



**CANADIAN PHYSIOTHERAPY ASSOCIATION  
LEADERSHIP DIVISION**

**Framework for Professional Development of  
Leadership Core Competencies**

**February 29, 2012**

## 1.0 Purpose

The vision of the Canadian Physiotherapy Association's (CPA) Leadership Division is to “**Examine Leadership in Ourselves and Others**”. The Leadership Division is for physiotherapists (PTs) involved in or interested in leadership. The Division provides a forum for members pursuing individual and/or group professional development in physiotherapy.

This **project** of the CPA Leadership Division is to facilitate the design of a Framework for Professional Development of Leadership Competences within the Physiotherapy Profession. The Educational Program/Curriculum, targeted at practicing physiotherapists, will assist aspiring PT's to move into leadership positions while developing key leadership skills and help current leaders develop further skills to meet their leadership challenges. Although many other leadership training programs exist, none of them focus comprehensively on PTs working in the health care systems. This program will be one that can be adapted and customized for development and implementation in any national public or private health care setting. The end goal of the project is to create a strong pool of PT's with Core Leadership Competencies.

## 2.0 Background

Public practice leadership positions for physiotherapists are requiring a greater degree of leadership skill and knowledgebase. Private practice clinicians are increasingly required to act as leaders in their business of health care. The Leadership Division is creating a Leadership Education series to help grow the leadership competencies of the profession.

The Leadership Division intends to build curriculum of core competencies in professional self-awareness, modeling leadership behaviours and acknowledging qualities in others within the profession, and the health care system through networking, communication, education and research. Using a well-developed Logic Model for Leadership Education Series (see Appendix A), the division will help to provide resources to physiotherapists to improve their leadership skills and help physiotherapists move into leadership positions.

The Leadership Division supported a team of final year physiotherapist Master students from the University of Toronto in the development and dissemination of a questionnaire on the self-identification of leadership characteristics from July 2010 through June 2011. This survey received over 1800 respondents from the Canadian Physiotherapy Association community and results are being used to inform the subsequent curriculum.

From Sept 2010 through June 2011, the Leadership Division Executive designed a project charter and in July 2011 hired a consultant with expertise in professional curriculum and the development of leadership skills. This innovative curricular program based on current evidence, literature and best practices in leadership will be shared at Congress 2012.

### **3.0 Summary of Supporting Evidence**

Many professionals in the health care system are challenged to continue to grow and lead in the current realities of competing priorities and fiscal restraints. The profession of physiotherapy has made strong recent resources available to help all physiotherapists identify both roles and competencies for effective practice in Canada. The National Physiotherapy Advisory Group, and partners, published the Essential Competency Profile for Physiotherapists in Canada in October 2009. This profile describes the essential competencies required by physiotherapists in Canada at the beginning and throughout their career and provides guidance on how to build competencies over time. The framework for the Profile was adapted from the Royal College of Physicians and Surgeons of Canada Competency Framework for Physicians (the CanMEDS Roles). Throughout all the seven roles for both professions, (Expert, Communicator, Collaborator, Manager, Advocate, Scholarly Practitioner and Professional) is the need for leadership knowledge, skills and behaviours.

Appreciative Inquiry (AI) is a well-documented, strengths-based method to shift the conversation and reflection towards generative stories of moments when people were at their very best (Whitney et al, 2004). These stories serve as the basis for analysis and discovery of the core success factors that already reside in people. An AI approach has the potential to create learning with the capacity to correct course continuously in it's journey, purposely moving toward those images of the system at it's most creative and innovative. (Adams, 2007).

Emotional intelligence is another well-documented methodology that is described as the ability to manage ourselves and our relationships effectively. It has been found to be directly related to leadership styles and leadership success. Daniel Goleman outlines the four fundamental capabilities of emotional intelligence as: self-awareness, self-management, social awareness, and social skill. Each capability, in turn, is composed of specific sets of competencies that can be used by people who wish to increase their emotional intelligence and thereby their leadership skills.

Transformative leadership, where one engages followers to be leaders, is another methodology used in leadership education. Some theorists would suggest that leadership is not a moral or ethical question, but James McGregor Burns, one of the theorists emphasizes this form of transformative leadership. This occurs "when one or more people engage with others in such a way that leaders and followers raise one another to higher levels of motivations and morality".

Leadership and management training is one way that can help support life-long learning for professionals as needed in the rapidly changing nature of health care practice environments. Hemmer et al (2007) and Stoller et al (2004), describe the leadership curriculum and training programs used for medical directors and residents. The concept of leadership from the perspective of physiotherapists in Canada has been recently surveyed by a group of final year physiotherapy Master students from the University of Toronto. These survey results will also be shared at Congress 2012 and support the need for physiotherapy specific leadership programs.

#### **4.0 Key themes/assumptions**

- Leaders in today's health care environment need expertise in both private and public systems
- Development and implementation will be an evolving process and open to change
- Curriculum will be implemented in a staged approach
- Ensure there is lots of time for participant feedback
- Use lots of resources and ensure it is relevant for all
- Communication, collaboration and advocacy are key components
- Appreciative Inquiry to be considered as key component
- Leading from Where you Stand – key principle
- Transformational Leadership – key principle for these changing times
- Self-directive through mentorship
- This will be a developing initiative – not just to create leaders for the big positions but for the front-line clinicians as well – “if you do this then you are a leader”
- Key to get participant engagement through curriculum content
- Enable participants to learn about themselves as a leader e.g. self-development

#### **5.0 Definition of Leader**

The CPA Leadership Division acknowledges that there are many existing definitions for leader and leadership and many different leadership programs for health care professionals and aspiring leaders. The concept of collaborative leadership for health system change is based on the Canadian Interprofessional Health Collaborative's paper entitled “A National Interprofessional Competency Framework.”<sup>1</sup> Descriptors include the ability of practitioners to (a) work together with all participants, including patients/families, to formulate, implement and evaluate care/services to enhance health outcomes; (b) support the choice of leader depending on the context of the situation; and (c) assume shared accountability for the processes chosen to achieve outcomes. This is a strong starting point and provides structure and a working definition for the CPA Leadership Division's Educational Curriculum.

The University of Toronto's Collaborative Change Leadership (CCL) program was funded in 2009 through a grant from HealthForceOntario's Interprofessional Care and Education Fund. CCL is specifically designed for those in healthcare or health education institutions who are leading change throughout their organizations and across the continuum of care. The CPA Leadership Division have modified and expanded the CCL program's overall definition of a leader.

## **Collaborative change leadership defines a leader as someone who:**

- Leads successful and sustainable change in the face of uncertainty and ambiguity
- Holds multiple lenses and perspectives
- Strengthens and builds relationships
- Inspires and engages others to grow and learn
- Leads across and navigates complex systems
- Asks questions with a generative and learner lens
- Reflects on and senses what is needed most in a system

### **6.0 Theories to use as guiding principles for curriculum**

**Competency-based education** is strong educational framework being used in most undergraduate, graduate and post-graduate education programs across Canada. This will therefore be a primary principle and will have the highest weight for the framework of the CPA Leadership Division Education Curriculum.

Two other theories will guide much of the methodology and foundations of the curriculum; **Appreciative Inquiry and Emotional Intelligence**. (See references).

### **7.0 Objectives**

In creating a Leadership Education series to help grow the leadership competencies of the profession, the CPA Leadership Division commits to collectively achieving the following key **objectives**:

- 1) Discuss leadership competencies for the profession of physiotherapy;
- 2) Identify key considerations to assist aspiring physiotherapists to move into leadership positions;
- 3) Explore how current leaders can further develop their leadership skills; and
- 4) Provide examples of how leadership competencies may be applied to their own practice and organizational setting.

### **What will PTs get out of participating in this leadership program?**

- ✓ Conflict management techniques
- ✓ Consider ways to inspire others to feel motivated and comfortable with change
- ✓ Cutting-edge curriculum with innovative content
- ✓ Discussions about solutions to common leadership challenges
- ✓ Evidenced-based curriculum with best practices in leadership
- ✓ Interactions and opportunities to learn from demonstrated PT Leaders

- ✓ Interactive approaches to learning (e.g. simulations and/or role plays of situations)
- ✓ Links to CPA's other Divisions and speciality professional development education programs
- ✓ Mentoring opportunities
- ✓ Networking opportunities
- ✓ Opportunities to explore areas of need in research which will move the PT profession forward
- ✓ Peer discussions
- ✓ Physiotherapy specific leadership skills
- ✓ Skills to learn about themselves as a leader (e.g. self-development and self-awareness)
- ✓ Suggestions on how to manage interactions in institutional settings by developing one's practical intelligence( knowing what to say to whom, knowing when to say it, and knowing how to say it for maximum effect)
- ✓ Suggestions on most effective advocacy of the PT profession within an organization and to the public at large
- ✓ Teamwork skills that will help in choosing and maintaining a good team

## **8.0 Intended Audience**

This professional development program will be of interest to a broad range of PT professionals including direct care clinicians, managers, professional practice leaders, educators, and researchers interested in developing leadership skills or those who wish to further develop their skills. This program is intended for both private and public sector PTs and the application to all areas of the health care.

## **9.0 Implementation**

There will be two Leadership Streams for participants to self-identify with and chose which stream is most suitable to meet their learning needs;

- 1) **Intro to Leadership for Physical Therapists** – physical therapists who are new to the field of leadership in health care and unaware of current resources, unsure of how to move ahead or make changes in the system. Physical therapists who would like to move into a leadership role in the future. Could provide options for development in either public or private.
- 2) **Taking Leadership to the Next Level** – established leaders (self-identified) in the field who have some expertise, experience and knowledge of leadership and who need to develop more skills and abilities to move forward. This will include both private and public sector components as elements of the entire health system.

### **Three parts to the curriculum for each cohort:**

- A) Start with participants coming to a one or one-and-a-half day ***face-to-face workshop***. This workshop could be held in several provinces in order to meet geographical challenges and Leadership Division Executive members will be the ambassadors for the workshops;
- B) Participants go back to their home settings and create a ***professional portfolio***, chose a mentor and complete readings based on needs in their own growth of leadership;
- 3) **Web-based modules** with discussion forum and peer resources. This will include links into CPA division's curriculums and specializations and more advanced areas of interest (i.e. running a private practice). Participants will then be asked to share with the original group their learnings and project updates.

### **Curriculum Considerations**

Essential Competency Profile for Physiotherapists in Canada (October 2009.)

This profile describes the essential competencies required by physiotherapists in Canada at the beginning and throughout their career and provides guidance on how to build competencies over time. Throughout all seven roles for both professions, (Expert, Communicator, Collaborator, Manager, Advocate, Scholarly Practitioner and Professional) is the need for leadership knowledge, skills and behaviours. The curriculum will use Appreciative Inquiry and Emotional Intelligence to guide learning of each of the above competencies related to leadership.

### **Other key curriculum considerations include:**

- Networking opportunities are critical and thus allow for time during workshops for the participants to get to know each other
- Continuous enrolment so that participants can start at any time
- Affordable and accessible
- Certificate awarded at completion of the curriculum

## **Example of Potential Curriculum Outline Using Essential Competencies for Physiotherapists**

**1. Expert:** As experts in function and mobility, physiotherapists integrate all of the Physiotherapist Roles to lead in the promotion, improvement, and maintenance of the mobility, health, and well-being of Canadians.

- **Use AI to focus on unique skills of PTs in the health care team**

**2. Communicator:** Physiotherapists use effective communication to develop professional relationships with clients, families, care providers, and other stakeholders.

- **Communication skills, conflict resolution, use the Social Skill fundamental capabilities of Emotional Intelligence**

**3. Collaborator:** Physiotherapists work collaboratively and effectively to promote interprofessional practice and achieve optimal client care.

- **Use AI questions and leading collaborative literature**

**4. Manager:** Physiotherapists manage time, resources, and priorities at all levels for individual practice and to ensure sustainable physiotherapy practice overall.

- **Use the Self-Management and Social Awareness fundamental capabilities of Emotional Intelligence**
- **Links here with Private Practice Division of the CPA**

**5. Advocate:** Physiotherapists responsibly use their knowledge and expertise to promote the health and wellbeing of individual clients, communities, populations and the profession.

- **Use AI questions and leading collaborative literature**
- **Use Self -Awareness fundamental capabilities of Emotional Intelligence**

**6. Scholarly Practitioner:** Physiotherapists are committed to ongoing learning for the purpose of improving client outcomes through seeking, creating, applying, disseminating, and translating knowledge to physiotherapy practice.

- **Evidenced-based best practices and innovations**

**7. Professional:** Physiotherapists are committed to the best interests of clients and society through ethical practice, support of profession-led regulation, and high personal standards of behaviour.

- **Life-long learning and continual leadership growth**
- **Lancet Report on Education of Health Professionals for the 21st Century**

### **10.0 Commencement Date**

The Canadian Physiotherapy Association Congress in May 2012 provides the ideal timing to start the communication/advertisement about the program during the Leadership Division workshop. Goal for initiation of first cohort would be September 2012.



## **11.0 Evaluation**

The Education Coordinator of the CPA Leadership Division will be the lead coordinator for the curriculum. An evaluation plan will be developed that should cover both short-term and long-term evaluations of the program. The Congress 2012 workshop can serve as a mini-pilot and then each workshop should be evaluated and modified based on new learnings and outcomes. Participants will be asked to provide program feedback via focus groups or surveys. Geographical differences should be considered as different regions may need more modifications.

## **12.0 Budget and Resources**

Treasurer, Education Coordinator and Chair will work together to determine the budget.

## **13.0 Potential Partners**

- Other CPA Divisions – e.g. **Private Practice** (Business considerations relating to managing a budget, staff, and program) and **International Health** Divisions.
- Branches of CPA
- APTA – American Physical Therapy Association

## References

Adams, Marilee. (2007) Change your questions, change your life.

Annis Hammond S. (1998). The Thin Book of Appreciative Inquiry, 2nd Edition. Bend, Oregon: Thin Book Publishing Co.

Appreciate Leadership <http://www.amazon.ca/Appreciative-Leadership-Performance-Thriving-Organization/dp/0071714065>

Appreciative Inquiry Commons <http://appreciativeinquiry.case.edu/>

Barrett, F.J. & Fry, R.E. (2005). Appreciative Inquiry: A Positive Approach to Building Cooperative Capacity. Taos Institute Publications: Ohio.

Burns, J., M.

<http://www.leadership-central.com/burns-transformational-leadership-theory.html#ixzz1eqRBVIOd>

<http://www.strategies-for-managing-change.com/james-macgregor-burns.html>

Bushe G. R. (1998). Appreciative Inquiry with Teams. Organization Development Journal, 16(3), 41- 49.

Bushe G.R. & Kassam, A F. (2005). When is Appreciative Inquiry Transformational? A Meta-Case Analysis. The Journal of Applied Behavioural Science, 41(2), 161-181.

CIHC A National Interprofessional Competency Framework.

[http://www.cihc.ca/files/CIHC\\_IPCompetencies\\_Feb1210r.pdf](http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210r.pdf)

Frank, JR., Jabbour, M., et al. Eds. Report of the CanMEDS Phase IV Working Groups. Ottawa: The Royal College of Physicians and Surgeons of Canada. March, 2005.

Frenk, J. Chen, L., Bhutta, Z., Cohen, J., Crisp, N., Evans, T. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. The Lancet Report on Education of Health Professionals for the 21st Century. 376: 1923-1958.

Goleman, D. (2000). Leadership that Gets Results. Harvard Business Review. March – April.

Grant S. & Humphries M. Critical evaluation of appreciative inquiry: Bridging an apparent paradox. Action Research, 4(4) 401-418.

Hemmer PR, Karon BS, Hernandez JS, Cuthbert C, Fidler ME, Tazelaar HD. (2007). Leadership and management training for residents and fellows: a curriculum for future medical directors. Archives of Pathology and Laboratory Medicine; 131(4):610–614.

Hunt, J., Gruenwoldt, E., Lyster, A. (2011). Engaging the next generation of health leaders: perspectives of emerging health leaders. Healthcare Management Forum. Spring/Summer.

National Physiotherapy Advisory Group. Essential Competency Profile for Physiotherapists in Canada. October 2009.

Peelle III, H.E. (2006). Appreciative Inquiry and Creative Problem Solving in Cross-Functional Teams. The Journal of Applied Behavioural Science, 42(4), 447-467.

<http://www.positivechange.org/>

Stoller JK, Rose M, Lee R, Dolgan C, Hoogwerf BJ. Teambuilding and leadership training in an internal medicine residency training program. Journal of General Internal Medicine. 2004;19(6):692–697.

Whitney, D., Trosten-Bloom, A., Cherney, J., and Fry, R. (2004) Appreciative Team Building: Positive Questions to Bring out the Best of Your Team. New York: iUnivers Inc.

---