Leadership in Becoming an Autonomous Practitioner

12 pages total

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LEADERSHIP IN BECOMING AN AUTONOMOUS PRACTITIONER

Objectives

1. Define and describe key characteristics of autonomous practice
2. Link the characteristics of effective leaders to becoming and supporting autonomy at multiple levels
3. Discuss barriers and challenges to autonomous practice
4. Create an action plan for improving performance in leadership toward autonomy

Autonomy – what is it??

- Greek word: autonomos
  - "auto" = self
  - "nomos" = law
- Self-law
- Dictionary – the quality or state of being self-governing; self-directing freedom and moral independence
- Health Dictionary17 – the quality of having the ability or tendency to function independently

Vision 2020 States

“Autonomous practice is not a revolution – it is an evolution.”

Steve McDavitt, PT, MS, FAAOMPT, APTA Board Member

Physical therapy, by 2020, will be provided by physical therapists who are doctors of physical therapy and who may be board-certified specialists. Consumers will have direct access to physical therapists in all environments for patient/client management, prevention, and wellness services. Physical therapists will be practitioners of choice in patients’/clients’ health networks and will hold all privileges of autonomous practice. Physical therapists may be assisted by physical therapist assistants who are educated and licensed to provide physical therapist directed and supervised components of interventions.

(HOD P06-00-24-35)
Autonomous Practice

Autonomous physical therapist practice is characterized by independent, self-determined professional judgment and action. Physical therapists have the capability, ability and responsibility to exercise professional judgment within their scope of practice, and to professionally act on that judgment.2

(BOD P03-03-12-28)

Autonomous Practice Privileges

Each of these elements imbeds two over-arching concepts: recognition of and respect for physical therapists as the practitioners of choice, and recognition of and respect for the education, experience, and expertise of physical therapists in their professional scope of practice.

1. Direct and unrestricted access: The physical therapist has the professional capability and ability to provide to all individuals the physical therapy services they choose without legal, regulatory, or payer restrictions.

2. Professional ability to refer to other health care providers: The physical therapist has the professional capability and ability to refer to others in the health care system for identified or possible medical needs beyond the scope of physical therapist practice.

3. Professional ability to refer to other professionals: The physical therapist has the professional capability and ability to refer to other professionals for identified patient/client needs beyond the scope of physical therapist practice.

4. Professional ability to refer for diagnostic tests: The physical therapist has the professional capability and ability to refer for diagnostic tests that would clarify the patient/client situation and enhance the provision of physical therapy services.

(BOD P03-03-12-28)

Characteristics of Autonomous Physical Therapist Practice

- Independent, self-determined professional judgment within one's scope of practice, consistent with the profession's codes and standards, and in the patient's/client's best interest.
- Responsibility and acceptance of risk for all aspects of the physical therapist patient/client management.
- Ability to refer to and collaborate with health care providers and others to enhance PT patient/client management.
- Recognition of circumstances that necessitate a request for consultation and initiation of consultation when in the best interest of the patient/client.
- Clinical decision making that is independent of external financial considerations.
- PT's governance and control of physical therapy practice in all settings.

(HOD P06-06-18-12)

Task Force on Strategic Plan to Achieve Vision 2020

- Autonomous Physical Therapist Practice Operational Definition: Physical therapists accept the responsibility to practice autonomously and collaboratively in all practice environments to provide best practice to the patient/client. Autonomous physical therapist practice is characterized by independent, self-determined, professional judgment and action.

- "Of all the elements, the Task Force felt that autonomous practice is the most challenging aspect of Vision 2020 to achieve and the least tangible and most difficult to measure."

Activity 1:
- Think of a scenario in your practice in which you feel autonomy was demonstrated.
- Check off elements of that encounter with the characteristics and privileges on your worksheet.
- Write down any barriers to those not checked or to elements of the definition of autonomous practice.

A Vision of Becoming an Autonomous Profession
Autonomy Research

Professional Autonomy Literature

<table>
<thead>
<tr>
<th>Professions</th>
<th>Total Different</th>
</tr>
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<tbody>
<tr>
<td>Nursing</td>
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<tr>
<td>Physicians</td>
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<td>Canada</td>
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<td>Australia</td>
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</table>

Journals: Total Different Journals: 112

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Common Denominators

- Interdependence
  - Two Basic Elements:
    - Capacity for rational deliberation
    - Absence of constraint
  - Three Levels at which Autonomy Occurs
    - Profession
    - Practitioner
    - Patient

Continuum of Maturity to Autonomy

Task Force on Strategic Plan to Achieve Vision 2020

- "Autonomous practice requires an interdependent approach and thus involves autonomous and collaborative practice with others to create the best outcomes for the patient/client. The Task Force believes that as a profession, we are currently between dependence and independence, whereas as individuals we exemplify all three levels of maturity. The goal for the members of the profession as well as for the profession itself is interdependence, and autonomous practice incorporates this concept."

Professional Autonomy: Two Basic Elements

- Absence of Constraints (control over actions)
- Capacity for Rational Deliberation (opportunity for influence)
Friedson’s Two Types of Professional Autonomy

- Technical Autonomy – right to use discretion and judgment in the performance of work.
- Socioeconomic Autonomy – ability of the worker to ascertain and allocate the economic resources needed to complete his or her work.

“Clinical autonomy does not reside in the individual practitioner but, rather, in the contractual space in which they practice.”

- Robert Sandstrom, PT, PhD

Opportunities

“The goal of professional autonomy should not distract the profession from its first responsibility; to meet the needs of the public who require physical therapy services while preserving their individual autonomy in relation to their health.”

- Robert Sandstrom, PT, PhD

Levels of Autonomy Application

- Professional (group) autonomy
- Practitioner autonomy
- Patient/Client autonomy

Defining Attributes Applied to all Three Levels of Autonomy

- Independence
- Knowledge
- Capacity for decision-making
- Judgment
- Self-determination

Leadership Skills

- Trust, credibility, influence
- Decision making (collaborative)
- Behavior – model the way
- ACTION, empowerment
Consequence of Autonomy

Autonomy or Something Else?

"Each of us, regardless of the setting or circumstance, is accountable to someone or something, and in the health professions, we are certainly accountable to society at large. Autonomy may suggest a professional form of accountability, but the concept of empowerment more accurately expressed how an individual working with other individuals can enhance the process and outcomes for themselves, their profession, and their employer."12

- Roxanne Spitzer-Lehmann, PhD, MBA, MA, RN, FAAN

Leadership

"We should abandon the notion of autonomy in favor of a more appropriate claim to professionalism and respect: a claim made not through words but through actions that model superb practice and cutting-edge education. Just as the DPT will mean little unless it represents a degree that better prepares practitioners, the notion of autonomy will ring hollow unless there is a deeper meaning that is exemplified by the manner in which we practice."13

- Jules Rothstein

Caution with Autonomy

"There is a risk that nurses who claim autonomy, rather than promoting their ability to act responsibly and competently within their scope of practice, are like the emperor in his new clothes – they believe they stand in splendour when in fact they are naked. The problem is that their nakedness is seen by the general public and fellow health care professionals. And instead of being trusted and respected, they appear self-interested and ridiculous."11

- Aileen Walsh, PGCE, BSc, DipHE Nursing

Profession:
What APTA is focusing on14

- Framing Scenario
- Task Force on Strategic Plan to Achieve Vision 2020 identifying objective measures for each element of the Vision
- Warding off infringement efforts by other practitioner groups
- Battling referral for profit situations
- Engaging heavily in the legislative process (direct access, incident to rule, etc.)
- Promotion of further discussion related to vision elements
- Physical therapy and society summit (PASS) – contractual space
Profession: Lead Up

- Seek first to understand
- Add value to the vision
- Become engaged and active
- Champion the cause
- Model the way
- Inspire others

Practitioner:

Maximizing Autonomy in Education

- Faculty and CI must role model autonomy
- Curriculum should be learner centered
- Include interdisciplinary courses
- Include courses related to professional issues, leadership, change theory and role theory
- Theoretical focused curriculum (rather than practicing skills)

Maximizing Autonomy in Education

- Emphasize collegiality, cooperation, and shared governance
- Provide opportunities for developing values, attitudes, and behaviors
- Investigate models that support joint appointments between the university and service settings
- Lab experiences should simulate situations requiring the exercise of autonomy
- Empower the students

Maximizing Autonomy in Clinical Education

- During internships, clinical sites and clinical instructors should demonstrate autonomy
- How can we support the development of autonomous thinking and action in the clinical environment? (www.aptahpa.org; resources; section related resources; CSM 2007 Lamp related learning ideas for the clinical environment)

Maximizing Autonomy in the Clinic

- Lead Across
- Lead Down when necessary
- Lead by example
- Encourage the Heart
- Identify barriers
- Develop an action plan
- Learn from pioneers

Leading Across and Down

Autonomy Action Plan

1) Establish a Therapeutic Relationship

- Respect our colleagues who aren’t yet ready for change (follower maturity). Be patient with differing views.
- Respect patient decisions when provided with all pertinent information – encourage involvement and decision making at all levels - “The patient is the boss”
2) Diagnose Resistance to Change Through Mutual Inquiry
   • Through open dialogue identify the barriers that interfere with success at implementing change.
   • Collectively and collaboratively make an action plan to overcome barriers

3) Find Common Ground Through Negotiation
   • Identify achievable goals that build on collective and individual strengths.
   • Encourage discussion and debate
   • Consider the contract with the patient

4) Problem Solve
   • Identify strategies for success that are achievable.
   • Speak with Autonomous Language – ‘practice’ rather than ‘work’, ‘consult’ rather than ‘order’, ‘colleagues or partners’ rather than ‘staff or employee’

5) Consider the contractual space in which you practice
   - Ownership and equity models
   - Self-governance within employment situations
   - Outline opportunities and make a plan to overcome barriers

6) Think independently, act interdependently
   - Consider other professional opinions
   - Respect the judgment of others for the good of the patient
   - Accept accountability for decisions made

Autonomous practice is not a revolution—it is an evolution
AND
it requires leadership skills to achieve it!
References


Leadership in Becoming an Autonomous Practitioner
Worksheet

Activity 1

Operational Definition of Autonomous Practice:
Physical therapists accept the responsibility to practice autonomously and collaboratively in all practice environments to provide best practice to the patient/client. Autonomous physical therapist practice is characterized by independent, self-determined, professional judgment and action.

Privileges of Autonomous Practice (BOD P03-03-12-28)

- Direct and unrestricted access
- Professional ability to refer to other health care providers
- Professional ability to refer to other professionals
- Professional ability to refer for diagnostic tests

Characteristics of Autonomous Practice (HOD 06-06-18-12)

- Independent, self-determined professional judgment within one's scope of practice, consistent with the profession’s codes and standards, and in the patient's/client's best interest.
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List barriers to autonomous practice within your practice setting:
### Leadership in Becoming an Autonomous Practitioner

**Worksheet**

**Activity 2 (group work)**

<table>
<thead>
<tr>
<th>Barrier to Autonomy</th>
<th>Leadership Action item(s)</th>
<th>Level of Action</th>
<th>Autonomy Element Promoted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Example:</strong> Lack of time/resources to be an advocate for the patient and to coordinate care beyond physical therapy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Research productivity levels of autonomous practitioners based on respected evidence and champion new standard as needed.</td>
<td>X X</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>2. Determine and acquire need for greater staffing and appropriate distribution of workload.</td>
<td>X X</td>
<td>?</td>
</tr>
<tr>
<td></td>
<td>3. Empower patients to advocate for themselves (training on how to manage within the healthcare system, etc.)</td>
<td>X X X</td>
<td>? ? X</td>
</tr>
</tbody>
</table>

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Indicate your primary practice setting(s): ______________________________________________________

Directions:
Prior to today’s session, please answer the following questions by placing a vertical line on the scale for each question below. Label this line with an ‘S’ above it indicating that this is your starting assessment of yourself. Following today’s presentation, answer the questions again now labeling the line with an ‘C’ for your current assessment. After tomorrow’s activity on this topic, answer the questions again now with the line as ‘F’ for final assessment. These will then be collected to help the presenters draw conclusions on the effectiveness of today’s presentation.

Questions:

1. I can define autonomous physical therapist practice and its characteristics as described by the APTA.
   ______________________________________________________________________________________
   No, not at all  No, but might wing it  Maybe  Yes, Somewhat  Yes, Definitely

2. I would be comfortable talking to another healthcare professional about autonomous physical therapist practice.
   ______________________________________________________________________________________
   Not comfortable at all  Very Comfortable

3. On any given day, I feel that I am practicing autonomously:
   ______________________________________________________________________________________
   0% of the time  50% of the time  100% of the time

4. I feel that I am aware of specific leadership actions to move toward maximizing autonomy of myself and others:
   ______________________________________________________________________________________
   No, not at all  Yes, Definitely