practitioner training; however, the acquisition of non-technical skills (NTS) is more difficult to define and assess and is often less emphasized in health practitioner education. Non-technical skills can be defined as the "cognitive, social and personal resource skills that complement technical skills, and contribute to safe and efficient task performance" (Flin, O'Connor, & Crichton, 2008). In physical therapy education, NTS were referred to as Professional Behaviors (May, Morgan, Lemke, Karst & Stone, 1995), which were the verbal and nonverbal communication skills needed to develop rapport and build trust between patient and client. Poor NTS skills could contribute to errors in patient management (Lloyd, 2015). Across all health professions, both professional behaviors and NTS are required to cultivate effective leadership skills both in the clinical and administrative environments.

Recognition and development of one's own leadership philosophy involves self-reflection and refinement. According to Inverso (1998), the "process of becoming an educational leader begins with becoming a faculty member [first] and is continuous thereafter." When Inverso (1998) questioned his peers as to why they became a faculty member, the answer was always "to make a difference" and "to influence the next generation." Inverso acknowledged that physical therapy educators "develop from a clinical tradition that is action-oriented." PT's entered the profession to effect change in patients, and this drive carried over easily into the

classroom. Yet, once faculty considered higher administration, a new skill set was now required that must be learned and applied. “Educational leaders select from a wide range of components to fit their personal needs and meet their self-identified professional goals” (Inverso, 1998). Later works by Perry (2002) and Giuffre (2007) further explored the leadership pathway of PT program directors, stating that the decision to become educational leaders often happened much later than in other medical professions. When physical therapists became faculty, most moved from the clinic to the classroom to teach in the area of expertise; however, few were prepared for the full scope of responsibilities of an academician (Inverso, 1998; Jensen & Mostrom, 2013), and even less were prepared for higher education administrative matters (Perry, 2002; Giuffre, 2007).

Statement of the Problem

The purpose of this study was to determine the leadership characteristics, styles and behaviors of PT program directors and to identify how they prepare for their roles as department leaders and administrators. As part of the entry-level degree, physical therapists receive some training in administrative matters as they pertain to supervision of staff and physical therapist assistants, but the DPT is a professional doctoral degree and provides primarily clinical training and is not intended to prepare graduates as administrators (Perry, 2002; Shaefer, Lopopolo, & Luedtke-Hoffmann, 2007; Giuffre, 2007). A literature search revealed few studies that have specifically examined how the directors of physical therapy programs are prepared to lead departments and faculty. Thus, the question remains and a need exists to determine how current DPT program directors are prepared for their role as department leaders and administrators.

Purpose

The purpose of this study was to determine the leadership characteristics, styles and behaviors of accredited PT program directors and to gain a better understanding of their preparation and path to program leadership. The data gathered from this study might be of benefit to future program directors and universities in order to replace the expected wave of retiring program directors. Public dissemination of a path to leadership in the PT profession could help maintain the integrity and possibly improve the quality of PT programs in the United States.

Research Questions

In order to determine the characteristics, styles and behaviors of the current PT program directors and identify for analysis their career paths to leadership, the research questions were:

1. There will be no significant difference in leadership characteristics between PT program directors who have earned academic or professional doctoral degrees.
2. There will be no significant relationship between program directors with academic or professional doctoral degrees and their leadership styles.
3. There will be no significant differences in leadership training between PT program directors who have earned academic or professional doctoral degrees.
4. There will be no significant differences in self-reported personal satisfaction in the role of program director between those with an academic or professional doctoral degree.
5. There will be no significant differences in future career aspirations between PT program directors who have earned an academic or professional doctoral degree.

Operational Definitions

The following list includes the operational definitions common to the profession of physical therapy (APTA, 2015b).

American Physical Therapy Association (APTA): Professional organization for physical therapists and physical therapist assistants.

Commission on Accreditation in Physical Therapy Education (CAPTE): Nationally recognized accrediting agency for physical therapist and physical therapist assistant entry-level education programs.

Co-chair and *co-program director:* Synonymous. Titles given to those who perform administrative work that is divided between more than one leader in a physical therapy program.

Department Chair: Title of the administrative head of a department that may have more than one type of professional educational program.

Doctor of Physical Therapy (DPT): Post-baccalaureate degree earned by graduate of professional doctoral program in physical therapy.

Physical Therapist (PT): Licensed health professional who has completed an accredited physical therapist educational program and has passed a licensure examination. Professional entry-level degrees have evolved from certificate to professional doctoral degrees.

Physical Therapist Assistant (PTA): Health worker who is educated at the associate degree level and who is permitted to provide physical therapy services under the direction and supervision of a physical therapist. Depending on state law, may be

licensed, certified, registered, or unregulated. Must meet state requirements to work as a PTA.

Program Chair and *Program Director:* Synonymous. The administrative leader of the DPT program.

Specialist: Specialist certification is granted to PTs who demonstrate competence in both specialized knowledge and advanced clinical proficiency. The specialty areas are: CCS (Cardiovascular and Pulmonary Certified Specialist), ECS (Clinical Electrophysiologic Certified Specialist), GCS (Geriatric Certified Specialist), NCS (Neurologic Certified Specialist), OCS (Orthopaedic Certified Specialist), PCS (Pediatric Certified Specialist), SCS (Sports Certified Specialist), and WCS Women's Health Certified Specialist). PTs must meet the following minimum eligibility requirements to sit for the specialist certification examinations: 1) current licensure to practice physical therapy in the United States, Puerto Rico, or the Virgin Islands; and 2) evidence of a minimum of 2,000 hours of direct patient care in the specialty area, 25% of which must have occurred within the last three years. Additional specific requirements are required by each specialty area. PTs must pass the specialist certification examination and be recognized by the American Board of Physical Therapy Specialties to use the designator. The certification is effective for ten years, after which re-certification is required.

Significance of the Study

The profession of physical therapy is facing an impending leadership crisis with a large number of program directors and college administrators preparing for retirement in the future. Development of a career pathway for clinicians to become academic leaders would help fill

future program director positions. A study of the professional pathways of current PT program directors could identify patterns and determine which characteristics were shared among this group of leaders. These data will be valuable to answer the larger question of a potential preferred path to PT program leadership. Most DPT program directors have PhDs, but not in educational fields; instead, their degrees were focused on a specific area of physical therapy research or basic science, with little emphasis on leadership training. As PT program directors prepare for the future, it is important to identify a succession plan for retiring PT directors. Evidence is needed to support departmental practices to prepare faculty to become viable candidates for administrative roles such as program director.

Statement of Methods

The study population was comprised of current program directors in accredited physical therapist education programs. Only accredited PT programs were included based on the assumption that the currently accredited programs are already deemed stable and the program directors qualified for their positions according to the accrediting body. CAPTE deems program directors to be qualified if they: (a) are licensed or regulated in any United States Jurisdiction as a PT, (b) have an earned academic doctoral degree or qualifies for an exemption according to 2006 published criteria, (c) hold the rank of associate professor or higher, and (d) have a minimum of six years of full time (35 hours per week) higher education experience, with a minimum of three years of full-time experience in an physical therapist education program (CAPTE, 2015e, p. 12). In the event the program director does not hold an associate professor rank or higher, the program is notified and cited by CAPTE to provide a plan to bring their director into compliance within 18 months (Price, E. 2016).

Exclusion criteria were applied to any program directors from a DPT program that is listed in a Candidacy or Development phase. CAPTE clearly indicates on their webpage which stage a program is in, from development to candidacy to accreditation. Any new PT program seeking accreditation must first inform CAPTE of their intent to develop, and if granted approval, must then submit a formal and lengthy written application for candidacy consideration (CAPTE, 2015e). PT Programs are free to matriculate students only after granted candidacy, and then students will proceed through the program during the candidacy period until accreditation is granted - usually just before the first cohort graduates. Because the accreditation process is so arduous and the accreditation decision is never guaranteed, some program directors may give up and leave a program if denied candidacy or accreditation; therefore, unaccredited programs were not included in the subject population. Having met minimum criteria for accreditation standards, the PT programs can be considered equivalent for the purposes of this study.

A survey of 21 items was sent electronically to all PT program directors, and the resultant data were analyzed using descriptive statistics, chi-square analysis, and *t*-tests. Because nearly every DPT program director has a working knowledge and some exposure to research design, at least in order to for their program to remain accredited, the author was confident that the survey would provide a high response rate and low attrition. Each program director's contact information was publicly available on the CAPTE website and was compiled by the author into an electronic mailing list for the online survey. To simplify the process even further, the online survey was designed to be completed in 15-20 minutes, and allowed multiple response modes.

Summary

This study of the leadership preparation of the PT program director was appropriately timed and potentially of explicit benefit to the academic PT community and possibly other

professional programs. Now more than ever, it is important to identify a succession plan for retiring PT program directors. Evidence is needed to support departmental decisions on preparedness of faculty and how to groom possible internal candidates for future administrative roles. This study represents a potential pathway toward better understanding the best methods to prepare future program directors.

CHAPTER II

LITERATURE REVIEW

The role of a college or university academic program director is not well studied, and even less is known about a physical therapy program director. In general, development of department program directors and academic leaders is often an afterthought, as most faculty begin their academic careers in research and teaching (Gmelch, 2000; Perry 2002; Giuffre, 2007; Jensen & Mostrom, 2013). Entry into academia is often unintentional and the result of outside influences, rather than a clear, purposeful, and direct path to administration, forged by the individual from graduate school (Perry, 2002; Gmelch, 2002, Giuffre, 2007, Jensen & Mostrom, 2013). Identification of future leaders, and the subsequent development of their abilities, is one of the key components of establishing a leadership pipeline within a department.

Motivational Factors Associated with Program Directors

In recent decades, evidence exists to support the varying extrinsic and intrinsic motivational factors as reasons for serving in the role of program director (Seerdorf, 1990; Gmelch, Carroll, Seerdorf, & Wentz, 1990; Perry 2002; Giuffre, 2007, Jensen & Mostrom, 2013). Over 25 years ago, one of the first surveys of department chairs/program directors was undertaken, and respondents reported the intrinsic factor of "personal development" more often (321) than any other single extrinsic factor as motivation for accepting their leadership role. Extrinsic factors cited included being approached by higher administration (251) and "lack of alternative candidates" (196). More responses combined were given for extrinsic factors than those listed for intrinsic factors alone (Gmelch, et al, 1990). When asked if they would consider a second term, those program directors who cited primarily intrinsic reasons responded

positively three to one over the extrinsic group (Gmelch, et al, 1990). Despite the greater number of extrinsic reasons overall in the survey, maintaining a steady presence at the helm of a department is a potential challenge and turnover is frequent.

According to Thomas and Shuh (2004), consistency in the role of department chair is a concern since approximately twenty percent turnover occurs every year. As recent as 2012, the turnover rate in physical therapy (PT) programs was reported to be nineteen percent (Hinmann, Peel, & Price, 2014). Gmelch (1990) indicated that there was less overall intrinsic motivation to lead reported by those currently in leadership roles, and it was possible that current leaders would not remain in their roles long-term. Lack of consistent leadership was a problem in that frequent turnover resulted in a disruption of previous or existing plans for change. According to Selingo (2016), when faculty are inexperienced in networking and the logistics of academia, many will not have the skills to be effective leaders and may leave their posts before any real growth can be actualized (Selingo, 2016). Though with specific leadership training and an internal drive to lead, many would-be leaders could learn the skills to be successful.

Leadership Characteristics and Skills of Program Directors

Similarities in leadership characteristics and styles were found in the common characteristics of successful leaders across health and academic professions. Using current information available about faculty professional growth, certain ideals were discovered, such as learning, agency, professional relationships, and commitments (O'Meara, Terosky, & Neumann, 2008). A study of Canadian academics and managers in physical therapy looked at leadership characteristics of each professional role and also found similar results regarding the shared traits of "learner" and "achiever" between both groups (Desveaux, Chan, & Brooks, 2015). In 2014, another Canadian study distinguished the strengths of Canadian physical therapy leaders from PT

non-leaders and found that leaders were "more likely to possess the strength of Achiever" (Chan, Bruxer, Lee, Sims, Wainwright, Brooks, & Desveaux, 2014). Both Canadian studies utilized the Clifton StrengthsFinder (2009) to evaluate 34 characteristics or themes to determine an individual's particular strengths (Clifton & Harter, 2003; Asplund, Lopez, Hodges, & Harter, 2009). The Clifton StrengthsFinder has been used in both academic and managerial settings to identify an individual's potential to enhance and develop existing strengths in order to enhance leadership proficiency. Based on the responses to all 177 items, both Chan (2014), and Desveaux (2015), identified the Achiever characteristic, defined by Asplund (2009) as "People especially talented in the Achiever theme have a great deal of stamina and work hard. They took great satisfaction from being busy and productive" (Asplund et al, Appendix A., 2009).

For this survey, the author included items relative to achievement, productivity, and work stamina based on the literature findings relative to PT leadership characteristics. Another characteristic of the Learner common to PT leaders was a desire to learn (O' Meara et al., 2008; Desveaux et al., 2015). The Clifton StrengthsFinder noted "people especially talented in the Learner theme have a great desire to learn and want to continuously improve. In particular, the process of learning, rather than the outcome, excited them" (Asplund et al, Appendix A., 2009). Survey items related to identification of educational and training resources for program directors stemmed from this prior research.

Other leadership, administration, management, and professional (LAMP) skills have been identified in the PT profession as being required by new graduates, as a result of a Delphi study by Lopopolo, Schafer, and Nosse (2004). The authors organized the findings into those skills that should be learned in entry-level preparation and those skills that should be learned post-graduation. Items included in the Delphi survey panels queried how the following LAMP skills

were developed: continuing education, internal organizational development programs, mentorship, formal post-professional education, prior experience, formal professional education, or learning by doing (Lopopolo, Schafer, & Nosse, 2004). The results were listed in order of greatest to least number of responses indicating continuing education as the most common means of developing LAMP skills. The LAMP study included both academic and clinical leaders.

When the concept of leadership was further explored from the physical therapist perspective, the top three characteristics of communication, professionalism, and credibility were preferred, yet these traits differed from the top three reported in other health professions (Desveaux, et al., 2012). Though many studies noted communication as imperative, it was often not in the top three essential skills. In physical therapy administration, the skills of emotional intelligence, vision, and business acumen were found to be best suited for dealing with a dynamic health service delivery environment (Desveaux, et al., 2012) and were also listed as the top skills of surgery, nursing, and pharmacy leaders (Buchler et al., 2006). The skill of vision is one of the four core competencies in PT leadership (APTA, 2016d). Of the top ten skills of high performing health leaders (Madden, 2013), vision was listed first, which correlated with the work of Desveaux et al, (2012), and the APTA LAMP (APTA, 2016c), and ELI (APTA, 2016b) programs.

The APTA emphasizes four core leadership competencies—vision, self, function, and people (APTA, 2016d). According to the APTA, (2016d), *vision* is the "ability to set a clear direction and move the group forward," *self* includes the "personal traits, characteristics, and behaviors that facilitate best leadership practice," *people* includes the "ability to effectively mobilize a volunteer work force to achieve measurable outcomes," and *function* is the ability to "obtain a fundamental knowledge of the structure, function, and organization" of the institution.

These core competencies are taught throughout entry-level curriculum in accredited PT programs (CAPTE, 2015e). However, acquiring the individual competencies is only one component of leadership. Successful PT program leadership requires additional training and skills not found in the entry-level curriculum alone (Giuffre, 2007; Gordon 2014). For physical therapists to become successful leaders in higher education, additional leadership training is necessary above and beyond the entry-level education. Mentoring is a common leadership development tool, and Gordon (2014) recommended that new PT program directors seek both an internal and external mentor. In another study of physical therapists, vision and mentorship both surfaced as essential for effective leadership (Sanders, 1998). Hinman et al. (2014) also suggested that mentorship was key and PT programs should consider an internal development program to support faculty who wished to move into administrative roles.

In pharmacy, another doctoral level health degree, four concepts of leadership—professionalism, advocacy, leadership, and management—were often used interchangeably yet still echoed the theme of professionalism (Traynor, Janke, & Sorensen, 2010). The four concepts have been emphasized in physical therapy leadership development programs and included in entry-level doctoral preparation (CAPTE, 2015e; APTA, 2016d). In nursing programs, "empowered caring", also referred to as empowered leadership, was a skill desired in its educational leaders (Calpin-Davies, 2003). Physical therapists are also practitioners in a caring profession and use this skill to empower patients to help themselves during rehabilitation.

Development of professional behaviors begins in physical therapy school and continues to grow throughout the physical therapist's lifetime. In a study of professional behavior development of PT students, five methods stood out as most effective: (a) lead by example, (b) explicit teaching, (c) mentoring, (d) reflective imaging, and (e) wider context education

(MacDonald, Cox, Bartlett, & Houghton, 2002). The mentoring piece surfaced again in leadership training of health profession program directors and is discussed later in this document. According to Desveaux (2016), "[l]eadership should be recognized as a critical component of development in entry-level programs. A recent study of leadership practices in first year PT students identified behaviors that could be facilitated to develop leadership skills (LoVasco, Maher, Thompson, & Stiller, 2016). According to LoVasco et al., the abilities to enable others to perform highly, to model leadership behaviors, and to encourage others to perform well can be introduced and reinforced in PT school. Instilling these practices early on could be a foundational support for a future leader.

Leadership Training of Health Profession Program Directors

In health service delivery professions, multiple opportunities exist for leadership training. Physicians and surgeons interested in formal leadership training may choose from continuing education, formal programs, and association meetings sponsored by organizations including the (a) Association of American Medical Colleges, (b) Executive Leadership in Academic Medicine, (c) American College of Physician Executives, (d) Center for Creative Leadership, and (e) Robert Wood Johnson Foundation (Sonnino, 2013). The Cleveland Clinic has offered leadership training for nearly two decades in order to develop their own health professionals into competent leaders (Christensen & Stoller, 2016). The Educational Institute of the Cleveland Clinic has used an interdisciplinary approach to train physicians, nurses, and administrators in three themes: (a) organizational development, (b) business plan design, and (c) mission, vision, and values preparation (Christensen & Stoller, 2016). Though the Cleveland Clinic plan and other organizational leadership training programs have been focused on administrative and clinical leadership development, many participants in leadership training shifted into academia after

achieving success in the clinical role (Giuffre, 2007). A report by Lee (2010) highlighted the leadership pathway for physicians at Harvard Medical School with a distinct program in team-building. Team building was one of the preferred leadership characteristics across professions and emphasized in most leadership training programs (Christensen & Stoller, 2016; Lee, 2010). Ferrini noted that the leadership path for physicians to medical director was like a residency and included a lot of "learning on the job", and required strong communication and listening skills (Ferrini, 2009).

According to Crawford, physical education program directors benefit from the resources available through their professional association [the Association for Health, Physical Education, Recreation, and Dance (AHPERD)] to assist in their preparation for administrative roles (Crawford, as cited in Anonymous, 2013). Of note is the fact that APTA also sponsors programs for leadership development. Desveaux (2016) posited that "[a]s primary advocates for the physical therapy profession, professional associations are ideally positioned to foster leadership initiatives." Physical therapists may choose to enroll in leadership development programs endorsed by the APTA such as the LAMP Institute for Leadership in Physical Therapy (APTA, 2016c) or in the Education Leadership Institute (ELI) Fellowship (APTA, 2016b). These leadership development programs are "intended for novice and aspiring PT and PTA program directors" (APTA, 2016b) and for those who want to "develop their leadership effectiveness" (APTA, 2016c). Seasoned managers and administrators benefitted from the leadership skills learned in LAMP, and for some PTs it was the only formal leadership training they received (Hayhurst, 2010). Other resources besides APTA programming included (a) corporate training, (b) formal academic program training (such as the PT administration programs associated with PT programs), and (c) internal mentorship (Perry, 2002; Giuffre, 2007). In addition, the APTA

lists several resources for self-study to learn the skills needed for leadership development, such as the *Seven Transformations of Leadership* by Rooke and Torbert (2005) and other similar leadership training texts.

Leadership Styles and Development in Health Professions

A recent qualitative study of leadership development in health professions indicated several challenges to such development specific to health organizations. According to McAlearney (2006), health leaders faced certain challenges due to "inherently complex healthcare organizations where leaders must respond to multiple stakeholders and meet performance goals across multiple dimensions of effectiveness" (p .65). The author proposed a corporate level leadership development model based on strategy, culture, and structure to address the issues regarding succession planning and performance as community representatives. This is one area into which higher education also has begun to make inroads, as several institutions note having a leadership development path.

In public health, five talents or skills have emerged as being especially beneficial to its leaders: (a) mentoring-nurturing, (b) shaping-organizing, (c) networking-connecting, (d) knowing-interpreting, and (e) advocating-impacting (Day, Shickle, Smith, Zakariasen, Moskol, & Oliver, 2014). The five skills supported the leadership development findings in physical therapy mentioned previously. Of special importance was the ability to empower others and to "assist others to do what they most aspire to do, what they need to do, and what they would be unable to do, or do as well" (Isaacson & Ford, 1998).

Two styles of leadership that have received some attention in physical therapy are *transformational leadership* and *servant-leadership* (McGowan & Stokes, 2015). The influence of transformational leadership has been found throughout the health professions.

Transformational leadership has been associated with certain behavioral descriptors: (a) charisma, (b) inspirational motivation, (c) intellectual stimulation, and (d) individualized consideration (Wylie & Gallagher, 2009; McGowan & Stokes, 2015). A study of the transformational leadership behaviors in six health professions found that certain health professions (occupational therapy, speech and language therapy, and physical therapy) were "inherently advantaged" (Wylie & Gallagher, 2009) in incorporating these skills. The authors concluded that the training and practice environment for each profession might influence the leadership behavior skill level, as well as the expectations of "mutual agency" among professions in a goal oriented practice. Because physical therapists practice more autonomously, transformational leadership skill was enhanced "because there is better development of individual consideration and inspirational motivation" (McGowan & Stokes, 2015).

Many physical therapists also used the servant-leadership philosophy in their professional persona (Gersh, 2006). According to Gersh, "[s]ervant-leadership is based upon the elements of trust, caring, empathy, and focus on others". First introduced by Greenleaf in 1970, servant-leadership required that leaders see themselves as servants first, and put others needs before their own (Gersh, 2006; McGowan & Stokes, 2015). In both the clinic and the classroom, opportunities exist to demonstrate caring for and focusing on the needs of patients, as well as the needs of students and fellow physical therapists. This leadership style fits in with the APTA's definition of professionalism as one of the core values (APTA, 2016d).

Servant leadership has also been rooted in the physician-physician assistant (PA) team. Similar to PTs, PAs work closely with physicians to oversee an individual's needs and make clinical decisions regarding their plan of care. The five factors of servant leadership have included: (a) altruistic calling, (b) emotional healing, (c) wisdom, (d) persuasive mapping, and

(e) organizational stewardship (Huckabee & Wheeler, 2008). Huckabee noted that the servant-leader's role was suited for health service delivery and departed from the power-based norms of other leadership styles.

Huckabee & Wheeler (2008) summarized other styles of leadership appropriate to training of health professionals and education needs:

1. Situational or Contingency Leadership Models – Leadership is based on the position of power, the interactions between the leader and members, and the desired goal.
2. Charismatic Leadership – The leader is assertive and confident, using his or her personality rather than only a position of power to influence followers.
3. Transactional Leadership – Followers are motivated in an exchange relationship by internal and external rewards to accomplish the goal.
4. 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.

In addition to the four styles above, servant leadership is compatible for both PTs and PAs due to their similar roles and responsibilities in the clinical environment as well as the entry level training for its graduates.

Physical Therapy Program Directors Today

Locating skilled leaders or maintaining current leadership in physical therapy departments is a concern given the current state of leadership stability across higher education. A search in the databases of ERIC, CINAHL, and EBSCOhost on the preparation or training of physical therapist program directors using the keywords "Administrators," "Department Heads," "Director," "Higher Education," "Leadership Preparation," "Leadership Qualities," "Leadership

Training," "Physical Therapy Program Chair," "Physical Therapy Program Director," "PT Program Chair," and "PT Program Director" led to few matches. Unlike other administrative roles in higher education, studies specific to physical therapy leaders are scarce. One reason might be the lack of consistency. Physical therapy program directors vacated their positions more quickly than other health professional program directors (Perry, 2002; Giuffre, 2007; Hinman et al., 2014). The primary reasons for leaving were a lack of resources, lack of support from university administration, and excessively demanding workloads (Perry, 2002; Giuffre, 2007; Hinman et al., 2014). In a survey of PT program chairs, Giuffre (2007) found that only 24% had any long-term plan to remain a chairperson. The authors of the three studies all recommended an institutional development program for PT program directors as well as participation in training, such as leadership workshops and continuing education to learn the skills necessary to enhance retention (Perry, 2002; Giuffre, 2007; Hinman et al., 2014).

Few studies questioned why PT program directors sought the role in the first place. Some may have felt compelled to apply for the position due to deficiency of viable applicants. Giuffre (2007) found that 69% of PT program chairs were internal candidates and attributed the lack of external candidates to the low number of experienced faculty available. Most physical therapists planned to remain in clinical practice and did not anticipate moving to academia (Perry, 2002, Giuffre, 2007, Hinman et al., 2014). A report on the number of available PT and PTA administrators and program director positions by Hinman, Peel, and Price (2014) indicated that "approximately seven PT and seven PTA director positions were expected to be vacant during the 2011-2012 academic year. This number did not account for the over 87 developing programs that also were seeking qualified administrators." Without including faculty attrition in the current

programs, developing programs also need to hire qualified faculty to teach the content, demonstrating a pressing need to identify and develop future faculty and leaders.

Most PT program directors were trained on the job, as there are very few institutions that claim to prepare students for a degree specifically in physical therapy leadership. The entry-level degree into the profession of physical therapy is the Doctor of Physical Therapy (DPT), a professional doctoral degree. Professional doctoral degrees focus on the training of health professionals in the examination of and intervention for patients/clients, unlike a terminal academic doctoral degree (PhD, EdD, or similar) that focuses on theory and discovery of knowledge. Unlike DPT students, PhD and EdD students may receive some training in leadership, although it is often a small percentage of the educational time and is more specifically aimed at developing teaching abilities.

According to the APTA, in 2015, of the 215 American institutions with entry-level PT programs, 52 also offered an academic doctoral degree in physical therapy (DSc, DHSc, ScD)[2] to be earned after completion of the entry-level DPT degree (APTA, 2016a). Although these programs provided learners with some teaching and administrative training, most emphasized research and the creation of productive faculty rather than administrators or department heads.

CHAPTER III

METHODS

Entry-level doctoral education does not provide adequate leadership skills and training for those physical therapy (PT) students who wish to pursue an academic or administrative career. The acquisition of knowledge of pedagogy, leadership, and academic life is often found in either a post-professional academic doctoral degree or through other means. The purpose of this study was to determine the leadership behaviors, styles, and characteristics of accredited PT program directors and to gain a better understanding of their preparation and path to program leadership.

This chapter will explain the research methodology and describe the research questions, sample population, survey instrument, the relationship of each survey question to the research questions, and the plan for data analysis.

Research Questions

Given that entry-level DPT professional education prepares graduates to be clinicians, the question remains regarding how PT administrators and faculty are prepared to lead. Furthermore, how does a PT program director acquire and select a leadership style? Possible hypotheses included:

1. There is no significant difference in leadership characteristics between PT program directors who have earned academic or clinical doctoral degrees.
2. There is no significant relationship between program directors with academic or clinical doctoral degrees and their leadership style.
3. There is no significant difference in leadership training between PT program directors who have earned an academic or clinical doctoral degree.

4. There is no significant difference in self-reported personal satisfaction in the role of program director between those with academic or clinical doctoral degrees.
5. There is no significant difference in future career aspirations between PT program directors who have earned an academic or clinical doctoral degree.

The results of examining these hypotheses might help determine which, if any, terminal doctoral degree is most commonly achieved and/or preferred to lead a DPT program as well as any differences in leadership style between the groups. Survey items that might identify leadership preparation included multiple choice and open-ended questions regarding years of experience, preparatory coursework, continuing education, advanced training, career mentorship, personal strengths and weaknesses, motivating factors, leadership styles, and personal satisfaction in his or her leadership role.

The survey items were:

1. What was the primary reason for attaining your clinical doctoral degree (DPT)?
2. What was the primary reason for attaining your academic doctoral degree (PhD, EdD, etc)?
3. Is this your first PT Program Director position?
4. Select the total years of experience as a PT Program Director at *any* institution.
5. Select the total years of experience as a PT Program Director at *this* institution.
6. On a scale of 1-5, how prepared did you feel to accept your *first* PT Program Director position?
7. How did you prepare for your FIRST PT Program Director position?
8. If you sought advanced training specifically to prepare for your first PT Program Director role, what was the mode of training?

9. How many credit hours of training or coursework did you take to prepare for your first PT Program Director role?
10. Was the advanced training or coursework part of a post-professional degree program earned after your entry-level PT degree?
11. Have you taken any additional training or coursework after beginning the role of Program Director? If so, what was the subject or topic?
12. Did you have a role model or mentor to guide you when you first began as PT Program director?
13. What information would you have liked to have had before starting your first position as PT Program Director?
14. Describe your initial and current leadership skills.
15. How did you first acquire your leadership skills?
16. Describe your current leadership style.
17. Have you changed your leadership style over time, and if so, please describe how and why?
18. Describe the ideal PT Program Director.
19. Do you feel a sense of personal satisfaction in the role of Program Director?
20. What are your future career aspirations in the next five or ten years?
21. Do you have any advice for future potential PT Program Directors?

Research Design

An online survey approach was chosen over face-to-face or Skype interviews in order to reach the largest possible audience with the greatest efficiency of time and resources. The survey was administered online using the Qualtrics (Provo, Utah) software, which was convenient and

simple for subjects to understand and free for participants. Considering ease of use of the survey instrument, all questions were grouped in similar topics and a "Not Applicable" option was included whenever appropriate. The number of survey items was limited to 21 in order to avoid survey fatigue and utilized skip logic to skip any questions that would not be applicable based on a previous response. Each survey question sought to identify and confirm descriptive information found in the literature that was common to program directors in other related health fields including items concerning preparation, motivation, satisfaction, and future aspirations as well as a description of the acquisition of leadership styles and skills.

The five research questions were answered after analysis of the 21 survey items. Some items asked about demographic information regarding length of experience as a PT program director. Research question one, "There is no significant difference in leadership characteristics between PT program directors who have earned academic or clinical doctoral degrees," was analyzed by comparing responses to related questions and seeing patterns and themes. These survey items compared those individuals with academic and clinical doctoral degrees and their self-reported leadership characteristics.

Research question two, "There is no significant relationship between program directors with academic or clinical doctoral degrees and their leadership style," linked post-professional degrees with self-reported leadership styles and any evolution over time. Items 1 and 2 "what was the primary reason for attaining your clinical (item 1) or academic doctoral degree (item 2) stratified any differences between those individuals who sought a DPT after earning their entry-level degree and those who chose another academic terminal doctoral degree (PhD, DSc, ScD, EdD). Items 16 and 17 asked about leadership styles and their change over time. The items were open-ended and responses were sorted by the researcher into one of the five common leadership

models: (a) situational or contingency leadership, (b) charismatic leadership, (c) transactional leadership, (d) transformational leadership, (e) servant leadership, or (f) a combination of more than one style. In order to assist subjects who might have been unfamiliar with the definition of each style, the five styles were defined in the question stem.

Research question three, "There is no significant difference in leadership training between PT program directors who have earned an academic or clinical doctoral degree," was answered by those survey items that inquired about leadership training, resources, and preparation. There were several modes of response including multiple choice, yes/no, and open-ended formats. Research question four, "There is no significant difference in self-reported personal satisfaction in the role of program director between those with an academic or clinical doctoral degree," was answered by comparing the response to this question with the degrees and training of current program directors. Personal satisfaction might be an important decision-making factor for future, potential PT Program Directors. This question would help future program directors decide whether to seek personal satisfaction in other non-career-related ways.

Finally, question five, "There is no significant difference in future career aspirations between PT program directors who have earned an academic or clinical doctoral degree," was answered by comparing results of this item with the academic and clinical doctoral degree groups. Identification of the potential number of PT program directors who wished to move up in administration, return to faculty, or retire may help future succession planning for institutions. A five- to ten-year timeline would provide institutions with information concerning succession planning and preparation of training programs.

In addition, answers to the overarching question regarding how to best prepare future PT Program directors was satisfied by analyzing the responses to the items that inquired about the

ideal leadership preparation and any information the current directors believed would have been beneficial prior to starting out. The next section discusses each survey item in greater detail.

Instrumentation

The first two items (1-2) provided data regarding reasons for attaining clinical (DPT) and other academic terminal doctoral degrees (OATD) such as the PhD, EdD, and other doctoral degrees. This information stratified the subjects into two groups: those who chose to earn the DPT after their entry-level PT and those who earned an OATD, which related to all five research questions. Now the standard, the DPT was first offered as an entry-level PT degree at some institutions in the late 1990s, and prior to 2000, PTs could enter academia without doctoral degrees, thus some information regarding length of experience as a therapist could be obtained. Subsequently, individual subjects with a masters' or bachelor's degree might have chosen to earn a transitional DPT and/or an OATD. Knowing the primary reason for pursuit of clinical and/or academic doctoral degrees would provide a greater understanding about an individual's desire for professional growth; whether to enter the academy or simply to improve one's foundational knowledge as a PT before any thoughts of teaching might have occurred.

Items 3-5 asked about experience and length of time as a PT PD. Survey item three focused on the recency of his or her current position as a PT program director, while items 4-5 inquired about the length of experience as PT program director in this or any institution. These two items were included to stratify subjects into length of time in the role as PT program director. Given the steady rise of new programs (CAPTE, 2016, Dec.) and longevity of current PT program directors (CAPTE, 2016), there might be differences in leadership skills and styles between groups. These items related to experience were considered in the answer to research questions 1-3.

Leadership training and preparation was the focus of items 6-12 and were valuable in answering research questions 2 and 3 regarding leadership styles and training. Responses regarding advanced training, coursework, and resources utilized to prepare for their first leadership role were compared between groups to identify any trends in a PT program directors' path to his or her current position. Item 12 inquired about mentorship, which is a developmental tool that is mentioned in nearly all literature relative to adequate preparation of any health professional leader. The answers to this question were analyzed to confirm if mentoring was being used by current PT program directors as a developmental resource.

Descriptions of current leadership skills and styles as well as any change over time was asked in items 14-17 and was also considered in research questions 2-3. These four items were open-ended and responses were divided into groups and quantified accordingly to recognize trends and patterns related to length of experience, training received, and degree earned. Item 18 inquired about the ideal program director, and responses were compared to what each subject reported were his or her own leadership skills and styles from items 14-17. Item 19 used a Likert-scale to gauge personal satisfaction in the role of PD and was compared to preparation level, degree, and length of time as a PT program director. Research question four regarding personal satisfaction of current PT PDs was answered based on the Likert-scale score and compared between groups.

Finally, the last two items (20-21) examined future career aspirations of PT program directors and what advice they would give to future potential PT program directors. The response to item 20 indicated if the PD planned to maintain a career as a PD or would leave to pursue other career aspirations, return to faculty or clinical practice, or retire. Responses were used to determine possible future educational vacancies. Item 20 was also related to research question

five and the future career aspirations between OATD and DPT groups. The final question (21) was open-ended in order to allow PDs to offer advice to future potential PT program directors. Responses were reported as a narrative summation, grouped into common themes and patterns, and coded for analysis. Potentially, the responses might benefit future program directors and institutional administrators.

In order to garner the most responses, the survey included forced-response buttons for most (13/21) items. The remaining survey questions were open-ended in order to allow subjects the opportunity to fully explain their thoughts. For these items, the open-ended format helped to avoid bias, where a narrow range of choices may have lead the subject to an anticipated response. Because open-ended items require more time and effort from the subject, they were restricted to eight items.

Pilot Study/Validation Study

The survey was reviewed, revised, and validated multiple times using feedback from varied sources, beginning with the feedback from an expert in statistical methods and survey research at the university that employed the author of this study. After the first round of changes, each individual survey question was further refined in an open discussion with peer students of various disciplines in the Doctor of Education program of the same university. The audience variance was intentional to ensure clarity of the items and to account for any possible unfamiliarity of terminology or language. Next, the twice-revised survey was sent electronically using Qualtrics (Provo, Utah) to a current PT program director for further feedback, revised again, and resent to another university research expert to provide additional comments before another round of revisions. After taking into account information learned during the literature review, the survey items were again revised to better reflect the research question and then sent

to a small group of PT faculty for a final round of feedback. The attached survey instrument (Appendix C) represents the final draft after all revisions.

Participants/Survey Population

The intended survey population included the 233 program directors of all accredited DPT programs as of May 2017 (CAPTE, 2017). This subject population represented the entire population of accredited PT program directors. Using a within-subject design including the entire population, the strength and specificity of the findings was expected be significantly higher than having limited the participants to a percentage of the population of PT program directors. Including the entire population also reduced or eliminated any potential for sampling error.

Procedures

A link to the online survey was sent individually via email to each accredited PT program director using Qualtrics. The individual email addresses were available through the PT program websites and also listed for public use on the CAPTE database. Because program directors may change, the author compiled the list immediately before the survey launch in order to include the most recent published contacts. In the event of an incorrect address, the author telephoned the program for a correct email address and resent the survey. The use of an online survey instead of a paper copy sent via US mail was more convenient, user-friendly, cost efficient, and therefore more likely to provide the greatest response rate. Data collection began directly after Institutional Review Board (IRB) approval.

Data Analyses Plan

Data analyses included descriptive statistics, independent *t*-tests, and chi square analysis, to compare frequencies of responses within each group and to seek common themes.

Significance was set at $p > .05$. Software chosen for analysis was the Statistical Package for the Social Sciences (SPSS), version 24.0, and Microsoft Excel (2010).

Summary

The use of survey research was the most efficient way to capture data on this population of busy academic professionals. Higher education is often a moving target and the atmosphere changes rapidly. As the entry-level degree of physical therapy has evolved quickly in the last twenty-five years from master's to doctoral degree, qualified leaders and faculty are needed more than ever. Similarly, new PT programs are opening frequently and the demand for capable program directors has been increasing. The results of this survey sought to clarify the leadership training and career paths of DPT program directors and to identify the leadership characteristics and behaviors needed to lead a professional educational program in a unique and dynamic environment. These findings were expected to add to the growing body of knowledge of how to best prepare leaders for the future of PT education.

CHAPTER IV

RESULTS

The purpose of this study was to determine the leadership styles and characteristics of accredited Doctor of Physical Therapy (DPT) program directors (PD) and to gain a better understanding of their preparation and path to program leadership. The survey instrument was sent electronically to all program directors of accredited DPT programs in the United States (*N*=233) in the summer of 2017. During the first attempt, 53 surveys were completed for a 23% response rate. The second attempt two weeks later included a reminder and an additional 47 surveys were returned, bringing the response rate to 39%. The final reminder, one month from the initial request yielded a total of 107 surveys and thus a final response rate of 46% after six weeks of data solicitation.

The results of this study are presented as comparisons between PT Program Directors with DPT degrees and those with other academic terminal doctoral (OATD) degrees and then further analyzed according to the research hypotheses addressed. The five research questions were:

1. There is no significant difference in leadership characteristics between PT program directors who have earned academic or clinical doctoral degrees.
2. There is no significant relationship between program directors with academic or clinical doctoral degrees and their leadership style.
3. There is no significant difference in leadership training between PT program directors who have earned academic or clinical doctoral degrees.
4. There is no significant difference in self-reported personal satisfaction in the role of program director between those with academic or clinical doctoral degrees.

5. There is no significant difference in future career aspirations between PT program directors who have earned academic or clinical doctoral degrees.

The survey included open-ended and forced-response items where specific questions allowed subjects to choose more than one answer and/or to elaborate by selecting "other" and using text-entry to explain. All open-ended and "other" responses were coded and aligned with the forced-response choices before statistical analyses were applied. The Statistical Package for the Social Sciences (SPSS) version 24, and Microsoft Excel (2010) were used for the statistical analyses. Data were analyzed using descriptive statistics, *t*-tests, and non-parametric tests including chi-square and Spearman Rank Correlation Coefficient. Statistical significance was set at alpha level $p<.05$ for all research questions.

Overall Survey Demographics by Highest Degree Earned

Currently, most (77% *n*=82) DPT program directors who responded to the survey did not have a DPT degree. All entry-level PT degrees earned by the subjects of this group were either baccalaureate or master's degrees, except for one person whose entry-level professional degree was a DPT, and it was not until some point later in this person's career that they earned an academic doctoral degree. The remaining 23% (*n*=25) of DPT program directors who responded to the survey had a DPT degree rather than a PhD, EdD, or other academic terminal doctoral degree (OATD).[1] Reasons given for seeking a DPT were to keep current with PT practice

[1] Because the CAPTE webpage updates its accreditation list frequently throughout the year, the status of current DPT programs can change without notice. At the time of this writing, current CAPTE data indicated that 11 PDs of 233 accredited programs have completed both a DPT and an OATD, and 17 PDs indicated the DPT as their highest earned degree (CAPTE, 2017).

(*n*=10), to improve skills and knowledge (*n*=6), for career advancement in either a supervisory or administrative role in the clinical setting (*n*=3), required by employer (*n*=3), and to leave full time clinical practice for an academic setting (*n*=2). No PDs reported they earned the DPT to perform research.

Seventy-nine percent of PDs were in their first role as program director (*n*=85), and of these first time directors, 21 had a transitional DPT degree. Of all survey participants, most reported between 0-9 years of experience as a PD at their current institution (Figure 1). Years of experience as PD rank ordered from greatest to least by frequency of response were: 1. *3-6 years* (*n*=33), 2. *6-9 years* (*n*=20), 3. *1-3 years (n*=19), 4. *less than one year* (*n*=11), 5. *9-12 years* (*n*=6), 6. *12-15 years* (n=5), 7. *15-18 years* (n=5), 8. *18-21 years* (*n*=1), and 9. *21 or more years* (*n*=4). Three participants did not answer this question.

Of the 21 respondents with a DPT, most had less experience as PD overall, with the majority of respondents choosing the options with the least amount of experience: 1. 1-*3 years* (*n*=7), 2. *3-6 years* (*n*=5), 3. *6-9 years* (*n*=4), 4. *less than one year* (*n*=3), 5. *9-12 years* (*n*=1), and 6. *18-21 years* (*n*=1). Unlike the PDs with an OATD, no first time PD with a DPT reported being PD at their current institution more than 21 years.

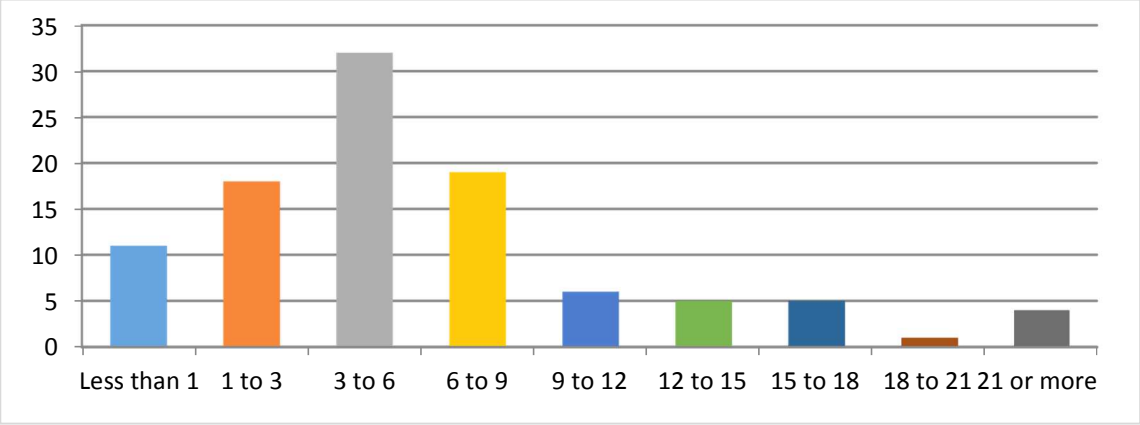

Figure 1. All Program Directors' Years of Experience as PD at Current Institution

Of the 22 respondents who reported that they have been PD in at least one another PT institution, 85% (*n*=17) reported having been PD or Assistant PD at one other institution, 10% reported having experience at two other institutions (*n*=2), 5% reported three other institutions (*n*=1), and no PD reported four or more. Two of the 22 did not answer the question.

Of the 22 who had been PD at their current institution and at least one other, four had a DPT degree. Three of these four PDs with a DPT reported being PD at only one other institution while the remaining PD reported two other institutions. In addition, three of the four participants reported their primary reason for attaining the DPT after their entry level degree was to improve their skills and knowledge, while one reported that a DPT was required by their employer. It is not known whether their employer at the time was an academic or clinical institution. Regarding experience, two of the four PDs with PD experience at more than one school also reported having greater than 21 years' experience as a PD overall, and the other half indicated 3-6 total years of experience.

Most (71%) of all respondents did not feel "*well*" or "*very well*" prepared to take their first PD position: 1. "*not at all prepared*" (12%), 2. "*somewhat prepared*" (21%), and 3. "*moderately prepared*" (38%), leaving less than one third feeling "*well*" (25%) or "*very well*" (4%) prepared. Of the 25 respondents with a DPT, the frequency of responses from greatest to least were: 1. "*moderately prepared*" (*n*=9), 2. "*well prepared*" (*n*=5), 3. "*not at all prepared*" (*n*=4), 4. "*somewhat prepared*" (*n*=4), 5. "*very well prepared*" (*n*=2) (Figure 2). The individual whose entry-level degree was the DPT also reported feeling "*not at all prepared*", though this person also later reported completing another master's or doctoral degree prior to beginning in the role of PD and held a DPT degree. Figure 2 illustrates the feelings of preparedness of first-time program directors.

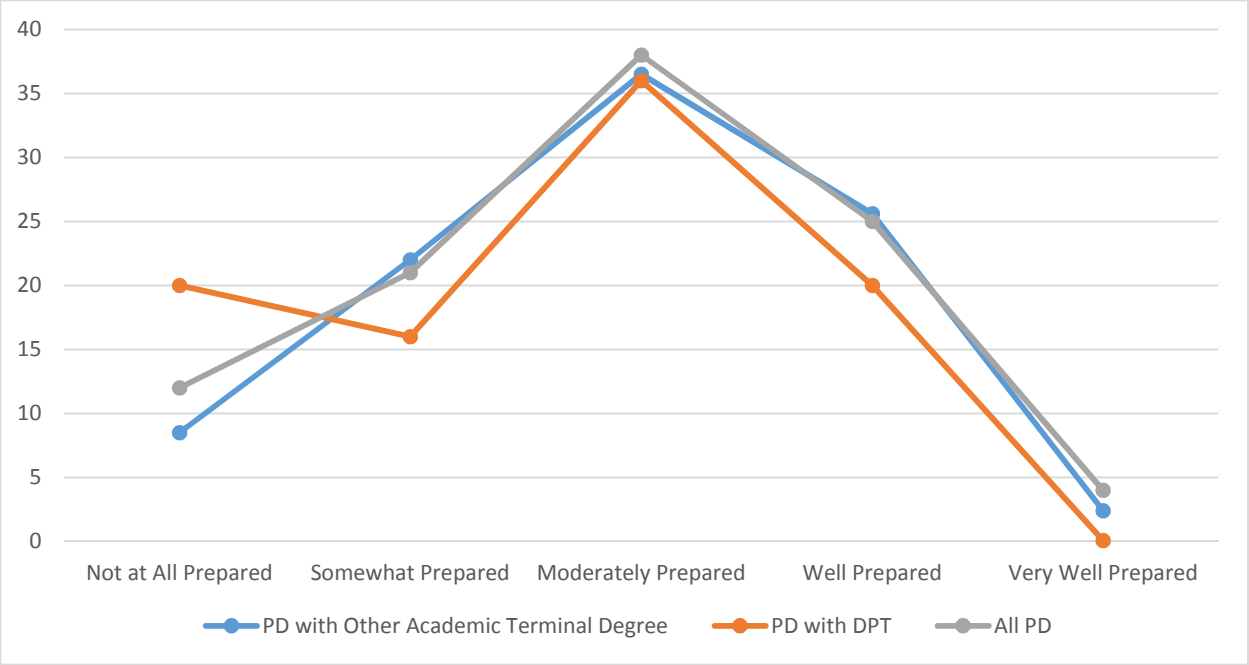

Figure 2. PDs Feelings of Preparedness to Accept First PD Position by Percentage

Preparation for the Role of Program Director

Respondents were asked to indicate all methods utilized to prepare for their first role as PD. Each respondent was allowed to choose from at least one of the following 12 options:

1. Enrolled in an advanced degree (Master's or Doctoral) but had not completed the degree prior to beginning as program director

2. Completed an advanced degree (Master's or Doctoral) prior to beginning role as program director

3. Enrolled in a certificate program in leadership and/or administration (i.e. LAMP Leadership Development Certificate program) prior to beginning as program director

4. Completed a certificate program in leadership and/or administration (i.e. LAMP Leadership Development Certificate program) prior to beginning as program director

5. Enrolled in a post-professional fellowship program, (i.e. Educational Leadership Institute: ELI) but had not completed the program prior to beginning as program director

6. Completed a post-professional fellowship program, (i.e. Educational Leadership Institute: ELI) prior to beginning as program director

7. Received leadership training from my institution

8. Completed some coursework in leadership and administrative training outside my institution

9. Completed Continuing Education Units (CEU) in leadership and administrative training

10. Trained "on the job"

11. Sought a mentor

12. Other

For the purposes of this study, the researcher deemed "on the job" training to be training received once the full responsibility for the role of PD was assumed. However, those responses that were entered under o*ther* which cited mentoring, were manually added to the mentoring column. Similarly, those written responses in *other* that mentioned training in supplementary administrative roles [director of clinical education (DCE), clinic director, faculty member, etc.] were manually added to *on the job training* because there was no formal training mentioned other than related work experiences. Accumulation of administrative and leadership roles within and outside of an organization as well as familiarity with an institution occurs before undertaking a PD position in higher education; however, *on the job training* encompasses learning all the basic skills necessary (i.e. to manage faculty, navigate the administrative aspects of human

resources, budgeting, and knowledge of accreditation standards). It was assumed that as with any newcomer, the specifics to a university must be learned by every new PD; however, there are basic day to day operations that PDs should expect to perform based on some kind of formal training received at some point in their career. For this reason, *on the job training* is defined as learning the basic skills for the first time once employed as PD. Thus, several respondents listed *other* methods of training for their first role as PD that were manually counted towards *on the job training* including: (a) serving as Assistant/Associate PD or Department Chair at their current or prior institution (*n*=6), (b) serving in other related leadership roles in the department such as Director of Clinical Education (*n*=4), (c) long-time faculty service (*n*=3), (d) serving as a PD in a PTA program (*n*=1), (e) prior leadership experience in the military (*n*=3), (f) clinical rehabilitation department directorship (*n*=4), and (g) leadership roles in professional organizations (*n*=4). Two respondents wrote in that they "trained with the retiring director," and the researcher counted this response towards *mentoring* as the full responsibility for the role was not yet assumed. The duties of PDs were not solely learned while on the job, but could have been gained before the actual role began. See Appendix D for the full list of *other* responses to "*How did you prepare for your FIRST PT program director position?"* After categorizing the *other* responses into the given categories, Table 5 provides a comparison between groups.

The most common training methods for current PT program directors to prepare for their first PT program director position were: (a) on the job training (79%), (b) completing an advanced degree (69%), (c) seeking a mentor (60%), and (d) training from their institution (41%). For PDs with OATD, the most common training methods were: (a) on the job training (76%), (b) completed an advanced degree (73%), (c) sought a mentor (61%), and (d) received

Table 5

Methods of Preparation for First-Time Program Directors by Degree

Method of Preparation Prior to First PD Role	*DPT (n=25)*	*OATD (n=82)*	*All PD (n=107)*	*All Responses (n=349)*
1. Enrolled in an advanced degree (Master's or Doctoral)	16% (4)	9% (7)	10% (11)	3.15% (11)
2. Completed an advanced degree (Master's or Doctoral)	56% (14)	73% (60)	69.15% (74)	21.20% (74)
3. Enrolled in a certificate program in leadership and/or administration (i.e. LAMP Leadership Development Certificate program)	0% (0)	4.88% (4)	3.74% (4)	1.15% (4)
4. Completed a certificate program in leadership and/or administration (i.e. LAMP)	1% (2)	2.43% (2)	3.74% (4)	1.15% (4)
5. Enrolled in a post-professional Fellowship Program, (i.e. Educational Leadership Institute: ELI)	20% (5)	7.32% (6)	10.28% (11)	3.15% (11)
6. Completed a post-professional Fellowship Program, (i.e. ELI)	.08% (2)	2.44% (3)	4.67% (5)	1.43% (5)
7. Received some leadership/administrative training from the institution	48% (12)	39% (32)	41.12% (44)	12.61% (44)
8. Completed some coursework in leadership /administrative training outside the institution	20% (5)	19.51% (16)	19.62% (21)	6.02% (21)
9. Completed Continuing Education Units (CEU) in leadership and administrative training	32% (8)	23.17% (19)	25.23% (27)	7.74% (27)
10. Trained "on the job"	88% (22)	76% (62)	79% (84)	24.07% (84)
11. Sought a mentor	56% (14)	61% (50)	60% (64)	18.34% (64)

Note: Frequency and percentages of responses between groups are listed. Subjects were allowed to indicate more than one training method.

training from their institution (39%). For PDs with a DPT, the most common training methods were identical, although "on the job" training was more common in this group: (a) on the job training (88%), (b) completed an advanced degree (56%), (c) mentoring (56%), and (d) received training from their institution (48%).

Of those PDs who sought leadership preparation via enrollment in or completion of an advanced degree or certificate program (26.65%), 91.4% of respondents took the training as part of a post-professional master's or doctoral degree program. Four PDs (all with a degree other than DPT) enrolled in a certificate program in leadership and/or administration (i.e. LAMP Leadership Development Certificate Program) prior to beginning as Program Director, and another four had completed a certificate program in leadership and/or administration (i.e. LAMP) prior to beginning as Program Director, including two PDs with DPT degrees. Sixteen PDs had enrolled in or completed the APTA Educational Leadership Institute (ELI) Fellowship program prior to beginning their first PD position.

When asked to indicate the number of credit hours of training or coursework taken to prepare for the first role as PT Program director, only 18 of the participants responded, with *21or more hours* being the most common (n = 8), followed by *1-3 hours* (n=4), *13-15 hours* (n=2), *4-6 hours* (n=1), *7-9 hours* (n=1), *16-18 hours* (n=1), *19-21 hours* (n=1), and *10-12 hours* (n=0). It is not known why this item had a low response rate, when 27 participants indicated having taken CEUs in leadership and administrative training, 21 indicated having completed some coursework in leadership and administrative training outside their institution, and 109 responses show enrollment in or completion of either a certificate, degree, or fellowship program. Possible explanations are discussed in the next chapter.

Similarly, when asked a follow-up question whether the additional coursework or advanced training was part of a post-professional degree program earned after the entry-level professional PT degree, only 14 participants responded (8 *Yes* / 6 *No*). The reason for the low response rate on this item is not known at this time.

Regarding the types and topics of the additional training or coursework taken *after* beginning the role of PD, a wide variety of answers were given with some common themes, (see Appendix C for the full list of responses): Academic Leadership Academy, chair development series, Maxwell's 21 Laws of Leadership Course, conference presentations, continuing education coursework, Covey Executive Coaching, military officer training, and other coursework offered by their institution. Fourteen PDs indicated having used APTA resources to help them after beginning the role of PD, including the Educational Leadership Institute (ELI) Fellowship (*n*=10) and the APTA Educational Leadership Conference attendance (*n*=2). For those who did not list a particular course series or program, several common topics were reported for additional training or coursework: (a) communication (*n*=5), (b) conflict (*n*=7), (c) leadership (*n*=25), (d) finance (*n*=3), (e) budgeting (*n*=4), (f) policy (*n*=2), (g) curriculum (*n*=6), (h) accreditation (*n*=2), (i) evaluation and program assessment (*n*=9), and (j) strategic planning (*n*=7).

Mentoring was an important factor prior to and after beginning the role as PD. Sixty-seven (74%) subjects reported having a mentor to guide them when they began their first role as PT PD, and 65% of PDs with a DPT reported having a mentor. Overall, 24 subjects who had a mentor reported feeling "*moderately prepared*", 19 reported feeling "*well prepared*", 15 felt "*somewhat prepared*", three felt "*not at all prepared*", and two reported feeling "*very well prepared.*" Of these 67 who reported seeking a mentor, 24 were PDs with a DPT degree. Their responses were similar in frequency from greatest to least: "*moderately prepared*" (*n*=9), "*well*

prepared" (*n*=5), "*not at all prepared*" (*n*=5), "*somewhat prepared*" (*n*=4), and "*very well prepared*" (*n*=2). The difference between the groups was in the proportion of responses to feeling "*very well prepared*". For PDs with a DPT who reported that they sought a mentor, the ratio of responses for "*very well prepared*" (8.33%) was nearly double those of PDs (4.65%) with OATDs.

Reported feelings of preparedness to take their first role as PD also differed by method of preparation. The four respondents who reported feeling "*very well prepared*" had either completed an advanced degree beyond entry level (*n*=4) or chose "*other*" (*n*=3) in their list of preparation methods. However, the "*other*" methods listed by these three individuals were included in the "*on the job training*" category because they listed prior leadership experience in outside organizations, but not higher education (see Table 6). Other outside organizations included rehabilitation hospitals, physical therapy clinics, and professional service roles. Although these three environments call for certain leadership skills, the day to day operations and management of academic faculty with teaching, research, and service expectations differ from managing personnel in other environments outside of the academic environment. Yet it is important to note that this experience outside of the academic environment was perceived as helping the first-time PD feel "*very well prepared*".

When asked what type of training PDs would have liked to have had prior to beginning as a new PD, the most common responses included having a better understanding of: (a) finance and budgeting (*n*=18), (b) conflict management (*n*=16), (c) accreditation standards (*n*=14), (d) university roles and function (*n*=10), (e) faculty and staff management/leadership (*n*=10), and (f) formal leadership training (*n*=9) (see Table 7). The survey question type was open-ended, and answers were coded and grouped into similar topics and then analyzed between the two groups.

Table 6

Method of Preparation and Reported Preparedness of All DPT Program Directors

Method of Preparation Prior to First PD Role	*Not at all prepared*	*Somewhat prepared*	*Moderately prepared*	*Well Pre-pared*	*Very Well Pre-pared*
1. Enrolled in an advanced degree (master's or doctoral)	0	4	3	4	0
2. Completed an advanced degree (master's or doctoral)	8	11	31	18	4
3. Enrolled in a certificate program in leadership and/or administration (i.e. LAMP Leadership Development Certificate program)	0	1	2	1	0
4. Completed a certificate program in leadership and/or administration (i.e. LAMP)	0	0	1	3	0
5. Enrolled in a post-professional Fellowship Program, (i.e. Educational Leadership Institute: ELI)	1	3	5	2	0
6. Completed a post-professional Fellowship Program, (i.e. ELI)	0	0	2	3	0
7. Received some leadership/administrative training from the institution	2	8	17	14	2
8. Completed some coursework in leadership /administrative training outside the institution	0	4	8	7	2
9. Completed Continuing Education Units (CEU) in leadership and administrative training	0	5	12	8	1
10. Trained "on the job"	10	19	35	16	2
11. Sought a mentor	3	15	24	19	2

Note. Answers were placed on a Likert-type scale, and cross-referenced to individual responses earlier regarding method of preparation for first role as PD.

Table 7

Information/Training PDs Would Like to Have Had Prior to First Becoming PD

Information/Training Topics	*DPT*	*OATD*
Academic history		1
Accreditation standards	3	11
Building culture		1
Clinical education challenges		1
Conflict management/negotiation/communication	3	13
Curriculum/program review/design/development/assessment	1	5
Delegation		1
Development of donors/alumni		1
Faculty evaluation/determining workload		6
Finance/budgeting	3	15
Formal leadership development program(s)-including APTA ELI	4	5
Higher education management/leadership		10
Knowledge of student issues		1
Legal ethical requirements	1	2
Manual/list of duties/deadlines	2	3
Mentor(s)	2	
Shared decision making		1
Strategic planning		3
Time management		1
University function/roles/systems/governance/politics	1	9
University policy	1	2

Notes: Answers were open-ended. All responses were coded and grouped into similar topics, then distributed between the two groups (DPT and OATD) and listed by frequency. Some PDs listed several topics, some listed a single topic, and others did not enter a response.

Leadership Skills and Style Development

Question 13 prompted PDs to reflect on their current and initial leadership skills and listed common descriptors of leadership skills and behaviors as an example: (a) desire to learn about the structure and function of the organization, (b) desire to achieve, (c) business acumen, (d) conflict resolution, (e) emotional intelligence, (f) vision, and other personal traits and behaviors such as various communication skills and people management skills. The question was posed: "Describe your Initial and Current Leadership Skills. If they have changed over time, how have they evolved?" Seventy-six participants responded with more than one answer, though few specified if they were reporting their initial or current skills, leaving most answers to be interpreted as current. Some respondents listed behaviors, characteristics, and knowledge in addition to or in place of skills. Answers were coded and grouped into similar definitions (i.e. coaching / empowering / supporting) and calculated by frequency between subjects with a DPT and those with OATD (see Figure 3). The most common responses between both groups regarding initial leadership skills were being a hard worker / driven to succeed (n=10), and organization and efficiency (n=7). Nine participants listed having initially taken an authoritative leadership approach, which was not a skill, but was listed often enough to be tallied. None of the nine subjects reported current authoritative leadership approaches, all noting improvements in negotiation (n=22) and team building skills (n=23). Of the 12 respondents who noted negative first time PD experiences or approaches, such as being authoritative (n=9), reactive, or impulsive (n=3), four were DPT trained and eight had an OATD. All noted now having better skills in communication and in creating a supportive environment and better emotional intelligence.

The most frequently reported current leadership skills or behaviors were strong communication skills within and outside of the department (n=39) and having a clear vision

(*n*=27). Being a coach, mentor, or guide, and supportive of faculty and staff was also noted frequently (*n*=24) between both DPT and OATD groups as a current skill or behavior, and only noted four times as an initial skill by the OATDs. Identifying as a hard worker was consistently high between groups and both as an initial (*n*=10) and current (*n*=15) skill. Figure 3 lists the responses by common categories.

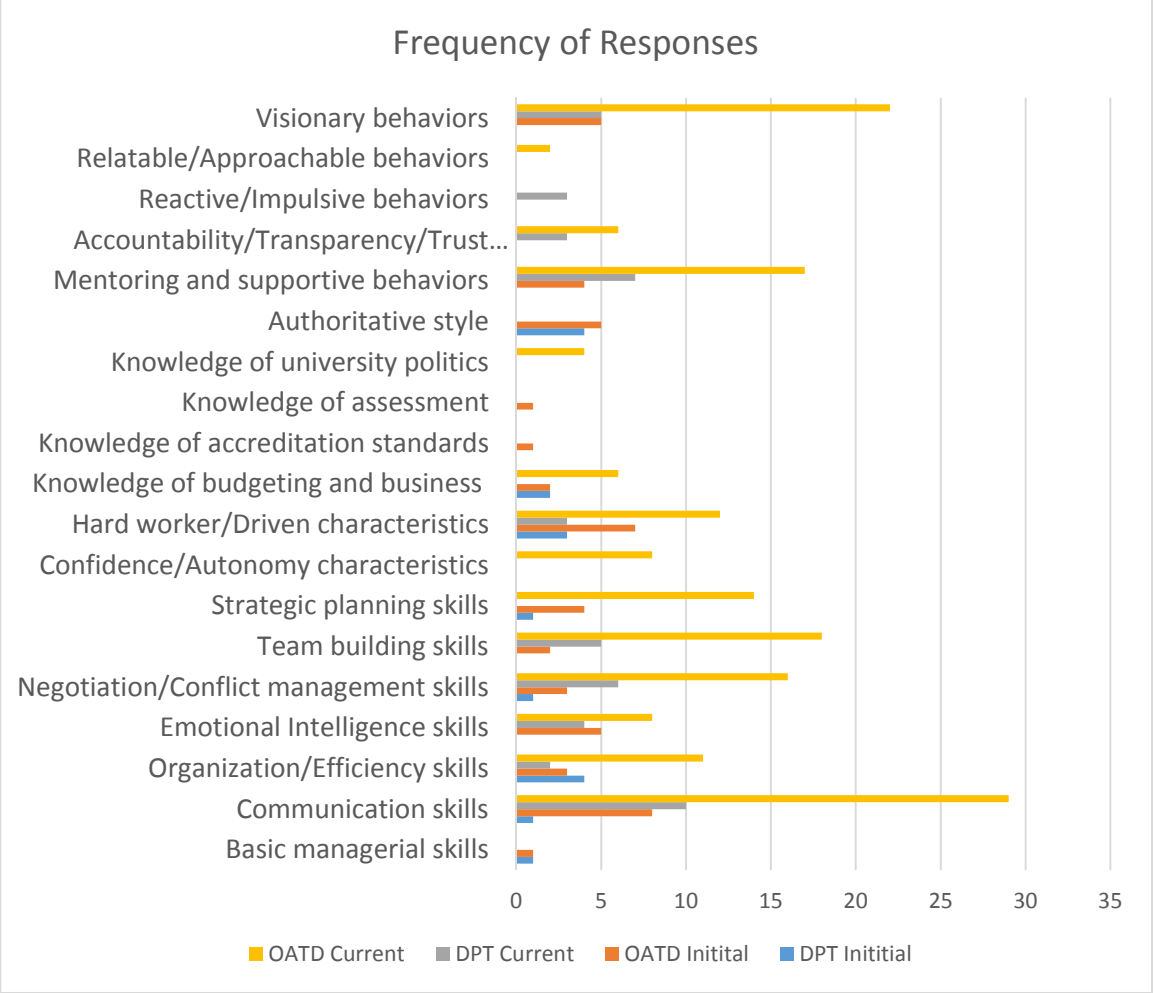

Figure 3. Initial and current leadership skills, knowledge, behaviors or styles of PT PDs by frequency of response. Answers were open-ended. All were coded and grouped into similar topics, and distributed between the two groups and listed by frequency. Some PD listed several topics.

Leadership Styles

After given definitions of five common leadership types, (transformational, servant, situational, charismatic, and transactional), subjects were asked to choose at least one that best matches their current leadership style. Most subjects (78%) chose either servant leadership (41%) or transformational leadership (37%), or both (37%). Between PDs with a DPT or OATD, 21/25 DPT subjects (84%) identified with a transformational leadership style, 11 (44%) chose servant, and 13 (52%) chose both. Of the OATD group, 51 (62%) chose servant and 39 (48%) chose transformational and 28 (34%) chose both (see Table 8). None of the DPT subjects chose situational/contingency, charismatic, or transactional alone; each of the three were selected concurrently with either transformational, servant, or both.

Table 8

Leadership Styles of PT Program Directors

Leadership Style	*DPT (n=25)*	*DPT Transformational & Servant*	*OATD (n=82)*	*OATD Transformational & Servant*
Transformational	21 (84%)	52% (13)	39 (48%)	34% (28)
Servant	14 (56%)		51 (62%)	
Situational /Contingency	3		8	
Charismatic	3		7	
Transactional	4		7	
Total responses	45		92	

Note: Respondents were allowed to choose more than one answer.

Forty-two percent of PDs reported seeing a change in their leadership skills over time, with 19 reporting becoming better able to change their leadership style as needed, focus on long-term goals (*n*=6), and motivate faculty (*n*=4). The remaining PDs indicated either no changes in style or have kept using the same leadership style, but they were more effective and confident in

their leadership role (see Table 9). Of note is the number of PDs in both groups who reported being more flexible and adaptive and able to change their leadership style to meet current situational demands.

Table 9

Reported Changes in Leadership Style and Behavior of PT Program Directors

Leadership Style / Behavioral Change	*DPT*	*OATD*
Change styles by situation	6	13
Charisma	1	0
Decision sharing	0	1
Lead by example	1	0
Less Self-Centered	0	1
Long term goals/Big Picture	2	4
Monitor and collect more data	0	1
More independent	1	0
More political	0	1
Motivating faculty	1	3
Patient/Tempered	2	1
Trust	1	0

Notes: Answers were open-ended. All were coded and grouped into similar topics, and distributed between the two groups and listed by frequency. Some PD listed several topics, while others indicated no change over time.

Personal Satisfaction in the Role of PT Program Director

The level of personal satisfaction of current PDs with a DPT in their role as PD averaged 78.52% (*SD* =18.78), and the range was from 30-100%. For PD with OATD the level of personal satisfaction in their current role as PD averaged 79.64% (*SD* = 14.44), and also ranged from 30-

100%. For both groups together, overall job satisfaction was 79.37% (*SD* = 15.60). The most common response was 90% satisfied (*n*=12), and only four PDs indicated 100% satisfaction. The similarity in job role satisfaction level between groups was nearly identical.

Future Career Aspirations for Current PT Program Directors

As far as future career aspirations in the next five years, 43% of current PDs planned to remain in their current role at their institution, and the remaining 67% planned to leave their current role as PD to seek other employment in teaching, higher administration, clinical practice, or to pursue other interests (see Table 10). When responses were broken down into two groups, more than half of PDs with a DPT planned to stay in their current role at their current institution, while less than 40% of OATD PDs planned to do the same. Thirty-three percent of the OATD PDs planned to advance on to higher administration, and 24% planned to pursue other interests. Other interests may have included all activities not provided in the question as an answer choice that demonstrated a vacancy in their current institution regardless of reason for leaving. Very few (1.52% of OATD PDs, 0% of DPT PDs) planned to continue as PD at another institution, an implication that there will be several vacancies in the next five years.

Table 10

Future Career Aspirations of Current PT Program Directors in Next Five Years

Five Year Plan	*DPT*	*OATD*
Continue in current role at current institution	54.55%	39.39%
Continue in current role in another institution	0%	1.52%
Advance to higher administration	27.27%	33.33%
Leave academics and return to clinical practice	4.55%	1.52%
Leave current role to pursue other interests	13.64%	24.24%

Note: Most PDs planned to leave their current role in five years.

The Ideal PT Program Director

Current PDs agree on many characteristics of the ideal PD. When asked as an open-ended question, "Describe the characteristics of the ideal program director," 69 participants responded (22 DPT, 47 OATD). The most common answers were coded and grouped into common themes (see Figure 4). It is not known why some participants did not answer this question. Figure 4 shows the percentage of frequency of responses, divided between groups. None of the PDs with an OATD noted performing service or being an expert in practice as an ideal PD characteristic. Both groups agreed nearly equally that the following characteristics described the ideal PD: (a) visionary, (b) organized/timely, (c) experience as a PT faculty, (d) caring/engaged, (e) an articulate communicator, and (f) collaborative. Areas of disagreement included being: (a) respected, (b) knowledgeable, (c) confident, (d) empowering, (e) motivating, and (f) an advocate for the profession. More PDs with DPTs than OATDs listed respected (13.64% versus 2.13%) and empowering (31.82% versus 23.40%), while PDs with OATDs listed more knowledgeable (23.40% versus 9.10%), motivating (29.73% versus 22.73%), confident/assertive (19.15% versus 9.10%), and advocate for program (27.66% versus 18.18%). The top five most disagreed upon characteristics between groups that included (a) respected, (b) knowledgeable, (c) confident, (d) empowering, (e) motivating, and (f) advocate were found significant at the .01 level for a difference between groups ($x^2 = 21.504$, $p = .000251$). A significant preference existed for the characteristics of knowledge advocacy and confidence in the OATD group, while respect and empowerment was preferred in the DPT group.

Among both groups, the most frequent descriptors of the ideal program director were visionary, empowering, and motivating. The characteristics of the ideal PD yielded the greatest

significant difference between the two groups in the categories of respect and knowledge at the specified .05 level, F (77- 98) = .79, p =.198. See Figure 4 for a full description of responses.

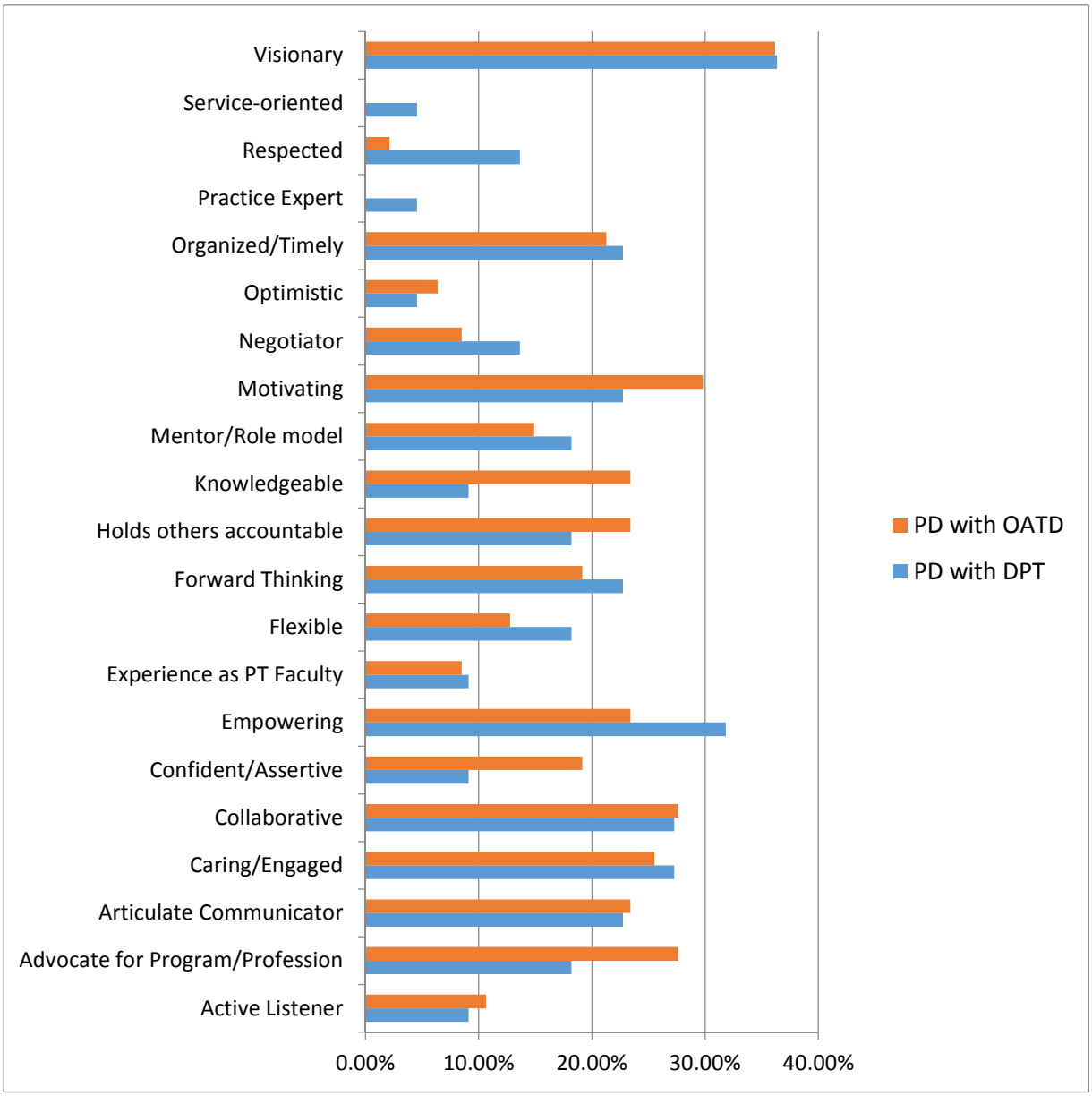

Figure 4. The characteristics of the ideal program director**.** Questions were open-ended. All were coded and grouped into similar topics, and distributed between the two groups and listed by frequency. Some PDs listed several topics.

Advice for Future PT Program Directors

The final question in the survey asked PDs "Do you have any advice for the future PT program director"? Responses varied considerably with 44 themes found, although several common themes were determined from the 64 participants who responded (18 DPT, 46 OATD). The answers were coded and grouped into common themes, and all themes that were mentioned at least 3 times are listed in Figure 4. It is not known why some participants did not answer the question. Figure 4 shows the percentage of frequency of common responses divided between groups. Only the OATD group noted the themes of "Take time for yourself", "You cannot make everyone happy", "Be self-less", "Learn and practice leadership", and "Learn about one's own institution" as key pieces of advice for future program directors, while none of the DPT group mentioned any of the above themes. Both groups agreed nearly equally that the following advice was important: (a) help others meet their goals, (b) listen actively, (c) plan strategically, (d) rely on faculty and staff, (e) seek other opinions, (f) trust yourself, (g) be flexible, and (h) focus on solving problems.

Areas of disagreement between groups included: (a) get a mentor, (b) learn to enjoy administration, (c) unify groups/collaborate, (d) enroll in the ELI Fellowship, (e) build a support network outside and within PT, and (f) be a PT faculty first/achieve scholarship aspirations, tenure, and full professor status. More PDs with DPTs than OATDs listed achieving scholarship, rank, and tenure (16.67% versus 6.67%), enrolling in the ELI Fellowship (22.22% versus 8.7%), and the need to enjoy administrative work (11.11% versus 4.35%). The OATD group favored get a mentor (34.78% versus 16.67%), build a support network of peers (19.57% versus 11.11%), and learn and practice leadership (10.87% versus 0%) as important advice for new PDs. Based

on the difference in responses between groups, it was clear that the groups disagreed regarding the best way to prepare for a new role as a PD. See Appendix E for a full transcript of responses.

The next section analyzes the specific research questions individually using the responses of the survey as applied to each research question.

Leadership Characteristics of PT Program Directors by Degree

Both groups agreed nearly equally that the following characteristics describe the ideal PD: (a) visionary, (b) organized/timely, (c) experienced as a PT faculty, (d) caring/engaged, (e) an articulate communicator, and (f) collaborative. Though frequently cited by both groups, some common areas of disagreement between groups included being: (a) respected, (b) confident, (c) knowledgeable, (d) empowering, (e) motivating, and an (f) advocate for the profession. More PDs with DPTs than OATDs listed respected (13.64% versus 2.13 %) and empowering (31.82% versus 23.40%) while PDs with OATDs listed more knowledgeable (23.40% versus 9.10%), motivating (29.73% versus 22.73%), confident/assertive (19.15% versus 9.10%), and advocate for program (27.66% versus 18.18%). The emphasis on respect may be indicative of an underlying perception of disrespect by other peers in the profession with OATDs. Meanwhile the OATDs emphasized the need to be confident and knowledgeable in one's skills.

Relationship Between Program Directors by Degree and Leadership Style

A relationship existed between the two groups and their leadership styles. After given definitions of five common leadership types, (transformational, servant, situational, charismatic, and transactional), subjects were asked to choose at least one that best matches their current leadership style. Most subjects (78%) chose either servant leadership (41%) or transformational leadership (37%), or both (37%). Of the two groups, most DPT subjects (84%, n=21) identified

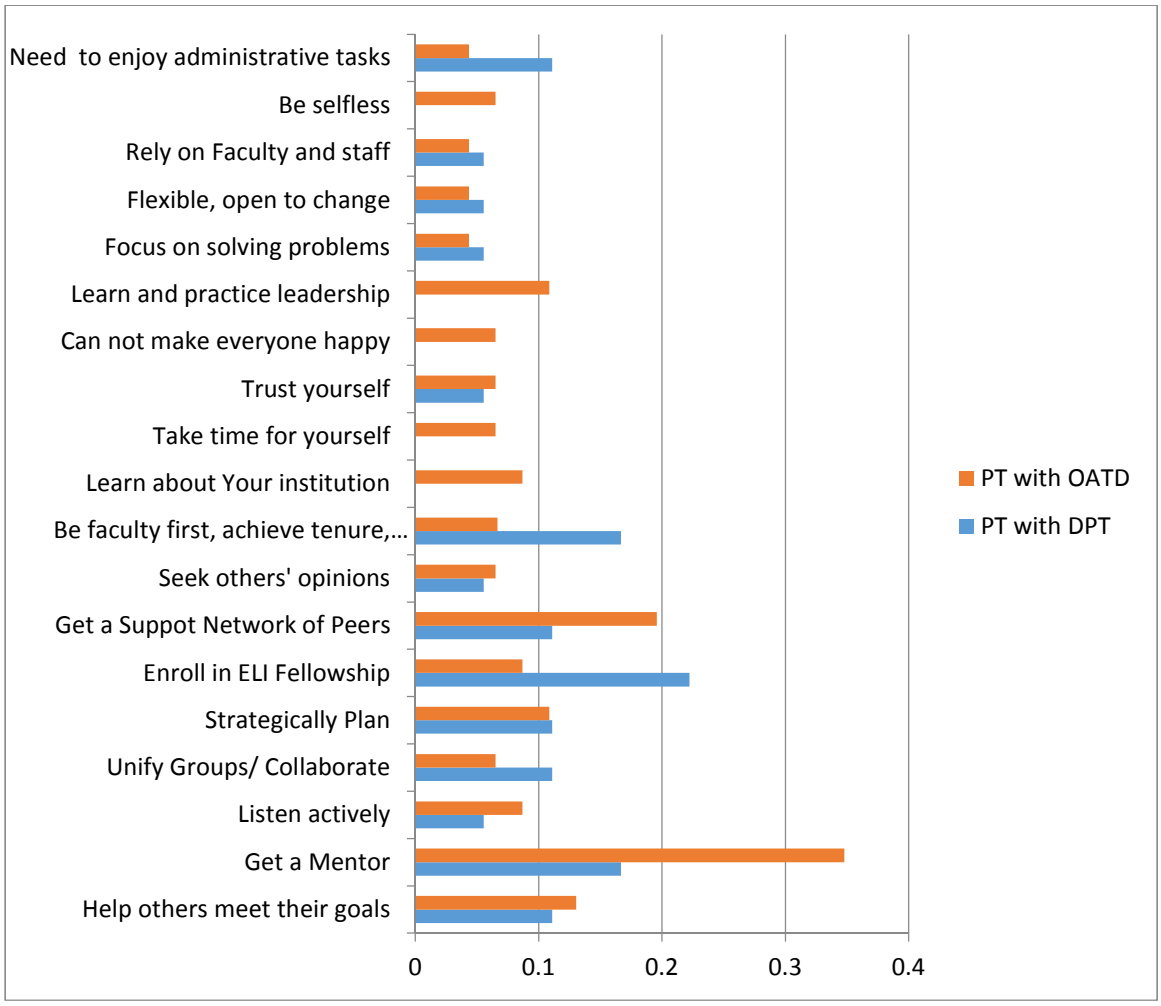

Figure 5. Advice for the future PT program director by percentage of response**.** Answers were open-ended. All were coded and grouped into similar topics, and distributed between the two groups. Some PDs listed several pieces of advice.

with a transformational leadership style, 11 (44%) chose servant, and 13 (52%) chose both. Of the OATD group, 51 (62%) chose servant, 39 (48%) chose transformational, and 28 (34%) chose both. Because none of the DPT subjects chose situational/contingency, charismatic, or transactional alone, it appeared that there was a distinct preference toward the two styles which were deemed to be most aligned with physical therapy service and a desire to help others to meet their goals. It was clear that those three choices were not favored by either group, as the total

number of responses (n= 10) were only in addition to one of the preferred styles of transactional or servant leadership. Though the majority of each group favored the same two of the five leadership style choices, a difference in self-identified leadership style was evident between groups, with the DPT group favoring transformational leadership while the OATD group preferred servant leadership, though by a closer margin than the DPT group. However, the preferred leadership styles did not differ significantly between the DPT and OATD groups: t (2) = .42, $p < .05$. The chi-square analysis showed no relationship between leadership style and highest degree earned for both groups, using the variables of transformational, servant, and both styles ($x^2 = 5.71$, $df = 3$, $p = .057$). However, when analyzed for significance between groups, a significant difference was found in the preference for the transformational style for the DPT group at the .01 level ($z = 3.2137$, $p = .0013$). Conversely, no significant difference was found for the OATD group's preference of servant leadership ($z = .5553$, $p = .5754$).

Leadership Training of PT Program Directors by Degree

Of the 107 program directors who responded to the survey, 82 had an OATD and the remaining 25 had a DPT degree. The modes of the methods of leadership training differed between groups. The most common training methods for current PT program directors to prepare for their first PT program director position were 1. *on the job training* (79%), 2. *completing an advanced degree* (69%), 3. *seeking a mentor* (60%), and 4. *leadership training from their institution* (41%). For PDs with OATD, the most common training methods were 1. *on the job training* (76%), 2. *completing an advanced degree* (73%), 3. *seeking a mentor* (61%), and 4. *leadership training from their institution* (39%). For PDs with a DPT, the most common training methods were identical, although *on the job training* was more common in this group: 1. *on the job training* (88%), *completing an advanced degree* (56%), 3. *mentoring* (56%), and 4.

leadership training from their institution (48%). Of those PDs who sought leadership preparation via enrollment in or completion of an advanced degree or certificate program (26.65%), 91.4% of respondents took the training as part of a post-professional master's or doctoral degree program. It is not known if the post-professional degree program was their OATD, as some subjects had more than one degree. Several of the current PT PDs listed having an MBA, JD, MPH, or other degrees in addition to their DPT or OATD where leadership training may have occurred, but was not explicitly stated.

Four PDs (all with a degree other than DPT) enrolled in a certificate program in leadership and/or administration (i.e. LAMP Leadership Development Certificate program) prior to beginning as Program Director, and another four PDs had completed a certificate program in leadership and/or administration (i.e. LAMP or similar) prior to beginning as Program Director, including two PDs with DPT degrees. Sixteen PDs had enrolled in or completed the APTA Educational Leadership Institute (ELI) Fellowship program prior to beginning in their first PD position. The ELI program received several comments from both groups as a response to the open-ended questions as being valuable to the establishment and development of robust and durable leadership skills for current PT Program Directors and surfaced again later when asked to give advice to new PDs.

The method of leadership preparation of current PDs with a DPT in their role as PD did not differ significantly at the specified .05 level ($x^2 = 1.54$, $df = 4$, $p = .672$). Both groups chose the same four methods of preparation: 1. *on the job training*, 2. *completing an advanced degree*, 3. *seeking a mentor*, and 4. *leadership training from their institution* in the same order with nearly equal frequency in the preference for each method. Respectively, for OATDs and DPTs, the preferred methods were 1. *on the job training* (76%/88%), 2. *completing an advanced degree*

(73%/56%), 3. *seeking a mentor* (61%/56%), and 4. *leadership training from their institution* (39%/48%). Chi square analysis of the rank order of preferred methods demonstrated no significant difference between groups at the .05 level ($x^2 = 3.18$, $df = 4$, $p = .364$). These results indicate no significant correlation between groups in common top four methods of leadership preparation, as well as the order of preference.

Personal Satisfaction in the Role of Program Director by Degree

The level of personal satisfaction of current PDs with a DPT in their role as PD averaged 78.52%, (*SD* =18.78), median = 81%, and the range was from 30-100%. For PDs with an OATD the level of personal satisfaction in their current role as PD averaged 79.64% (*SD* = 14.54), median = 84% and also ranged from 30-100%. Between the DPT and OATD groups, no significant difference was found in satisfaction with the role of PD t (2) = .28, p =.779, 95% CI [3.77, 11.86] and overall job satisfaction was 79.37% (*SD* = 15.60). The mode for both groups was 90% (*n*=12), only four PDs indicated 100%. The similarity in job role satisfaction level between groups was nearly identical. The number of responses in the lowest range of 30-40% were few, with the results skewed towards the higher ranges of job satisfaction. Both groups responded nearly identically indicating a strong affinity for the leadership role.

In the open-ended items, several subjects indicated that the ideal PD should "love the job" and "love to serve others". Noted several times was the importance that PDs pursue the role for the "right reasons." not just for salary or prestige. It is understood that several differences existed between the programs, however, the variables of size, location, research focus, and resources did not change significantly depending on the PT PD. These were all factors that remained regardless of who led the program and could not be considered a direct cause of high or low scores in personal satisfaction.

Future Career Aspirations between PT Program Directors by Degree

As far as future career aspirations in the next five years, 43% of current PDs planned to remain in their current role at their institution, and the remaining 67% planned to leave their current role as PD to seek other employment in teaching, higher administration, or clinical practice, or to pursue other interests. When responses are broken down into two groups, more than half (n=13) of PDs with a DPT planned to stay in their current role at their current institution, while less than 40% of OATD PDs planned to do the same. Thirty-three percent of OATD PDs intended to advance on to higher administration, and 24% indicated plans to pursue other interests. Other interests may have included all activities not provided in the question as an answer choice that demonstrated a vacancy in their current institution regardless of reason for leaving. Very few (1.52% of OATD PDs, 0% of DPT PDs) planned to continue as PD at another institution, an implication that there might be a fewer number of experienced PDs available to fill the vacancies in the next five years. The chi-square analysis found no association between the independent variables of highest PT degree earned and future career aspirations of all PDs (x^2 = 5.79, df = 3, p = .2152). Both groups had similar plans for the next five years, with a combined total of 67% of current PDs planning to leave their post as PD.

Summary

The survey responses of all Program Directors were divided into two groups by highest PT degree earned, DPT or OATD, and were analyzed to determine the answers to the five research questions. The statistics used were descriptive statistics, chi-square, and t-test analysis to determine if any significant differences existed between groups for each of the research questions.

Significant differences were found between groups regarding certain aspects of leadership training, style, characteristics, and future career aspirations, however more similarities existed between groups than differences. The null hypothesis of research question one, "There is no significant difference in leadership characteristics between PT program directors who have earned academic or clinical doctoral degrees," was rejected. A difference between groups was found in the characteristics of being respected, knowledgeable, confident, empowering, motivating, and an advocate for the profession. The DPT group favored empowering and respect significantly higher than the OATD group, while the OATD group favored knowledge and confidence significantly higher than the DPT group. No significant difference was found for the characteristics of motivation and advocacy.

The null hypothesis of research question two, "There is no significant relationship between program directors with academic or clinical doctoral degrees and their leadership style," was accepted. Of the five choices, both groups favored servant and transformational leadership styles. However, the difference found between groups regarding which style was preferred was not significant for the OATD group, while the DPT group significantly favored servant leadership. Although the OATD group mean indicated a preference for transformational, it was not significant at the .05 level. Yet, both groups chose these two leadership styles over remaining choices with much greater frequency.

The null form of research question three, "There is no significant difference in leadership training between PT program directors who have earned academic or clinical doctoral degrees," was accepted. No significant differences were found between groups in training and preparation methods. The top four methods (on the job training, completion of an advanced degree, use of a

mentor, leadership training from their institution) for both groups were equal in rank order and proportion to each other.

The null hypothesis of research question four, "There is no significant difference in self-reported personal satisfaction in the role of program director between those with academic or clinical doctoral degrees," was accepted as nearly both groups ranked their satisfaction nearly identically at approximately 79% satisfied on a scale of from 0-100%. This question indicated the current satisfaction level as a snapshot in time for each current program director, regardless of experience and other variables. Seventy-nine percent satisfaction for current PT program directors was the mean reported with a range from 30-100%, with median responses of 81% and 84% for the DPT and OATD groups respectively.

The null hypothesis of research question five, "There is no significant difference in future career aspirations between PT program directors who have earned academic or clinical doctoral degrees," was accepted. When asked about their plans for the next five years, there was a difference between groups regarding their future position, with the majority of the OATD group preferring to pursue interests outside of being a PD. Overall, 67% of PDs planned to vacate their positions in five years, more than half of PDs with a DPT planned to stay in their current role at their present institution, while less than 40% of OATD PDs planned to do the same, indicating a difference in career aspirations between groups.

The next chapter further discusses the survey findings, as well as any conclusions and indications for future study.

CHAPTER V

DISCUSSION

This survey investigated the training and readiness of first-time DPT Program Directors (PD). A survey was sent electronically to all accredited DPT programs with a 46% response rate. Participants were divided into two groups - those with a DPT degree and those with an Other Academic Terminal Degree (OATD). Survey items included both qualitative and quantitative questions and analyzed for similarities, trends, and patterns between the two groups. This chapter includes a discussion of the: 1. Interpretation of Results, 2. Study Limitations, 3. Discussion, 4. Conclusions, and 5. Implications for future research.

Interpretation of Results

First time DPT PDs tended to be less experienced. The majority of current PDs have been in their position three to six years, indicating either a fast turn-over, increasing retirement rates, and/or representing the growth of new programs. Since 2011, 25 new DPT programs have been developed, and though it is unknown how many survey respondents are in those new programs, they might account for a portion of the inexperienced PDs (CAPTE, 2017). Because the survey was anonymous, it is unknown what proportion of PDs of the new programs participated in this study.

High turn-over rates also contribute to the high number of first time PDs. Most program directors are in their role for less than nine years overall, which is congruent with the other PDs in higher education, where the average is seven years at a single institution (Hinman et al, 2014). Thomas and Shuh (2004) reported a 20% annual turn-over rate for department chairs, and Hinman Peel and Price (2014) noted a 19% turn-over rate in PT programs. Frequent

administrative changes led to disrupted leadership and stalled plans for advancement (Thomas & Shuh, 2004).

When asked about future career aspirations in the next five years, 67% of PDs in this study responded they would no longer be a PD, and/or would pursue other interests. This might be interpreted as retirement, working part-time, consulting, returning to the faculty, moving to higher administration, or any role *other* than PD. In 2014, Hinman et al (p.42) found that over half (57.5%) of PT PDs left their positions to pursue a similar position at another institution. If the five-year plans of the current PDs hold true, most DPT programs are in a potential leadership crisis. There are very few experienced PDs looking for new programs to lead, leaving the responsibilities open to newer, less experienced physical therapists whose leadership training is not standardized or consistent.

Many of the PDs reported they would have valued additional or different training prior to taking the role as first time PD, with a wide range of possible sources and topics. Formalized training sponsored by the APTA, such as the Educational Leadership Institute (ELI) fellowship, was one popular resource listed by program directors as having helped them feel successful in the role as PD, and one that they would have liked to have enrolled in sooner. The ELI fellowship was cited most often by the DPT trained PDs as both something they valued and would recommend for all new program directors to consider before embarking in a leadership role. Established in 2011, the ELI fellowship is a year-long formalized program that includes online and onsite didactic and practical training and assessment in leadership in physical therapy programs. It includes close mentorship by an experienced leader in higher education, usually physical therapy, who undergoes specific mentorship training and is vetted by the program. The program is designed for the "novice and aspiring PT and PTA program directors" (APTA,

2016b). Nine program PDs reported that the ELI fellowship program would be of great help to a new PD, and the ELI suggests their fellowship as a path to leadership in higher education administration.

Other PDs listed their preparation as having had previous internal administrative leadership positions such as Director of Clinical Education and Assistant PD, where specific responsibilities were allocated to the individual and/or shared with the chair or PD, allowing for some degree of faculty oversight and leadership within the program. Some respondents chose to seek other leadership training independently though courses or reading books. Most courses were offered as part of their academic terminal degree, while other PDs enrolled in continuing education courses or seminars to prepare for leadership. Several subjects relied upon previous related experience outside of academia as clinical directors or business owners to learn their program management skills. Given the wide range of preparatory methods, there appears to be no clear path to leadership readiness for current PDs.

Results of the survey indicated that only one third of PDs felt "*very well prepared*" or "*well prepared"* to take their first role as PD. Without a clear pathway identified for leadership roles, this finding was no surprise. Of those who felt "*well prepared*" or "*very well prepared",* 21 reported having a mentor for guidance. Mentorship was one of the most frequently cited methods of leadership preparation, between both groups. Mentorship is also a mandatory component in the ELI fellowship, as all fellows are matched to a faculty mentor. Additional responses from the *"well prepared*" and "*very well prepared*" PDs regarding their preparation methods included: (a) *completing an academic terminal degree*, (b) *being trained on the job,* and (c) *receiving leadership training from their respective institution.* Both groups benefitted from the latter two, which often occurred simultaneously. When a new PD joins an institution, it is

common to send that person to participate in any existing leadership advancement programs that college may offer. At the same time, the new PD has already taken residence and is performing the required duties in the DPT program, and is obliged to learn "on the job" in a dynamic environment.

Although *on the job training* occurs for all PDs in a new institution, a first-time PD faces a much steeper learning curve than a PD with prior experience. Similarly, a faculty member with a long history in an institution who takes the PD position as an internal candidate will also have a shorter learning curve than an outsider due to familiarity with the logistics of the university. However, the distinction between the two lies in knowing what duties need to be completed and not simply the logistics of getting things done. New PDs must first learn what to do before learning how to do it, and this information can later be generalized somewhat from program to program with accrued experience.

A scarcity of formalized training programs for new PDs has been well documented. Results reported by Giuffre (2007) also indicated a lack of purposeful and distinct training for new PDs. According to Giuffre, 85% of PDs were not offered any formal leadership training at their institution, and of those who were, most received on the job mentoring over a various number of meetings as a means to prepare new PDs for their roles (Giuffre, p 62). The problem remains ten years later, as the author of this current survey found that 48% of PDs received leadership training by their institution.

Giuffre also found that 50% of PDs received mentoring by the previous department chairperson before or after entering the position, and 43% received training either through a professional organization or conference (2007, p.63). In comparison, the author of this study did not specifically inquire about who provided the mentoring, only if mentoring was received.

However, 60% of current PDs claimed mentoring as a method of preparation for their first roles as PD, which showed an overall increase in the use of mentoring.

As for training through a professional organization or conference, several of the survey items would fit this description: (a) enrollment in or completion of a certificate program in leadership and/or administration (i.e. LAMP Leadership Development Certificate program), 7.48%; (b) enrollment in or completion of a post-professional Fellowship Program, (i.e. Educational Leadership Institute: ELI), 14.95%; and (c), completion of Continuing Education Units (CEU) in Leadership and Administrative Training, (25.23%). Through this broad-spectrum definition of outside training, together, all three methods totaled 47.66%, showing a general trend towards a push for more training by PDs.

Information that Program Directors identified as knowledge that they would have liked to have had prior to beginning their role as a PD included many items that are found in a terminal degree in higher education, but might be absent from a terminal degree in physical therapy or a related science. Such courses include: (a) finance and budgeting, (b) faculty assessment, (c) conflict management/negotiation, (d) communication skills, (e) university functions / roles / systems / governance, (f) politics, and (g) personnel management/leadership. However, the depth and breadth of the content found in many training programs is variable, and might or might not be comprehensive enough to help the new PD who was only starting to learn what exactly was required of them to function effectively in their new job. Similarly, there were several other content areas deemed important and useful by the subjects that are not part of any academic degree, but must be learned by spending time in a DPT program either as faculty or PD. This includes: (a) knowledge of CAPTE accreditation standards, (b) curriculum design and assessment, and (c) faculty assessment as frequently cited by both groups as key pieces of

information required to perform in their new roles. Given that participants listed these specific topics in an open-ended response type question indicates a similarity in their developmental needs as new PDs.

The findings of this study regarding training areas of new PD's confirms the findings of Giuffre (2007). As discussed by Giuffre, the areas of training that new chairs sought out were in "personnel issues, leadership, conflict management, faculty evaluation, budget/financial management, accounting, strategic planning, curriculum development and assessment, faculty development, fund raising, legal issues, time management, and negotiation skills" (Giuffre, 2007, p.63). Giuffre classified the training areas into five categories: (a) administrative affairs, (b) faculty affairs, (c) student affairs, (d) department affairs, and (e) office management. Most subjects in the 2007 study reported minimal to no training in key areas such as: (a) budget preparation, (b) conflict resolution, (c) strategic planning, (d) negotiation, (e) assessment, (f) motivation, and (g) student affairs, as well as other areas similar to those found in the results of this current study (Giuffre, p. 64). The author of this study found the same content still lacking in the preparation journey for the new PD, indicating a present need for a formalized training program for new PDs.

When asked to indicate the number of credit hours of training or coursework taken to prepare for the first role as PT Program director, only 18 of the participants responded, with 21or more hours being the most common. It is not known why this item returned a low response rate, when 27 participants indicated having taken CEUs in Leadership and Administrative training, 21 indicated having completed some coursework in Leadership and Administrative training outside their institution, and 109 responses show enrollment in or completion of a certificate, degree, or fellowship program. It is possible that some PDs were confused by the question, after having

learned skills from several sources and being allowed to select more than one learning resource. Another possible reason for the low response rate was the difficulty in recalling the number of credits hours earned in the specific content areas. It is reasonable that administrative and leadership training might have been a component of other coursework. Similarly, when asked a follow-up question of whether the additional coursework or advanced training was part of a post-professional degree program earned after the entry-level PT degree, 14 participants responded, eight of which indicated the training was part of a later degree. The reason for the lower response rate is not known at this time. Some respondents might have misunderstood the nature of the question and erroneously thought previous responses regarding additional coursework would be considered in this follow-up question.

Giuffre found that professional backgrounds of PDs should be considered in the training of new PDs. According to Giuffre, most PDs have experience as an internal candidate, academic coordinator of clinical education (ACCE), or clinical director from which an individualized training program should be developed to ease the transition into the leadership position (Giuffre, 2007, 114). Similarly, work by Hinman, Peel and Price (2014) also indicated varied longevity and perceived success as a PD based on previous experience as PD, faculty member, clinic director, or other administrative roles. Those PDs who remained in their roles longest, had prior academic experience as a faculty member (Hinman et al, 2014). By comparison, the results of this current survey found similar backgrounds for new PDs, indicating that it would be worthwhile to consider information regarding prior experience when designing future PD training programs. Furthermore, Giuffre (2007) posited that institutions should develop their own specific PD training series by the financial officer, human resource, and other specific primary sources (p.115). In the absence of an external formal training program, institutions would be

wise to develop their own programs that are designed to be ongoing and specific to the needs of the individual. Tailoring individualized, continuous training programs for Program Directors with varying levels of experience remains a challenge, if the end goal is to create a standard baseline of PD development.

With regards to leadership styles, subjects were asked to choose from five defined leadership styles all of those that they believed reflected their practice as PDs. After given definitions of five common leadership types, (Transformational, Servant, Situational, Charismatic, and Transactional), a clear relationship emerged between the two groups and their leadership style. Though both groups favored the same two of the five leadership style choices, (Transformational and Servant), a difference in self-identified leadership style was evident between groups, with the DPT group favoring Transformational and the OATD group preferring Servant Leadership. Because none of the DPT subjects chose Situational/Contingency, Charismatic, or Transactional leadership styles alone, it appeared that there was a distinct preference toward the two styles which were deemed most aligned with physical therapy service and a desire to help others to meet their goals. The results confirmed the findings of Huckabee and Wheeler (2008) who described these same two leadership styles as being most appropriate to physical therapy.

The similarity in job role satisfaction between groups was nearly identical with an average score from 0-100% of 79%. A moderately high level of job satisfaction was found for both groups, despite highest PT degree or method of preparation. Other factors were found that might influence job satisfaction, such as years of experience, institutional environment, support, and personal reason for taking the position of PD. The survey was limited to tallying the years of experience and did not inquire about other possible reasons for satisfaction or dissatisfaction.

Gmelch and Miskin (2011) reported that in a study of department chairs, most were satisfied with their institution, but felt excessive stress (p.8). Hinman et al. recounted the reasons PT department chairs leave was due to lack of resources, internal conflicts, and lack of autonomy (2014, p. 43). Yet in this study, when analyzed further for years of experience as a PD, satisfaction tended to generally increase over time. Overall, those PDs who had 1-3 years (*n*=15) reported a mean of 75% satisfaction (mode = 85, median = 85). PDs with 3-6 years (*n*=25) reported a mean of 74.32% satisfaction (mode = 70, median = 80), and PDs with 6-9 years (*n*=17) reported a mean of 79.94% satisfaction (mode = 60, median = 81), which indicated relatively static initial level of job satisfaction with time and experience. A slight dip in satisfaction levels appeared after the first three years, which might have indicated possible burn-out, time-management issues, or other concerns unknown to the researcher. The highest average levels of job satisfaction was seen in the years nine and beyond. From years 9-12, satisfaction increased to 86.25% (*n*=4), 12-15 years was 85.40% (*n*=5), 15-18 years was 84% (*n*=5), 18-21 was 95%, (n=1), and greater than 21 was 90.33% (*n*=3). However, the numbers of subjects included in the higher levels of experience were much lower than the lesser experienced groups, so the evidence for any direct effect of experience on perceived job satisfaction was weak and needed further study in order to make a conclusion. In addition, the satisfaction levels were similar between groups as both DPT and OATD PDs experienced increased satisfaction over time.

Overall, across all PD from zero to over 21 years of experience, the median response was 81% for the DPT group and the mode was 90% satisfaction (*SD*=19.24). For the OATD group, the median was 84% and the mode was also 90% (*SD* =14.54). The highest possible score of 100% satisfaction was only reported by four PDs, three of whom indicated less than six years of

experience. Given that the satisfaction levels rise after year six, a connection might exist between years of experience and job satisfaction as one became more comfortable with the responsibilities of program leadership. These early years may be crucial for the development of new PDs, and inexperienced PDs might need extra support and mentoring or guidance during this time.

The future career aspirations of current program directors in the next five years indicated a high number of vacancies. Sixty-seven percent of current PDs will be replaced within five years, signifying an urgent need to identify and train new leadership. Though this cohort of current PT PDs was not necessarily retiring, there was a planned vacancy which must be filled in order for each program to continue. Few PT schools, if any, close and growth has continued over that last few decades, with an increase of 25 accredited programs since 2011 (CAPTE, 2017). Most current PDs plan to move up to higher administration, return to the faculty rank, return to clinical practice, or simply to pursue other interests. In this study, retirement was not explicitly stated as an option, although it is inferred and included with seeking other interests. Still, time is of the essence if programs wish to develop succession plans and/or recruit talented future PDs given this short time frame.

A report published in 2014 on the number of available PT and PTA administrators and program director positions indicated that "approximately seven PT and seven PTA director positions were expected to be vacant during the 2011-2012 academic year. This number did not account for the over 87 developing programs that also were seeking qualified administrators" (Hinman, Peel, and Price, 2014). Without including faculty attrition in the current programs, the currently developing programs also need to hire qualified PDs to lead and faculty to teach the content, demonstrating a pressing need to identify and develop future faculty and leaders.

The characteristics of the ideal PD yielded similarities and differences between groups. None of the OATD groups noted performing service or being an expert in practice as an ideal PD characteristic. Both groups agreed nearly equally that the following characteristics describe the ideal PD: (a) visionary, (b) organized/timely, (c) experienced as a PT faculty, (d) caring/engaged, (e) articulate, and (f) collaborative. Areas of disagreement between the two groups included being: (a) respected, (b) knowledgeable, (c) confident, (d) empowering, (e) motivating, and (f) an advocate for the profession. More PDs with DPTs listed being respected and empowering as ideal characteristics while the OATD group itemized being knowledgeable, motivating, confident/assertive, and an advocate for program significantly higher than the DPT group. It is possible that the differences were in the individual's perception of their success as reflected by their faculty or confidence in their role. For the PD with a DPT, he or she may lack confidence in their abilities and view themselves as ranking lower than a faculty with an OATD. Similarly, the PD with a DPT may experience a feeling of imposter syndrome, where the new PD believes they are not qualified for their new role as leader. The self-perceived imposter syndrome might explain the greater emphasis on the need for respect for the DPT group, which was not a concern for the OATD group.

Empowerment was also stronger in the DPT group, which might allude to a desire to mentor others and help bring faculty up as was done for them. Feeling empowered to embrace one's goals and strive for success might be more important for a DPT without a recognized academic terminal degree. Faculty might have an unspoken hierarchy between professional and academic doctoral degrees, which could cause a DPT to feel somewhat inferior and in need of support to seek a leadership role.

Knowledge was valued much higher in the OATD group, which might speak to their feelings of achievement of completing an OATD program. The undertaking of the dissertation process requires an extensive amount of knowledge and research, which might be a reason for this response in the OATD group. Conversely, knowledge could be also taken to mean having the expertise to teach in a content area or to know how to lead a department or to know accreditation standards. Open-ended responses were the only mode of response allowed for this item, and the answers were not divided into knowledge areas due to the variation of depth of response. Knowledge listed as one word and/or with an explanation were grouped together in this category for analysis.

Study Limitations

Study limitations included a number of uncontrollable variables. Bias of the researcher cannot be excluded, as the researcher knows many of the subjects personally and professionally. Years of interaction with several of the subjects might have biased the responses in some ways, either positively or negatively affecting the results. Other sources of bias were possible and due to the survey design. There seemed to be some responses to the open-ended questions that were similar in language to the stems of the questions prior, indicating a possibility of biasing the user to choose specific language. Servant leadership, collaboration, and other terms were used more often after having been introduced in prior items. This is always a risk when designing a survey and placing open-ended items after multiple choice items. Furthermore, the inexperience of the author of this study might have been a limiting factor which must be considered in the design and timing of the survey.

Further detail would have been useful in some of the survey items. Inquiries about the exact degree and/or major concentration of each PD might have provided some insight into the

preparatory curriculum each PD received, especially for the OATD group. All but one DPT trained PD earned their DPT degree after a Bachelors or Master's degree, but the DPT curriculum is standardized by CAPTE, and as such, leaves little room for electives like leadership training or other content outside of the accreditation requirements. Program Directors with OATD might have had more opportunities to self-select leadership courses, some of which might have been more available to different majors. For example, a PD with a PhD in Physical Therapy may well have taken courses on teaching in a PT program, while a PhD in Motor Learning might have selected more neurologic courses with less emphasis on teaching. Because the survey did not include specific questions regarding degree name or major, the significance of this information is yet unknown.

Regarding the survey design, some of the items could have been phrased differently, for example, questions regarding the PDs perceived barriers to success could have been asked directly. The survey items asked for information about what they "would have liked to have known prior to becoming a PD," but did not specifically ask for current barriers to success. It is unknown if they found a solution to prior barriers. In addition, the five research questions of the study focused on the difference between those with a professional degree and those with a terminal academic degree. There was a greater number of respondents without the DPT degree (77%) than with the degree, and the researcher had to account for the difference between groups during the statistical analysis.

Another notable variable was the high number of interim program directors listed on the CAPTE website. Though this study aimed to survey all current DPT program directors, it did not determine how many interim program directors would remain as program director after the search was completed. Twenty of 233 programs listed their PD as interim, and because several

subjects are known to the researcher, it is evident that they are in various stages of the application process for the permanent role as PD. Differences between interim PDs in terms of experience, motivation, and other unknown factors might have influenced the survey results.

Another limitation is that several programs have a DPT PD and a Department or Division Chair who might oversee many programs and its faculty. The survey was sent to those who identified themselves through CAPTE as the person in charge of the DPT program, and no item inquired how many other programs they have and for which faculty the PD might be responsible. A difference might exist between PDs that oversaw more than one program, and any influence on the survey results was not clear.

Generalizability of the results might be limited due to the return rate of 46%. Slightly less than half of the total number of PDs of accredited DPT programs completed the survey, leaving the remainder of the current DPT PDs description of career paths and experiences unknown. For unknown reasons, of the 107 respondents, some skipped certain questions, and data were not complete for all items. However, because the baseline qualifications for program directors were similar across accredited DPT programs, the researcher felt the results would be applicable to other DPT PDs.

The timing of the survey might have been a limitation. The survey was sent out in the first six weeks of summer, which could be a busy time for programs that admit new cohorts in May. Conversely, though most, if not all DPT programs operate year round, some PDs might have been away on vacation or engaged in research during the slower months. Several away messages were received during the first, second, and third emailed requests although none were beyond the length of the survey close date, and the response rate continued to climb during each of the three reminder periods. Furthermore, the PD might have felt biased depending on the

venue in which the survey was completed. Whether the survey was answered on a device in the workplace or at home, the PD might have answered questions differently according to the surrounding environment.

Discussion/Conclusion

The purpose of this study was to determine the leadership characteristics, styles and behaviors of accredited PT program directors and to gain a better understanding of his or her preparation and path to program leadership. The data gathered from this study might be of benefit to future program directors and universities as they ready to replace the expected wave of retiring program directors. Public dissemination of a path to leadership in the PT profession could help maintain and possibly improve the quality of PT programs in the United States.

As reported in the survey, new PDs sought training in a variety of areas of leadership and administration not found in the curriculum of their advanced degrees. Internal training programs, continuing education, leadership fellowships, conference attendance, mentoring, and self-study have all been used as a primary means to learn how to manage a department and its personnel. The leadership styles of both groups were similarly-based in servant and transformational styles, with room for increasing flexibility to adapt as needed over time. Based on the responses of all program directors in this study, differences existed between the current skills PDs had and the skill set of the ideal PD.

The idealized program director had several agreed upon characteristics. He/she is (a) visionary, (b) organized, (c) timely, (d) has experience as a PT faculty, is (e) caring, (f) engaged, (g) empowering, (h) motivating, (i) flexible, (j) articulate, (k) confident, (l) collaborative, (m) a skilled negotiator, (n) an active listener, (o) a role model, (p) holds others accountable, and (q) an advocate for the profession. Current program directors rated their own characteristics in very

similar terms: being (a) accountable, (b) a mentor, (c) articulate, (d) organized, (e) a hard worker, (f) skilled negotiator, (g) collaborator, (h) strategic planner, and (i) visionary. Based on this list, several skills were not listed as currently mastered by all of the PT PDs, but were found to be idealized. It could be inferred that some of these areas could be included in a PD training program, such as active listening, but the vast majority were not. Experience as a faculty member might be an idealized attribute for a PD, but was not a requirement to assume the position. Furthermore, being caring, engaged, empowering, and confident are not easily taught but are more a part of an individual's persona than something learned in a program and listed on a resume. Characteristics and qualities that cannot be taught might be better honed and developed in potential future leaders. Institutional succession planning might help identify and develop PT PDs that exhibit the idealized behaviors and provide an environment for growth. Individualized training programs that capitalize on past experiences and personal strengths might be the first step toward creating a pathway to leadership for an institution of higher learning. External resources, such as the ELI fellowship and other leadership training, might serve as adjunct methods to enhance institutional methods.

The results of this survey agrees with the work of others in the conclusion that leadership training programs are essential for physical therapy faculty and clinicians who are considering a shift from clinical practice or teaching into administration. The survey findings suggested that a growing need exists to train and develop current PT practitioners and faculty members to fill the role of PT program director. As the entry-level degree of physical therapy has evolved quickly in the last twenty-five years from master's to doctoral degree, qualified leaders and faculty are needed more than ever. Similarly, new DPT programs are opening frequently, and the demand for capable program directors is increasing. The majority of current PT PDs agree that securing a

mentor and building a strong support network are key components of leadership development and should be an integral part of a leadership-training program. The results of this study suggested that formal training programs, such as the ELI Fellowship program, as well as advanced master's and academic doctoral degrees that emphasize higher education administration, are valuable resources for leadership training. A well-defined, ongoing, and specific training program for future leaders, which builds on and leads to effective leadership behaviors and characteristics, might be a potential solution to an impending leadership crisis in PT education.

Implications for Future Research

Future research in the study of leadership development might include inquiry regarding which degrees and major concentration current PT PDs hold. A comparison of the leadership training received within each program might show differences in content, quality, and quantity of exposure and practice. Leadership practicums or experiences might or might not be a component of a PD's leadership training. Other avenues to explore include long-term study of initial program directors and their developmental path, or longitudinal studies of DPT program graduates and their leadership training. A study of the graduates of the ELI fellowship and their longevity and/or reasons for job satisfaction are also potential sources of further information regarding ways to develop successful pathways for the future PT PD.

The results of this survey clarified the leadership training and career paths of current DPT program directors and identified the leadership characteristics and behaviors needed to lead a professional educational program in a unique and dynamic environment. These findings added to the growing body of knowledge of how to best prepare leaders for the future of PT education.

The time for change is now. PT PDs have indicated their plans to move on in the next five years, and growing evidence supports individualized and ongoing training and development programs for the next group of leaders. It is the wish of the author of this study to encourage colleges and universities to begin preparing their future leaders today.

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APPENDIX A:

OFFICE OF RESEARCH INTEGRITY APPROVAL LETTER

MARSHALL UNIVERSITY
www.marshall.edu

Office of Research Integrity
Institutional Review Board
One John Marshall Drive
Huntington, WV 25755

FWA 00002704

IRB1 #00002205
IRB2 #00003206

May 19, 2017

Dennis Anderson, PhD
Leadership Studies, MUGC

RE: IRBNet ID# 1070135-1
At: Marshall University Institutional Review Board #2 (Social/Behavioral)

Dear Dr. Anderson:

Protocol Title:	[1070135-1] Career Paths, Barriers, and Professional Experiences: A Comparison Study of PT Program Directors	
Expiration Date:	May 19, 2018	
Site Location:	MUGC	
Submission Type:	New Project	APPROVED
Review Type:	Exempt Review	

In accordance with 45CFR46.101(b)(2), the above study and informed consent were granted Exempted approval today by the Marshall University Institutional Review Board #2 (Social/Behavioral) Desginee for the period of 12 months. The approval will expire May 19, 2018. A continuing review request for this study must be submitted no later than 30 days prior to the expiration date.

This study is for student Tamara Gravano.

If you have any questions, please contact the Marshall University Institutional Review Board #2 (Social/ Behavioral) Coordinator Bruce Day, ThD, CIP at 304-696-4303 or day50@marshall.edu. Please include your study title and reference number in all correspondence with this office.

APPENDIX B

Cover Letter for Online Survey (1st Attempt)

Dear DPT Program Director,

It is my pleasure to invite you to participate in a brief anonymous survey to assess how you prepared for your role as department leaders or chair. It is entitled "**Career Paths, Barriers, and Professional Experiences: A Comparison Study of PT Program Directors".** The study is being conducted by Dr. Dennis Anderson and Dr. Tamara Gravano from Marshall University Graduate College and has been approved by the Marshall University Institutional Review Board (IRB #1070135-1). This research is being conducted as part of the dissertation research requirements for Tamara Gravano for the degree of EdD.

Entry-level PT education prepares clinicians for varying degrees of clinical administration, there is little data to describe the preparation of program chairs to fulfill their unique responsibilities. This study will examine how the directors of the physical therapy programs are prepared to lead their departments and faculty.
The survey will be conducted on online and will be open from May 23rd until June 30th, 2017.

Your replies will be anonymous, so do not type your name anywhere on the form. There are no known risks involved with this study. Participation is completely voluntary and there will be no penalty or loss of benefits if you choose to not participate in this research study or to withdraw. If you choose not to participate you can leave the survey website. You may choose to not answer any question by simply leaving it blank. Once you complete the survey you can delete your browsing history for added security. Completing the on-line survey indicates your consent for use of the answers you supply. If you have any questions about the study you may contact Dr. Anderson at 304-746-8989, or Tamara Gravano at 305-450-2870 or by email at Andersond@marshall.edu or Gravano@marshall.edu.

Enclosed is a url link (click this link, please click on the link or copy and paste the link into your browser window. By completing this survey you are also confirming that you are 18 years of age or older.
Please complete the survey no later than June 30, 2017. If you have any comments or questions feel free to send them to Tamara Gravano. If you have any questions concerning your rights as a research participant you may contact the Marshall University Office of Research Integrity at (304) 696-4303. Please print this page for your records.

Thanks in advance for your participation. I look forward to learning more about how current DPT chairs are prepared for their role as leaders.

Sincerely,
Tamara Gravano, PT, DPT, GCS, CEEAA,
EdD Doctoral Candidate, ABD
Follow this link to the Survey:

Take the Survey

Or copy and paste the URL below into your internet browser:

https://marshall.az1.qualtrics.com/jfe/preview/SV_2boG5we6BO8iy0d?Q_CHL=preview

Follow the link to opt out of future emails:

Click here to unsubscribe

Cover Letter for Online Survey (2nd Attempt)

Dear DPT Program Director,

Thank you very much for your response to my survey request! If you have not yet responded, I hope you will participate. It is my pleasure to invite you to participate in a brief anonymous survey to assess how you prepared for your role as department leaders or chair. It is entitled "Career Paths, Barriers, and Professional Experiences: A Comparison Study of PT Program Directors". The study is being conducted by Dr. Dennis Anderson and Dr. Tamara Gravano from Marshall University Graduate College and has been approved by the Marshall University Institutional Review Board (IRB #1070135-1). This research is being conducted as part of the dissertation research requirements for Tamara Gravano for the degree of EdD.

Entry-level PT education prepares clinicians for varying degrees of clinical administration, there is little data to describe the preparation of program chairs to fulfill their unique responsibilities. This study will examine how the directors of the physical therapy programs are prepared to lead their departments and faculty.

The survey will be conducted on online and will be open from May 23rd until June 30th, 2017. Your replies will be anonymous, so do not type your name anywhere on the form. There are no known risks involved with this study. Participation is completely voluntary and there will be no penalty or loss of benefits if you choose to not participate in this research study or to withdraw. If you choose not to participate you can leave the survey website. You may choose to not answer any question by simply leaving it blank. Once you complete the survey you can delete your browsing history for added security. Completing the on-line survey indicates your consent for use of the answers you supply. If you have any questions about the study you may contact Dr. Anderson at 304-746-8989, or Tamara Gravano at 305-450-2870 or by email at Andersond@marshall.edu or Gravano@marshall.edu.

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Please complete the survey no later than June 30, 2017. If you have any comments or questions feel free to send them to Tamara Gravano. If you have any questions concerning your rights as a research participant you may contact the Marshall University Office of Research Integrity at (304) 696-4303. Please print this page for your records.
Thanks in advance for your participation. I look forward to learning more about how current DPT chairs are prepared for their role as leaders.

Sincerely,
Tamara Gravano, PT, DPT, GCS, CEEAA,
EdD Doctoral Candidate, ABD
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https://marshall.az1.qualtrics.com/jfe/preview/SV_2boG5we6BO8iy0d?Q_CHL=preview

Follow the link to opt out of future emails:

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Cover Letter for Online Survey (3rd Attempt)

Dear DPT Program Director,

Thank you very much for your response to my survey request!
If you have not yet responded, I hope you will participate. This is my *final call* for participants.

It is my pleasure to invite you to participate in a brief anonymous survey to assess how you prepared for your role as department leaders or chair. It is entitled "Career Paths, Barriers, and Professional Experiences: A Comparison Study of PT Program Directors". The study is being conducted by Dr. Dennis Anderson and Dr. Tamara Gravano from Marshall University Graduate College and has been approved by the Marshall University Institutional Review Board (IRB #1070135-1). This research is being conducted as part of the dissertation research requirements for Tamara Gravano for the degree of EdD.

Entry-level PT education prepares clinicians for varying degrees of clinical administration, there is little data to describe the preparation of program chairs to fulfill their unique responsibilities. This study will examine how the directors of the physical therapy programs are prepared to lead their departments and faculty.
The survey will be conducted on online and will be open from May 23rd until June 30th, 2017.

Your replies will be anonymous, so do not type your name anywhere on the form. There are no known risks involved with this study. Participation is completely voluntary and there will be no penalty or loss of benefits if you choose to not participate in this research study or to withdraw. If you choose not to participate you can leave the survey website. You may choose to not answer any question by simply leaving it blank. Once you complete the survey you can delete your browsing history for added security. Completing the on-line survey indicates your consent for use of the answers you supply. If you have any questions about the study you may contact Dr. Anderson at 304-746-8989, or Tamara Gravano at 305-450-2870 or by email at Andersond@marshall.edu or Gravano@marshall.edu.

Enclosed is a url link (click this link), please click on the link or copy and paste the link into your browser window. By completing this survey you are also confirming that you are 18 years of age or older.
Please complete the survey no later than June 30, 2017. If you have any comments or questions feel free to send them to Tamara Gravano. If you have any questions concerning your rights as a research participant you may contact the Marshall University Office of Research Integrity at (304) 696-4303. Please print this page for your records.
Thanks in advance for your participation. I look forward to learning more about how current DPT chairs are prepared for their role as leaders.

Sincerely,
Tamara Gravano, PT, DPT, GCS, CEEAA,
EdD Doctoral Candidate, ABD

Follow this link to the Survey:
Take the Survey

Or copy and paste the URL below into your internet browser:
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Follow the link to opt out of future emails:
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APPENDIX C

SURVEY INSTRUMENT

Career Paths, Barriers, and Professional Experiences:

A Comparison Study of PT Program Directors

Q1 What was the primary reason for attaining your professional Doctor of Physical Therapy degree (DPT)?

- DPT was my entry level degree (1)
- Required by employer (2)
- Career advancement (to supervisory roles and/or administrative roles at my clinical setting) (3)
- To leave full time clinical practice for an academic setting (4)
- Improve my clinical skills and knowledge (5)
- Keep current with PT practice (6)
- To perform research (7)
- I do not have a DPT degree (8)

Q2 What was the primary reason for attaining your academic doctoral degree (PhD, EdD, etc)?

- Required by employer (1)
- Career advancement (to supervisory roles and/or administrative roles at my clinical setting) (2)
- To leave full time clinical practice for an academic setting (3)
- Improve my clinical skills and knowledge (4)
- Keep current with PT practice (5)
- To perform research (6)
- I do not have an academic doctoral degree (7)
- I am currently enrolled in but have not yet completed an academic doctoral degree program (8)

Q3 Is this your first PT Program Director position?

- Yes (1)
- No (2)

Display This Question:

If Is this your first PT Program Director position? No Is Selected

Q4 How many other institutions have you been the primary or assistant PT Program director?

- 1 (1)
- 2 (2)
- 3 (3)
- 4 or more (4)

Q5 Select the total number of years of experience as a PT Program Director at THIS institution:

- Less than 1 (1)
- 1-3 (2)
- 3-6 (3)
- 6-9 (4)
- 9-12 (5)
- 12-15 (6)
- 15-18 (7)
- 18-21 (8)
- 21 or more (9)

Q6 Select the total number of years of experience as a PT Program Director at any/all institutions.

- Less than one (1)
- 1-3 (2)
- 3-6 (3)
- 6-9 (4)
- 9-12 (5)
- 12-15 (6)
- 15-18 (7)
- 18-21 (8)
- 21 or more (9)

Q7 How prepared did you feel to accept your FIRST PT Program Director position?

- ❍ Not at all prepared (1)
- ❍ Somewhat prepared (2)
- ❍ Moderately prepared (3)
- ❍ Well prepared (4)
- ❍ Very well prepared (5)

Q8 How did you prepare for your FIRST PT program Director position? Choose all that apply.

- ❑ COMPLETED an advanced degree (Masters or Doctorate) PRIOR to beginning role as Program Director (1)
- ❑ Enrolled in an advanced degree program (Master or Doctorate) but had NOT completed the degree PRIOR to beginning as Program Director (2)
- ❑ COMPLETED a certificate program in leadership and/or administration (i.e. LAMP Leadership Development Certificate Program) PRIOR to beginning as Program Director (3)
- ❑ Enrolled in a certificate program in leadership and/or administration (i.e. LAMP Leadership Development Certificate Program) but had NOT completed the program PRIOR to beginning as Program Director (4)
- ❑ COMPLETED a post-professional Fellowship program, (i.e. Educational Leadership Institute: ELI) PRIOR to beginning as Program Director (5)
- ❑ Enrolled in a post-professional Fellowship program, (i.e. Educational Leadership Institute: ELI) but had NOT completed the program PRIOR to beginning as Program Director (6)
- ❑ Completed some coursework in leadership and administrative training OUTSIDE my institution (7)
- ❑ Completed continuing education units (CEU) in leadership and administrative training (8)
- ❑ Received leadership training from my institution (9)
- ❑ Sought a Mentor (10)
- ❑ I was trained "on the job" (11)
- ❑ None of the above (12)
- ❑ Other: (13) _____

Display This Question:

If How did you prepare for your FIRST PT program Director position? Choose all that apply. COMPLETED a post-professional Fellowship program, (i.e. Educational Leadership Institute: ELI) PRIOR to beginning as Program Director Is Selected

Or How did you prepare for your FIRST PT program Director position? Choose all that apply. Enrolled in a certificate program in leadership and/or administration (i.e. LAMP Leadership

Development Certificate Program) but had NOT completed the program PRIOR to beginning as Program Director Is Selected

Or How did you prepare for your FIRST PT program Director position? Choose all that apply. Enrolled in a post-professional Fellowship program, (i.e. Educational Leadership Institute: ELI) but had NOT completed the program PRIOR to beginning as Program Director Is Selected

Q9 How many credit hours of training or coursework did you take to prepare for your first PT Program Director role?

- 1-3 (1)
- 4-6 (2)
- 7-9 (3)
- 10-12 (4)
- 13-15 (5)
- 16-18 (6)
- 19-21 (7)
- 21 or more (8)

Display This Question:

If How many credit hours of training or coursework did you take to prepare for your first PT Program Director role? 1-3 Is Selected

Or How many credit hours of training or coursework did you take to prepare for your first PT Program Director role? 4-6 Is Selected

Or How many credit hours of training or coursework did you take to prepare for your first PT Program Director role? 7-9 Is Selected

Or How many credit hours of training or coursework did you take to prepare for your first PT Program Director role? 10-12 Is Selected

Or How many credit hours of training or coursework did you take to prepare for your first PT Program Director role? 13-15 Is Selected

Or How many credit hours of training or coursework did you take to prepare for your first PT Program Director role? 16-18 Is Selected

Or How many credit hours of training or coursework did you take to prepare for your first PT Program Director role? 19-21 Is Selected

Or How many credit hours of training or coursework did you take to prepare for your first PT Program Director role? 21 or more Is Selected

Q10 Was the advanced training or coursework part of a post-professional degree program earned AFTER your entry level PT degree?

- yes (1)
- No (2)

Q11 If you have taken any additional training or coursework AFTER beginning the role of Program Director, what were the topics?

Q12 Did you have a role model or mentor to guide you when you began your FIRST role as PT Program Director?

- Yes (1)
- No (2)

Q13 Looking back, what information and/or training would you have liked to have before beginning your FIRST role as PT Program Director?

Q14 There are several key leadership skills for Program Directors: Desire to Learn about the structure and function of the organization, Desire to Achieve, Business Acumen, Conflict Resolution, Emotional Intelligence, Vision. In addition, there are other personal traits and behaviors such as communication skills and people skills (such as the ability to motivate others). Describe your Initial and Current Leadership Skills. If they have changed over time, how have they evolved?

Q15 There are several types of leadership styles found in Physical Therapy and other health professional education programs: 1. Transformational Leadership is founded in certain behavioral descriptors: charisma, inspirational motivation, intellectual stimulation, and individualized consideration. The leader empowers others with a shared vision that meets the immediate needs of the group while incorporating larger, long-term goals that develop and grow the organization. 2. Servant Leadership is based upon the elements of trust, caring, empathy, and focus on others. It requires that leaders see themselves as servants first, and put others needs before their own. 3. Situational or Contingency Leadership – Leadership is based on the position of power, the interactions between the leader and members, and the desired goal. 4. Charismatic Leadership – The leader is assertive and confident, using his or her personality rather than only the position of power to influence followers. 5. Transactional Leadership – Followers are motivated in an exchange relationship by internal and external rewards to accomplish the goal.

Select the leadership style above that best matches your current leadership style. You may choose more than one.

- ❑ Transformational (1)
- ❑ Servant (2)
- ❑ Situational/Contingency (3)
- ❑ Charismatic (4)
- ❑ Transactional (5)

Q16 Have you changed your Leadership style over time? If so, how?

Q17 Describe the ideal Program Director:

Q18 From 0-100, How satisfied are you in the role of Program Director?

_____ Level of personal satisfaction (1)

Q19 What are your future career aspirations in the next 5 years?

- ❍ Continue in current role at my institution (1)
- ❍ Continue in my current role at another institution (2)
- ❍ Advance to higher administration at this or another institution (3)
- ❍ Leave academics and return to clinical practice (4)
- ❍ Leave my current role to pursue other interests (5)

Q20 Do you have any advice for future PT Program Directors?

APPENDIX D

Free Response Answers to Item 17 "Describe the Ideal Program Director"

Someone who is visionary, understands the culture of the university and the profession, understands curriculum design and flow, good at strategic planning

*One that is viewed by peers as a great leader and one that is successful in the position.

Someone who can recognize the important and unique contribution of each team member and develop a team model that together focuses on excellence of the program. Also someone who can effectively serve as the liaison between the program and university administration, building the program to help the university meet it's goals, but also helping the University recognize the unique needs, strengths, aspects of the DPT program

*One who empowers others toward a common Vision. Someone who can move beyond today to aspire for something in the future and who can engage followers in the same excitement to collaborate and innovate.

Strong, calm, empathetic, good listener, not afraid of conflict

Someone who desires to have the best DPT program in the nation and works with the program's faculty to continually move toward that mark. The program director has to be able to develop faculty, keep them happy and motivated, and be able to handle the daily, weekly, monthly, yearly adminstrivia of accreditation and the business aspect of running an academic program. The director also has to have political acumen and be able to build and maintain relationships within the institution for the program's benefit. Most of all, the director needs to have an awesome administrative assistant who is exceptionally capable in planning, organization, paperwork, - etc... Without a strong administrative assistant, I'm not sure this job would be doable.

*Respectful, fair, and hardworking. You need to be a good example and mentor the faculty. If you expect the faculty to work hard then you need to do it yourself. An ideal chair needs to be willing to have the courage to hold faculty accountable - many chairs are afraid to handle accountability issues and instead let them go without dealing with them - and, then they complain when the situation doesn't change. So, an ideal chair needs to be fair but needs to hold faculty accountable. An ideal chair needs to be allow faculty the room to grow and develop and needs to actively mentor each individual faculty member in their career goals.

Creates a culture of trust, caring, team work, and growth/innovation so that faculty and staff are highly engaged and students reap the benefits of a faculty focused on delivering an excellent educational experience.

*Visionary that can grow the program and develop the faculty with a solid succession plan

*"Respected by faculty, administration and students, Ethical, Articulate, Helps others grow, Fair minded, Good manager of people and finances, Good knowledge of PT education, practice, and regulatory issues impacting PT, Good understanding of accreditation processes, Strong teaching background, Ability to help faculty develop successful scholarly agendas, Involved with service of profession and or community"

Recognizes the 4 elements of Bolman and Deal's leadership framework and has the ability to shift across frameworks to achieve goals and vision for the program (students, faculty, institution and self)

*The ideal Program Director is someone who is passionate about the goals and the people who make up the organization, provides the tools and support to enable the people to thrive, celebrates with them when they succeed, and gently guides them when they lose focus. The ideal Program Director sees opportunity in change, and leverages change for the betterment of the organization and its people.

One who was hired externally would be optimum, in my opinion. I was not. He/she would be very good at delegation and would have a great perspective on CAPTE expectations and the university's operational procedures. His/her ability to motivate people would come from the ability to relate to people and from a record of accomplishment that inspires his/her followers.

I don't think there is one ideal program director. I have worked with several program directors and each had their strengths and weakness. I think character counts and does being true to yourself. I think if a program director has the core values of the profession, good communication skills and good people skills as well as the ability to work well with others that they can be a good program director.

Holds up the vision. Assures that the program is delivered effectively. Focuses on the outcomes. Works with larger University and others. Listens.

*I think it is important to have vision but to not lose sight of what is best for the students. You need a strong leader who can stand up for what is best for the program. Sometimes I think the drive by upper level administration is based on money- take more students, etc.

Forward thinking; collaborative but decisive decision maker; possess wide range of communication and negotiation skills and the awareness of what is needed when; ability to effectively advocate; leadership skills to effectively empower. manage and delegate; ability to engage and build relationships with all stakeholders from students to Board of Trustee members; comprehensive and balanced knowledge of academic and higher education practice/policies/challenges, business and administrative practices (including budget and finance), education : pedagogy; ability to develop and foster scholarship.

*The ideal program director is one that understands the "BIG PICTURE" and is visionary but also is able to handle the daily grind. The best leaders are visionary but also pragmatic. Some people are very good at managing the day-to-day process but are not transformational. Other are highly visionary but the day-to-day process is chaotic. I have seen both extremes and recognize the need for balance.

"Knowledgeable, hard working, concerned with the well-being of students, faculty and the institution. An optimistic, organized, creative problem solver. "

*I think lots of styles can work, but it is also dependent on the people you work with. Different styles may be adopted for different employees.

*The ideal Program Director is the one with ideal faculty members and students. If they perform well then I look good, and if they don't perform well that is a reflection on me. I think the PD position is tough because it is a middle management position in many ways as you are directing some people, but are told what framework to work in with others. As a result, I think communication is one of the most important aspects of an ideal PD as they are the voice of the faculty when relaying concerns to administration or stakeholders and vice versa. I think along with the communication comes respect and a need to value the experience of others. Most of the nightmare stories you hear about bosses are ones that come in and try to change the whole culture because they have preconceived notions of what is best, without involving those that are already there.

*Years of professional experience that demonstrates expertise status in clinical and academic practice via pursuing advance post professional clinical/academic education/experiences. Skilled in organization, time management, leadership, communication (written and verbal), problem solving/conflict resolution and interpersonal skills. Humble in spirit and takes others interest before their own. Role models balance in spiritual, physical and mental personal well-being.

Engaged in all pillars of academia: service, scholarship, teaching.

Depends on the administrative structure of the institution and the mix of faculty. It also depends on where the program is at the times when a program needs more on conflict resolution and a stabilizing force if there is conflict and change. Other times it may need a visionary to move it to the next step depending on where it is in their evolution.

"Ideal program directors support the faculty and staff who report to them and empower them to achieve their goals. But at the same time, they steer faculty/staff who are not productive to be more productive. They trust their people to do their job and avoid micromanaging. They also treat all people with respect and caring even when not receiving this in return They advocate for their program at the University level realizing that they may not always ""win"" but continue despite set backs. They also relay University decisions to the faculty/staff and help all to understand why the decision should be accepted. Lastly, they serve as the face of the program and advocate for the program in the profession as well as the community"

Supportive, altruistic, positive. Makes decisions that are right for the profession and the program. Knows how to motivate and move others toward common goals.

A leader and a manager; someone who gets the job done by example, but also has the ability to empower faculty and mentor them to reach goals not previously thought possible.

Collaborative and a good communicator

I don't personally believe there is such as thing as an ideal Program Director - the 'ideal' director is a function of the individual and the institution within which that individual works.

Enabling, tolerant, predictable.

Doesn't need to sleep.

*Self-aware; understanding of University politics, and how the Department fits within the College/University vision, mission, and strategic plan; strong communicator, able to build relationships and collaborations; ability to listen and consider needs/wants of students, faculty, and staff; administrative/structural skill; ability to multi-task, and switch focus on a regular basis; innovative and visionary

Confident, articulate, engaged with faculty/students, motivates others to reach beyond their comfort zone to develop as educators, researchers, expert clinicians. Able to manage the details of the day-to-day operations as well as the big picture items, preparing students for practice of the future.

Caring, experience with a number of roles (e.g. researcher, teacher) visionary, responsible, understands the importance of developing others.

The ideal program director is able to adjust their leadership style based on the situation and audience.

*I think the ideal program director should be transformational, because the impetus to follow the leader or lead the team is internal.

"Accomplishment oriented, Identifies and works with the individual strengths of the faculty, Flexible, Acts as an advocate for the faculty"

*Someone who can employ each type of leadership.

servant leader with vision who can motivate people to be successful.

Good at negotiation, motivation, communication, and with a good knowledge of the interplay between service, research, and teaching.

*One that does what they say they are doing, dependable, leads by example, respects others, works as a team rather than a boss

Facilitates ongoing self reflection, growth, in faculty and students while providing a very positive environment for all involved. Mentoring faculty and students. Provides a vision for all involved and represents the dept. well to all stakeholders, future applicants, and the profession.

Skilled in vision, planning, fiscal management, personnel management, curriculum oversight, student relationships, and "herding cats".

*A servant leader who puts the interest of the organization (institution) above personal interest(s), and empowers others to become the best they can ever be all for the advancement of a shared vision, goals and mission.

Needs no sleep, can do 40 things at once, never gets upset, and can see around the corners. Seriously, the #1 characteristic is to love this profession and guide the next generation.

I do not think there is an ideal, as the type of leader is partially in response to the needs of each specific program and university. I do believe that the characteristics that are important regardless

of the program and university include the ability to communicate constructively, help faculty work toward a unified goal, and recognize the needs of the university as well as the program.

I do not think there is an ideal program director. Institutional homes of the program and the size of the DPT program makes a difference in the requirements. I function well in my small state university and a small DPT program. Our classes have 26 students. I am not sure I would function well at a larger, more complex university.

Transformational and confident

"Excellent question - you will probably get many different answers. I think this is dependent upon the place of work in many ways. Overall one needs to have knowledge in PT Curriculum; Accreditation; Assessment; Greater picture of the PT profession (Governance and Political arena); Financial Management (Budgets/grants/etc...), One needs to promote faculty and assist in faculty development (in the area of teaching and scholarship); One needs to have a vision for the program they are leading driving the long-term plan; One needs to strong communication and personal skills, And one needs to love the profession.I am sure I could list many more things - those are the first things that come to mind."

*Visionary big-picture thinker, pays attention to internal and external influences, responds timely to organizational and individual needs, anticipates changes and sets up employees and department to succeed.

"visionary, innovative, puts ideas into action, organized, effectively listens"

Calm, model, scholar, organized, teacher, mentor, articulate, selfless, relational
Provides a compelling vision and is proud to promote the profession of physical therapy at their home institution and outside. Removes obstacles and provides resources for faculty, staff and students to succeed!

One that desires to help and to lead others to achieve their goals and the program's goals. Servant leader that is able to motivate faculty, staff and students towards a vision of a successful program and education for students.

Calm, visionary individual who has the ability to be flexible in his or her own thoughts and ideas to allow the team that he or she is guiding to rise to their maximum potential as individuals and as a group. A DPT Program Director needs to have a very strong understanding of "best practices" in physical therapy education based on history and current evidence. A background in curriculum design and higher education administration is helpful. Some of the skills of clinical

management in physical therapy are natural transitions to academia, but without some knowledge in curriculum, in the literature on excellence in teaching and learning of adult students, and understanding of the academic environment from an administrative perspective - a program director becomes a glorified manager versus a leader

Honest, full of integrity, fair, and straight-forward. One who leads by example...makes choices esteemed in these values

*"An active listener, A courageous motivator, An empathetic participant in group dynamics, An inspiring orator, One who does what he/she says they will do"

Wow. This is someone with creative and organized. Able to lead from within and take responsibility when needed. Someone who is responsive without being overrun. Someone who can balance many tasks, be interrupted often, lend a caring ear, follow through on promises, plan for the future, prioritize appropriately, deal fairly with conflict resolution, motivate by example.

Skills at navigating the University system, listening more than talking, vision for the future, commitment

*someone who has academic training in higher education with substantive experience as a PT faculty. This is the only was to effectively appreciate the professional degree and nuances of its existence within higher education

*An ideal PD has excellent oral and written communication skills, has vision for the future and the ability to implement plans to reach that vision, makes the team feel respected and needed to accomplish the vision, has good conflict resolution skills when necessary, has a good business sense, and advocates to administration for program needs but knows which battles are worth fighting.

servant leader who empowers those on the team to make decisions based on a shared understanding of the mission and vision of the unit.

"visionary, Clear and frequent communicator, Credits others and accepts blame, Creates environment of trust, cooperation and collaboration, Provides resources, autonomy, and authority for team members to accomplish goals, Strives for excellence, Humble, Knowledgeable about health care system and current trends in profession, Organized and timely"

Visionary who is recognized for both leadership and scholarly activities. Holds high expectations for faculty, students, and self.

*Someone that can balance transformational and servant leadership characteristics.

A person who 1) does the right things for the right reasons whether the decisions to be made are related to personnel, curriculum, students, the profession, patients, etc.; 2) is teachable and politically astute; and 3) has the courage and vision to persevere in the face of opposition and difficulty.

Humble, Assertive, Caring, Clear, good listener

*Forward thinking with vision, motivational, sympathetic to a point, detail oriented, leads by example

The ideal program director is a highly organized, PT scholar who is passionate about the profession and seeking excellence in education. The program director has the ability to motivate students and faculty to work together and seek academic excellence.

A servant who is the wind in the sails of his/her faculty and helps them achieve their goals. A person of vision who can work with a faculty to achieve strategic goals that are beyond what they would set alone. Someone who is a model for the faculty -- a hard worker who is focused, organized, and results driven. Someone who handles conflict well and is an excellent negotiator. Someone driven by core values, excellence, and focused on delivering value to the organizations stakeholders.

Note: Responses marked with an * are from participants in the DPT group.

APPENDIX E

Free Response Answers to Item 20
"Do You Have Any Advice for the Future PT Program Director?"

"learn as much about curriculum design and theory as possible, find a mentor, work on communication - especially active listening, need to put your own personal goals aside and work to help others on your team accomplish their goals"

*Be an assistant chair if possible prior to accepting a chair position, if not seek a mentor.

"Listen carefully to faculty, staff, administrators and students, to help identify threads/themes that unify all groups.

Take the time to learn about the history of higher education, the ""academy"" - this will help your physical therapy program become an ""academic entity and member of the University community"", while still maintaining physical therapy's clinical history, mission and focus."

*Develop a strategic personal development plan because if you aren't skill at leading self, you won't be successful at leading others. Also, learn how to advocate, negotiate and collaborate in a manner that best positions Department/profession for the future, vs. being comfortable with the status quo!

"Don't become the director at a program where you have been a faculty member. Don't take a job at a developing program that is not yet accredited - especially if it will be your first director position. Complete the APTA ELI Fellowship BEFORE even considering to take a director's position. You are no longer a ""faculty"" as a director, your colleagues are now the other directors/chairs. A business background or previous experience only is part of being a leader in academia - don't assume they are similar. You must schedule and protect your time for scholarship in order to be productive - if you don't, you won't, period."

*Go to ELI as soon as you can. It will help a ton.

Find a group of colleagues who are good leaders and listen to them often. Listen to your faculty and staff. Seek opinions divergent from your own. Grow your leadership skills daily.

*Meet your scholarly aspirations before you become a PD.

"Develop their leadership skills prior to excepting a position

Find more than one mentor because there are many things that new program director will need lots of different advice

*Pursue ELI, have good knowledge of academia, seek a mentor, you need to enjoy administrative tasks, and be able to address conflict issues between people.

Take the position ONLY if you are dedicated to the organization's and others' growth. Do not take the position if you are trying to advance your own career. Get some training in emotional intelligence, team building. Understand your strengths and build upon them. Recognize your faults, reflect on them, and work to minimize their impact on others.

Don't ascend to the role from an internal search unless your tenure at the university is something less than 2 years. Don't take on the role until you can negotiate tenure and (preferably) full rank.

Utilize mentors, learn about your institution, continually self assess, take opportunities to connect with other PDs and educators, set a good example for your faculty

Engage in the life of the rest of the University-will open doors for PT.

" To clarify the above answer- I plan to retire in 2019, It is hard work but important work. We need strong program directors to maintain the integrity of PT education. I anticipate a lot of changes in the coming years so be prepared and I am not convinced that all of these changes will be for the better."

*There are a lot of really neat aspects of being a Program Director but their is considerable stress. It is difficult to balance the 3 pillars of higher education (Teaching, Research, and Service) and being a Program Director. Something has to give. It is best for those at the Professor level because you can't do this job well and have a strong research agenda. There is no magic age but you need plenty of experience and you need plenty of energy. The sweet spot is probably 50-60 years of age. Faculty are hard but staff are even hard to manage because they often do not share the same work ethic as the faculty and the students. The university system often makes it difficult correct staff issues. In the end, it is about having the ability to see your vision through and being creative within the boundaries of higher education.

Have the right motivation. Be a program director if you want to make the program better and believe you can help in that regard. Don't do it just to climb the salary or status ladder.

*Rely on your faculty and staff. Get to know those you work with- their strengths and weaknesses, to help them develop into outstanding academicians. Communicate frequently. Utilize other's ideas to demonstrate respect.

*Take the ELI Fellowship. After taking that I feel much more prepared for my role than some of the directors of other programs at my institution that have been in their roles for longer than I have.

Remember to take time for yourself. Try to carve out time to think. It is really easy to get caught up in all the details of administration and lose sight of the bigger goals. A big change for me was to realize that I would never get "caught up". There will always be something to do. Take joy in seeing your faculty accomplish great things because you have worked behind the scenes to help them. When you make mistakes (and you will), don't beat yourself up (there will be plenty of others to do that for you). Instead, try to learn from the mistake and make a better decision next time.

Trust in yourself and the reason you were hired into the position. There will be critics but the job is complex so not everyone will be happy with your decisions. Focus on solving problems and improving your program - and don't be deterred.

Don't be afraid to delegate authority to other faculty members as long as you are apprised of the "goings-on" of the program and the department.

Find someone you respect and learn from them.

This is a leadership role with a heavy administrative burden. Do not confuse those two obligations. "1. Avail yourself of the opportunities to learn about and practice leadership. 2.. Find a good mentor and use them for input. 3. Belong to a group of others in the same role (at other institutions) and use them as a sounding board."

Get as much experience as possible as a faculty member before taking on the position of chair.

*Participate in ELI, it was a great resource going into the Chair position.

Find a mentor and do not be afraid to ask questions. Join an institution that will support ELI Fellowship. Make sure finances are stable.

*Remain collaborative and seek to develop others.

Strive to maintain an appropriate work/life balance.

*Listen and lean, but never hesitate to make timely decisions

"Learn from others outside of Physical Therapy. Relationships are very important."

"Seek mentorship, Listen to all sides of a conflict, Look before your leap - but don't forget to leap."

*BE prepared to work. There is more behind the scenes than most realize. BE organized, have time frames/schedules, make sure job descriptions/policies are up to date and follow them

I am leaving due to retirement beyond normal retirement age. Seek out highly regarded PD's and learn from their and those that interact with an exceptional PD.

Be open minded about ALL of the responsibilities, especially in a smaller institution. Communication is always the most important skill!

Nothing specific.

*You must love to be a program director. Otherwise, this role is not for the 'faint' hearted, especially if one the PD needs to be a tranformational leader, who is to bring radical change to an existing or new PT program. A love for the job takes away or minimizes the 'pain' and heartaches of dealing with difficult faculty, students, staff and administrators...

Take as much leadership development as you can prior to taking on the role; clearly define your responsibilities and those of your team members early on; be purposeful in your decision making; make sure you have control over your resources

I strongly believe that some type of leadership training is necessary. If possible, work as an assistant program director. I was assistant program director at my previous job for 10 years, thus had learned some of the issues that I would have to deal with. My previous chair was also an excellent mentor, helping me grow through many experiences.

Enjoy the experience and share opportunties for leadership with your faculty

Seek out a mentor - do not try to do it all by yourself.

\"There is not an option above that is applicable to m y situation. I cannot continue in my current role here and I do not desire to leave, rise to other administrative pursuits outside of PT, leave academia or my old role. I will return to my former academic role with Associate Program Director responsibilities. Advice to PDs: Enroll in the ELI Fellowship."

talk to as many directors as possible to form a support network

Get a mentor, attend ELI

Learn about your institution and be a voice and advocate for your profession with the higher administration. Craft a compelling shared vision with your faculty on where you all want to be in 3-5 years. Implement with tenacity your strategic plan to achieve the vision. Know that you matter to your institution and have power to bring about effective change for your program through your advocacy!

Achieve full-professor-ship and become tenured before accepting this role.

Obtain a good mentor and have a good support network of other program directors in PT or health sciences. Learn about budgeting and strategic planning. Hire humble individuals that are smart and driven.

Be ready to be challenged every day of your working life by someone. You have to have a tough but pliable skin at times because everyone is going to want something different from you on any given day. Find a mentor and work with them routinely - develop a network of other program directors with whom you can trust to bounce off ideas.

Become mentored in (or at least aware of) the job facets before stepping in to the PT Program Director position.

"Listen to your faculty, understanding that they may have creative ideas to move the program forward. Allow your individual faculty the freedom to excel in their areas of strength. Know when to make the final decision even if it may be one that causes some conflict. Reach out to other program directors and consider their advise carefully. Establish a trusting relationship of

complete honesty with your dean. Enjoy your successes and brag on the successes of your faculty and students."

Don't leave anything to the last minute because something will come up at the last minute that needs dealing with. Go to ELI

Try to see the big picture of why you are doing what you are doing. Know that there will be people who prefer that you were not chair, who may not care for your decisions. Keep doing what you think is the next right thing, anyway.

*form a network of others and understand that there is never a best way of managing a program, only what works for you in a given time with the given surroundings. you will need to adapt at some point to the varying needs.

*It takes a village to run a DPT program! Seek mentor and resources that will help you succeed.

listen to those around you, but stay grounded in the mission and vision of the unit. Remain humble.

Your role will expand and evolve naturally. Be open to change and create an environment that minimizes drama and maximizes teamwork.

"Get as much training as you can as early as you can. Create a network of other administrators you can turn to. They don't all need to be from PT. "

Make sure to maintain a balance in your life; this role can be all consuming. Be sure that some aspect of your professional life is satisfying (as you may not get a lot of positive feedback/thanks from administration, students, or faculty.

*Make sure that you are pursuing this opportunity for the right reasons.

Find a trustworthy mentor.

Seek a mentor

*Make sure administration is what you want for your future

Assure that you have a full understanding of the organizational structure at your institution and how financial and human resources are requested and justified.

Have a vision. Challenge yourself and your faculty to grow and achieve great things. Focus on your strengths and the strengths of your faculty and Department. Be results and metrics driven. Deliver value!

Note: Responses marked with an * denote participants from the DPT group.

APPENDIX F: VITA

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Rocky Mountain University of Health Professions
Physical Therapy Program,
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Education:

Doctor of Education
Marshall University
Graduate School of Education and Professional Development
South Charleston, WV
Higher Education Administration
August 2011-present
Dissertation in progress (anticipated completion 11/2017)
"*Career Paths, Barriers, and Professional Experiences: A Comparison Study of Physical Therapy Program Directors in the United States"*

Doctor of Philosophy
University of New Orleans
Graduate School of Education and Human Development
New Orleans, LA
August 2009-August 2011 (24 credits)
Higher Education Administration
Matriculated to Marshall University August 2011

Residency in Geriatric Physical Therapy,
St. Catherine's Rehabilitation Hospital and Villa Maria Nursing Center, North Miami, FL
March 2003-March 2004
Geriatric Physical Therapy
March, 2004

Doctor of Physical Therapy,
University of Miami School of Medicine
Coral Gables, FL
December 2002-December 2003
Physical Therapy
December, 2003

Master of Science in Physical Therapy,
University of Miami, School of Medicine
Coral Gables, FL
May 2000-December 2002

Physical Therapy
December, 2002

Bachelor of Health Sciences,
University of Miami
Coral Gables, FL
August 1996-May 2000
Pre-Physical Therapy
May, 2000

Licensure Information/Registration Number:

May 2017 – Present	Utah Physical Therapy License, ID 10383589-2401, active
May 2011 - Present	West Virginia Physical Therapist License, ID PT 002939, active
July 2008 – December 2010	Louisiana Physical Therapist License, ID LA 07435R, inactive
March 2003 – December 2009	Florida Physical Therapist License, ID PT20800, inactive
May 2005-May 2015	Board Certified Clinical Specialist in Geriatric Physical Therapy, American Board of Physical Therapy Specialties. #9174

Certifications:

May 2015-May 2025	Re-certified as Board Certified Clinical Specialist in Geriatric Physical Therapy, American Board of Physical Therapy Specialties.
July 2014-July 2022	Credentialed Clinical Instructor Program Trainer, APTA, Alexandria VA
July 2015-July 2017	Basic Life Support, Health Care Provider. American Heart Association, Huntington WV
July 2013	Certified Exercise Expert for Aging Adults, Section on Geriatrics, APTA, Huntington WV
April 2013	Advanced Geriatrics Skills, West Virginia Geriatric Education Center, Bridgeport, WV.
March 2012	Advanced Credentialed Clinical Instructor, American Physical Therapy Association, CIECP Training Course: Miami, FL
May 2011	Credentialed Clinical Instructor, American Physical Therapy Association, CI Training Course: Cleveland, OH
January 2011	Master Trainer, Chronic Disease Self-Management Program, Stanford University, WV Rural Health Initiative. Huntington, WV
January 2011	Master Trainer, Diabetes Self-Management Program, Stanford University,

WV Rural Health Initiative. Huntington, WV

February 2007 Geriatric Specialist Certification Exam Item Writer, American Board of Physical Therapy Specialties

Employment and Positions Held:

Academic

Associate Professor/Director of Faculty Development & Assessment
Rocky Mountain University of Health Professions
Physical Therapy Program,
122 East 1700 South
Provo, Utah 84606
801-734-6853
May 2017 to present

Associate Professor/Director of Clinical Education
Tenured
Marshall University, College of Health Professions
School of Physical Therapy
2847 5th Avenue, Huntington, WV 25702
January 2016 to May 2017

Assistant Professor/Director of Clinical Education
Tenure Track
Marshall University, College of Health Professions
School of Physical Therapy
2847 5th Avenue, Huntington, WV 25702
January 2011 to present

Assistant Professor of Clinical Physical Therapy
Clinical track
Louisiana State University, Health Sciences Center
Department of Physical Therapy
1900 Gravier Street, New Orleans, LA 70112
July 2008 - present

Voluntary Faculty
Instructor
University of Miami, School of Medicine,
Department of Physical Therapy
5100 Ponce De Leon Blvd, 5th floor, Coral Gables, FL 33124
January 2004 - June 2008

Peer Reviewed Publications:

Ferguson, M; **Gravano, T**; Hoffman J. Integrating Scientific Inquiry, Numeracy, and Literacy in the Elementary Classroom 2015 Improving Teacher Quality. Marshall University, Submitted December 2015 and pending publication in the National Social Science Journal for 2016.

Blackwood J, **Gravano T**, Hardage J, Hartley G, Heitzman J, Libera J, Miller K. Development of a Statement on Autonomous Practice in Geriatric Physical Therapy. *Journal of Geriatric Physical Therapy*. 2012; 35(2): 82-85.

Brueilly KE, Nelson TK, **Gravano** TN, Kroll PK. The effect of early contextual learning on student physical therapists' self-perceived level of clinical preparedness. *Acute Care Perspectives*. 2009;18(3):6-13.

Editorial Board, *Journal of Geriatric Physical Therapy*. Appointed March 2009.

Peer Reviewed Scientific and Professional Presentations:

Post-Professional Career Development: Specialization, Residency and Fellowship Education. West Virginia Physical Therapy Association. Spring Conference, Roanoke, WV. 1 hour. April 23, 2017.

Geriatric Residency: A Call to Action for Students, Clinicians and Educators, Presentation at APTA Combined Sections Meeting, San Antonio, TX Feb 18, 2017

Residency and Fellowship 102. Develop, Design, and Accredit It. American Physical Therapy Association. Charlotte, NC. 0.90 ceu. June 8, 2016.

Specialization, Residency and Fellowship Education for Future PT Specialists. West Virginia Physical Therapy Association. Spring Conference, Roanoke, WV. 1 hour April 30, 2016.

Integrating Scientific Inquiry, Numeracy, and Literacy in the Elementary Classroom 2015 ITQ. National Social Science Association Annual meeting, Las Vegas, NV March 20, 2016.

Understanding Residency and Fellowship 102. American Physical Therapy Association. Charlotte, NC. 0.60 ceu. June 8, 2015.

Residency and Fellowship Education for Future PT Specialists. West Virginia Physical Therapy Association. Spring Conference, Roanoke, WV. 1 hour April 25, 2015.

Gravano, T; Heaton Lisa, Jennifer Hoffman. *Simple and Advanced Technological Teaching techniques for the Flipped Laboratory.* Inquiring Pedagogies (iPED) Teaching Conference. Marshall University. August 19, 2014.

Residency/Fellowship 102, Parts 1-4. American Physical Therapy Association. Charlotte, NC. 0.60 ceu. June 14, 2014.

Residency and Fellowship Education for Future PT Specialists. West Virginia Physical Therapy Association. Spring Conference, Roanoke, WV. 1.5 hours. April 6, 2014.
Earning and Maintaining Specialization for Physical Therapists. West Virginia Physical Therapy Association. Spring Conference, Roanoke, WV. 1.0 hour. April 6, 2014.

Specialization and Recertification. West Virginia Physical Therapy Association Spring Conference, Roanoke, WV. 1.0 hour. April 27, 2013.

Fall Risk Assessment & Intervention for Older Adults. Presented at Shawnee State University, Rehab Tool Kit Conference. 6 hours, 75 Attendees. Portsmouth OH. March 17, 2012.

Autonomous Practice in Physical Therapy: What Does This Mean to Me? Blackwood J, Gravano T, Hardage, J, Hartley G, Heitzman J, Libera J, Miller K. APTA Combined Sections Meeting, Chicago, February 10, 2012

Ethical Decision Making in Geriatric Residency: Clinical and Academic Environments, **Gravano T**, Schunk C, Kirsch, N, Davis C APTA Combined Sections Meeting, San Diego, February, 2006

Poster Presentations at Professional Meetings

Currier T and **Gravano T**. "Determining the Effectiveness of a Variety of Rehabilitation Programs and Strategies in Improving Functional Outcomes in Patients Post-CABG: A Systematic Literature Review. APTA Combined Sections Meeting New Orleans, February, 2011

Graham J and **Gravano T**. "The Role of Videoconferencing in Future Physical Therapy Practice: A Systematic Literature Review". APTA Combined Sections Meeting New Orleans, February, 2011

Hartley GW, Cope KA, Lemberger RR, Santana KM, **Gravano T**. "Rehabilitation of a Centenarian in an Inpatient Rehabilitation Facility". APTA Combined Sections Meeting, Nashville, TN. February, 2008

Rine RM, Spielholz N, Braswell J, Min N, **Pasek T** *(maiden name)* and King S. Reliability and Comparison of Latency Measures Obtained with H-Reflex, DTR and Functional Stretch Reflex Testing. APTA Annual Conference and Symposium. June 2002.

Invited Presentations

"Physical Therapy rehabilitation post joint replacement". Invited presentation to Internal Medicine Residents at Marshall University School of Medicine. Cabell Huntington Hospital, April 4, 2017.

"Exercise for older adults". Invited presentation to interdisciplinary healthcare professionals at CAMC Medical center, West Virginia Geriatric Education Center, August 24, 2016

"Flipped Learning in DPT Education" Invited presentation to the faculty at New York University School of Physical Therapy. NYC, NY. October 9, 2015

"How to Live to 100". Invited to speak to multidisciplinary undergraduate students at Shawnee State University, Portsmouth OH, June 30, 2015.

"Professionalism for healthcare majors and beyond" Invited to speak to multidisciplinary undergraduate students at Shawnee State University, Portsmouth OH, July 27, 2015.

"Doctor of Physical Therapy Program at Marshall University". Invited to speak to undergraduates at Glenville State College in Glenville WV, April 28, 2015

"Falls and Dizziness in the Elderly" Interdisciplinary conference presentation. AGES Advanced Geriatrics Educator Skills. West Virginia Geriatric Education Center, Morgantown, WV. March 27, 2015.

"Specialization: Is it for me?" Charleston Area Medical Center, Charleston, WV. West Virginia Geriatric Education Center, October 20, 2014

"Geriatric Education and Training in West Virginia: Strengths and Opportunities on the Horizon". Cross Discipline Panel Presentation. Geriatric Leadership Summit. West Virginia Geriatric Education Center. Glade Springs, WV June 19, 2014.

"Mobility and ROM skills for nursing" Marshall University School of Nursing, NUR 221 Foundations of Professional Nursing I, November 18, 2013 & November 17, 2014

"Research and poster presentation preparation" Marshall University College of Health Professions, HP 210 Introduction to Research. November 12, 2013.

"Bed mobility and transfer skills". Marshall University School of Nursing, NUR 221 Foundations of Professional Nursing I, October 28, 2013 & November 10, 2014

"Specialization: Is it for me?" Pre Physical Therapy Club, Marshall University, WV. October 28, 2013

"Residency Education: What's in it for me?" APTA National Student Conclave, Louisville, KY, October 26, 2013

"How to Live to 100" – APTA National Student Conclave, Louisville, KY, October 26, 2013

Harrington, Hartley, Rowe, Gravano, Burlis, Briggs, Mulligan. Residency/Fellowship 102, 4 part series. APTA Annual Conference 2013, Salt Lake City, June 27-28, 2013.

"Moving forward in your profession" – Marshall University Doctor of Physical Therapy Student White Coat Ceremony – Huntington, WV – May 3, 2013.

Blackwood J, Gravano T, Hardage J, Hartley G, Libera J, Miller K, Heitzman J. *Section on Geriatrics Statement on Autonomous Practice*: *Defining Autonomous Practice across Various Practice Settings.* Presented at APTA Combined Sections Meeting, New Orleans, LA. February, 2011

Abstracts:

Rine R, Braswell J, King S, Min N, **Pasek T.** (*maiden name*) Reliability and Comparison of Latency Measures Obtained with H-Reflex, DTR, and Functional Stretch Reflex Testing. In: *Abstracts of Platform and Poster Presentations*, 77th Annual Conference of the APTA, Cincinnati, OH, June 5-8, 2002, (PO-RR-75-TH)

Non-Peer Reviewed Publications:

Hartley, G.; Jasper, A.; Brewer, K.; Chiu, K.; Dorman, J.; Gravano, T.; Karim, R.; Wong, *Essential Competencies in the Care of Older Adults at the Completion of a Physical Therapist Postprofessional Program of Study*. R. Academy of Geriatric Physical Therapy, *Gerinotes,* March 2017. https://geriatricspt.org/essential-competencies/

A Wake Up Call For All Geriatric Healthcare Providers. In *Gerinotes,* Vol. 24, No. 5. September 2016

SCC PTA Student Wins National Award. In *Gerinotes*, Vol. 21, No. 2. March 2014.

Featured in article "Lacing Up Their Sneakers". In *Gerinotes*, Vol.20, No. 3. May 2013.

Gravano, T. & O'Terry, K. Specialization, Recertification, and Advanced Clinical Practice. West Virginia Physical Therapy Association Newsletter, Vol. 54, No.2, May 2013.

Kegelmeyer D, **Gravano T**, Quiben M, Barredo RD. Geriatric Physical Therapy Specialty Practice: Determining the Current Status. *Gerinotes*, Vol. 19, No. 3, May 2012.

Gravano, T. "Residency Corner". *Gerinotes*, Vol. 18, No. 6, November 2011.
Co-author, Hardage J. Hartley G., Mattingly H., Libera J., **Gravano T**., Camilo S. "Understanding Autonomous Practice" *Gerinotes, Vol. 17, No. 2,* March 2010

Gravano T. "Residencies and Fellowships 101", *APTA Student Assembly Pulse*, March 2008

Featured in article "You Can Be Me", in APTA Brochure *Fit Teens*, July 2008

Featured in article "25 Emerging Leaders Recognized" in *PT Magazine*, October 2007

Interviewed in article "Residents and Fellows: Get There Sooner" in *Perspectives for New Professionals of the American Physical Therapy Association* supplement to PT Magazine, June 2007.

Featured in article "Residents and Fellows: Where are they now?" in *PT Magazine*, January 2007.

Co-author, Camilo S, **Gravano T**, Lagares K, Longfellow G. The Geriatric Residency Experience. *GeriNotes,* Vol. 13, No. 4, June 2006.

Non-Peer Reviewed Presentations:

Gravano, T. Fall Screening and Prevention: How Everyone Can Make A Difference: An interdisciplinary approach. Charleston Area Medical Center, August 26, 2015

Gravano, T. Careers in Physical Therapy, Cabell-Midland High School Academy of Health Sciences, Career Fair. April 12, 2012.

Gravano, T. Careers in Physical Therapy, Cabell-Midland High School Academy of Health

Sciences, Career Fair. October 12, 2013

Gravano T. *Build Your Career*, Geriatrics and Residency Programs Facilitator, APTA Combined Sections Meeting, New Orleans, LA. February, 2011

Gravano T. *Build Your Career*, Geriatrics and Residency Programs Facilitator, APTA Combined Sections Meeting, San Diego, CA. February, 2010

Gravano T. *Build Your Career*, Geriatrics and Residency Programs Facilitator, APTA Combined Sections Meeting, Las Vegas, Nevada. February, 2009

Gravano T. *Build Your Career*, Geriatrics Facilitator, APTA Combined Sections Meeting, Nashville, TN. February, 2008

Grant Activity:

Marshall University INCO Faculty Development Grant- Awarded to attend American Geriatrics Society Meeting in Long Beach, CA. $1200; May 2016

Research Activity:

Gravano, T. Career Paths, Barriers, and Professional Experiences: A Comparison Study of Physical Therapy Program Directors in the United States. IRB# 1070135-1, May 19, 2017-May 19, 2018. In Progress.

Gravano, T.; Dale, Brandon, D.; Dale, J. Preferred Clinical Educational Partnership Models in an Entry-Level Doctor of Physical Therapy Program. IRB# 1033735-1, March 27, 2017- in progress.

Gravano, T.; DeLong, K.; Lawhon, C. Employer Perception of Physical Therapy Residency Education in the Eastern Ohio River Valley IRB #1034417-1, March 21, 2017- in progress.

Clark, R.**; Gravano, T.** Validation of preadmission variables predictive of success in a doctoral PT program. IRB# #HS2016-3819, ended participation May 2017

Gravano, T; Clyse, S; Miller, M. Implementation Rates of Skills Learned in a Continuing Education Course for Physical Therapists. IRB# 883392-1, Completed May 2017.

Gravano, T; Hamilton, J; Porter J; Stanley, B. Effectiveness of the Chronic Disease Self-Management Program in Older Adults. Meta-analysis Literature review. Completed 4/29/16.

Childress, R; Ferguson, M; **Gravano, T**; Hoffman J. Integrating Scientific Inquiry, Numeracy, and Literacy in the Elementary Classroom 2015 ITQ. Marshall University, June 15, 2015 – June 15 2016. IRB #766451-1.

Mehta, S; **Gravano, T;** Shuler F; Koester A; Karim, R; Novotny, S. Qazi, Z; Prediction of adverse health outcomes post distal radius fracture. Grant denied. IRB IRB #574376-3 Closed: 3/18/2016

Gravano, T; Huxley J; Mugrage, K; Shleser, T. Physical Therapist Understanding of Geriatric Health Literacy. July 28, 2014- June 8, 2015. IRB#636535-2

Other Scholarly Products:

*Geriatric Physical Therapy Description of Specialty Practice***. Gravano, T,** Kegelmeyer D, Quiben, M. (2010) American Physical Therapy Association. Alexandria, VA: Specialty Council on Geriatric Physical Therapy

Continuing Education Workshops Conducted/Organized:

Gravano, T., Faraclas, E., Rauk, R., Powell-Versteeg, A. Certified Clinical Instructor Training Program (CCIP). Taught and certified 22 participants as APTA certified CIs. Provo, UT. Sept 22-23, 2017. (15 ceu)

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Instructor. Course 2: Exercise/Physical Activity Prescription. Academy of Geriatric Physical Therapy. Portland, OR. September 30-October 1, 2017. (15 ceu)

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Instructor. Course 3: Special Populations, Complimentary Exercises, Motivation, Drug and Nutritional Considerations. Academy of Geriatric Physical Therapy. Winchester, VA. August 19-20, 2017. (15 ceu)

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Instructor. Course 2: Exercise/Physical Activity Prescription. Academy of Geriatric Physical Therapy. Winchester, VA. June 10-11, 2017. (15 ceu)

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Lab Instructor. Course 1. Evaluation techniques. Academy of Geriatric Physical Therapy. Fargo, ND. April 1-2, 2017. (15 ceu)

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Instructor. Course 1. Evaluation techniques. Academy of Geriatric Physical Therapy. Winchester, VA. March 11-12, 2017. (15 ceu)

“Falls and Dizziness in Older Adults” Interdisciplinary conference presentation. AGES Advanced Geriatrics Educator Skills. West Virginia Geriatric Education Center, Charleston, WV. March 9, 2017. (1.0 ceu)

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Instructor. Course 2: Exercise/Physical Activity Prescription. Academy of Geriatric Physical Therapy. Ft. Worth, TX. September 24-25, 2016. (15 ceu)

Gravano, T. Exercise Prescription for Older Adults. Charleston Area Medical Center, Charleston WV, August 24, 2016 (1ceu)

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Instructor. Course 2: Exercise/Physical Activity Prescription. Academy of Geriatric Physical Therapy. Ft. Meyers FL. July 22-23, 2016. (15 ceu)

Gravano, T., Certified Clinical Instructor Training Program (CCIP). Taught and certified 9 participants as APTA certified CIs. Huntington, WV. July 16-17, 2016. (15 ceu)

Gravano, T., Clyse, S., Miller, M. New and Improved Functional Outcome Measures for Older Adults. West Virginia Physical Therapy Association. Marshall University, Huntington WV. April 23, 2016. (4.5 ceu)

Gravano, T., Barredo, R. Certified Clinical Instructor Training Program (CCIP). Taught and certified 12 participants as APTA certified CIs. Marion, VA. April 9-10, 2016. (15 ceu)

Gravano, T. & Utzman, R. Certified Clinical Instructor Training Program (CCIP). Taught and certified 14 participants as APTA certified CIs. Morgantown, WV. March 12-13, 2016. (15 ceu)

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Instructor. Course 3. Evaluation techniques. Academy of Geriatric Physical Therapy. St. Louis, MO. October 23-25, 2015. (15 ceu)

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Lab instructor. Course 1. Evaluation techniques. Academy of Geriatric Physical Therapy. Laguna Hills, CA. March 7,8, 2015. (15 ceu)

Gravano, T. Certified Exercise Expert for Aging Adults (CEEAA) Program faculty retreat for revision of course content. November 14-16, 2014.

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Instructor. Course 3. Evaluation techniques. Academy of Geriatric Physical Therapy. Cherry Hill, NJ. September 20-21, 2014. (15 ceu)

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Lab instructor. Course 2. Evaluation techniques. Academy of Geriatric Physical Therapy. Milwaukee, Wisconsin. August 16-17, 2014. (15 ceu)

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Lab instructor. Course 2. Evaluation techniques. Academy of Geriatric Physical Therapy. Cherry Hill, NJ. July 19-20, 2014. (15 ceu)

Gravano, T. Certified Exercise Expert for Aging Adults. (CEEAA) Lab instructor. Course 1. Evaluation techniques. Academy of Geriatric Physical Therapy. Cherry Hill, NJ. June 19-20, 2014. (15 ceu)

Membership in Scientific/Professional Organizations:

Member, American Geriatrics Society, March 2016 to Present
Member, National Social Science Association, November 2015-Present

Member, Phi Kappa Phi, Graduate Honor Society, April 2013 to Present
Member, APTA Education Section, 2009-present
Associate Member, Federation of State Boards of Physical Therapy, (FSBPT) 2008- present
Active member, Geriatric Section APTA, 2003 – present
Active Member, American Physical Therapy Association, 2000- present
Active Member, Florida Physical Therapy Association, 2000- July 2008

Consultative and Advisory Positions Held:

ABPTS Geriatric Description of Specialty Practice Revalidation Task Force. 2017-present.

ABPTS Maintenance of Specialty Certification Workgroup, 2009-2016

ABPTS Physical Therapy Geriatric Specialist Certification Exam Standard Setting Task Force, 2008, 2010, 2012

Editorial Board, *Journal of Geriatric Physical Therapy*, 2009- present. (Reviewed 32 manuscripts to date)

Service: National

Director, (elected position), Board of Directors, Academy of Geriatric Physical Therapy, American Physical Therapy Association, 2017-2020

Founding Chair, Residency and Fellowship Special Interest Group (RFSIG) of the Academy of Geriatric Physical Therapy of the APTA. 2015-2017.
Chair, Residency & Fellowship Subcommittee, APTA Geriatric Section Practice Committee, 2007-2014 (dissolved, and reformed as the RFSIG)

Appointed member, Board of Directors, American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), 2015-2018.

Appointed Member, Credentialing Services Council, American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE), 2010-2015

Appointed Member, Reviewer Subcommittee, APTA Committee on Clinical Residency & Fellowship Program Credentialing, 2008-2009

Chair, Specialty Council on Geriatric Physical Therapy, American Board of Physical Therapy Specialties (ABPTS), July 2011-December 2012.

Appointed Member, Specialty Council on Geriatric Physical Therapy, ABPTS, 2009-2012
Appointed Member, ABPTS Specialization Academy of Content Experts, 2008-2009

Chair, Geriatric Section Membership Committee, American Physical Therapy Association, (APTA), 2010 to 2016

Appointed Member, Task Force on Recertification/Continued Competency, ABPTS, 2009-present

Honors and Awards:

Lucy Blair Service Award
American Physical Therapy Association
Recognition of exceptional service & commitment to the profession of PT
March 2017

President's Award
Academy of Geriatric Physical Therapy
In recognition of exceptional service and commitment
Presented by the President of the AGPT of the APTA
February 2016

David K. Brown Scholarship
Recognition of completion of 40 hours of CEU in Geriatric education sponsored or approved by the WVGEC.
West Virginia Geriatric Education Center
2013

Phi Kappa Phi
National Graduate Honor Society
Marshall University
2013

Emerging Leader Award
American Physical Therapy Association
National award annually recognizing top 25 new physical therapy professionals in leadership, service and commitment
2007