

Proposed Changes to ABPTRFE Quality Standards for Physical Therapist Residency Fellowship Programs

Current Quality Standard	Proposed Changes	Rationale
<p>Clinical Programs: 2.1: Curriculum Development: The program’s comprehensive curriculum is developed from and addresses the most recent version of the Description of Residency Practice (DRP), the Description of Fellowship Practice (DFP), or an ABPTRFE approved analysis of practice. All curriculum components complement each other to enhance the participant’s learning. The program’s curriculum organization ensures congruency between didactic and clinical components. The curriculum provides a structure for the designation of types, lengths, and sequencing of learning experiences that ensures the achievement of the program’s outcomes.</p>	<p>Clinical Programs: 2.1: Curriculum Development: The program’s comprehensive curriculum is developed from and addresses the most recent version of the Description of Residency Practice (DRP); <u>or</u> the Description of Fellowship Practice (DFP); or an ABPTRFE approved analysis of practice. All curriculum components complement each other to enhance the participant’s learning <u>and prepares graduates to enter diverse practice settings</u>. The program’s curriculum organization ensures congruency between didactic and clinical components. The curriculum provides a structure for the designation of types, lengths, and sequencing of learning experiences that ensures the achievement of the program’s outcomes.</p>	<p>The Description of Residency Practice and Description of Fellowship Practice are used by programs to establish the program’s curriculum. The information within the DRP/DFP is a summary of information extracted from a validated practice analysis that met the threshold for including within a program’s curriculum. If a program only used an ABPTRFE-approved analysis of practice survey results it may develop its curriculum with too little content as benchmarked by the DRP/DFP.</p> <p>The inclusion of diverse practice settings highlights physical therapist practitioners that work with diverse patient populations.</p>
<p>Non-Clinical Programs: 2.1: Curriculum Development: The program’s comprehensive curriculum is developed from and addresses the most recent version of the Description of Residency Practice (DRP), the Description of Fellowship Practice (DFP), or an ABPTRFE approved analysis of practice. All curriculum components complement each other to enhance the participant’s learning. The program’s curriculum organization ensures congruency between didactic and experiential components. The curriculum provides a structure for the designation of types, lengths, and sequencing of learning experiences that ensures the achievement of the program’s outcomes.</p>	<p>Non-Clinical Programs: 2.1: Curriculum Development: The program’s comprehensive curriculum is developed from and addresses the most recent version of the Description of Residency Practice (DRP); <u>or</u> the Description of Fellowship Practice (DFP); or an ABPTRFE approved analysis of practice. All curriculum components complement each other to enhance the participant’s learning <u>and prepares graduates to enter diverse practice settings</u>. The program’s curriculum organization ensures congruency between didactic and experiential components. The curriculum provides a structure for the designation of types, lengths, and sequencing of learning experiences that ensures the achievement of the program’s outcomes.</p>	<p>Same as above</p>

Comments/questions from ORFSIG Leadership:

- Does this intend that only ABPTRFE will be creating DRP/DFP's?
- This would create a greater challenge for new programs who are seeking to develop residencies or fellowships in areas without a DRP/DFP. This would require programs to first perform an analysis of practice, then create a DRP/DFP and then create a new residency or fellowship in their specialty area. These additional steps will be very time consuming and expensive. This would potentially affect future programs for Pain Science, Ankle and Foot, Imaging, Wound Care, Emergency medicine.
- If a program/Academy or outside organization wants to establish a new residency or fellowship how will this occur and will there be guidance from ABPTRFE?

<p>Clinical Programs: 2.1.1 Program Structure: The didactic and clinical curriculum permits participants to gain experience with a diverse patient population and a range of complexity of patient populations as characterized by the Description of Residency Practice (DRP), the Description of Fellowship Practice (DFP), or an ABPTRFE-approved analysis of practice.</p>	<p>Clinical Programs: 2.1.1 Program Structure: The didactic and clinical curriculum permits participants to gain experience with a diverse patient population and a range of complexity of patient populations as characterized by the Description of Residency Practice (DRP), <u>or</u> the Description of Fellowship Practice (DFP), or an ABPTRFE-approved analysis of practice.</p>	<p>Same as above</p>
<p>Non-Clinical Programs: 2.1.1 Program Structure: The didactic and experiential curriculum permits participants to gain mentored experience as characterized by the Description of Residency Practice (DRP), the Description of Fellowship Practice (DFP), or an ABPTRFE-approved analysis of practice.</p>	<p>Non-Clinical Programs: 2.1.1 Program Structure: The didactic and experiential curriculum permits participants to gain mentored experience as characterized by the Description of Residency Practice (DRP), <u>or</u> the Description of Fellowship Practice (DFP), or an ABPTRFE-approved analysis of practice.</p>	<p>Same as above</p>

Comments/questions from ORFSIG Leadership:

- There are differences between programs and historically ABPTRFE has tried to make this uniform across programs will there be latitude for variations in specialties?

Clinical Programs: 2.1.2/Non-Clinical Programs: 2.1.3 Educational Methods: The program integrates a variety of educational methods to ensure the participant's advancing level of mastery. Educational methods are appropriate to each of the curriculum content areas and reflective of the program outcomes.

Clinical Programs: 2.1.2/Non-Clinical Programs 2.1.3: Educational Methods: The program integrates a variety of educational methods to ensure the participant's advancing level of mastery. Educational methods are appropriate to each of the curriculum content areas and reflective of the program outcomes.
Programs may provide curriculum using established and traditional learning activities, courses, and other program innovations that prove effective in meeting the criteria.

Provides a focus on fostering program innovation in teaching.

Comments/questions from ORFSIG Leadership:

- We are not sure what this adds. We are in support if the intent for this addition is to cover that remote or virtual options of teaching/mentoring and curriculum design are now approved universally as long as they meet the set criteria.

<p>Clinical Programs: 2.1.5 Residency Programs – Core Competencies: The program integrates the following competencies when evaluating achievement of the participant’s goals and outcomes. The program monitors and measures the achievement of the participant’s seven core competencies:</p>	<p>Clinical Programs: 2.1.5 Residency Programs – Core Competencies Domains of Competence: The program integrates the following competencies when evaluating achievement of the participant’s goals and outcomes. The program monitors and measures the achievement of the participant’s</p>	<p>Change in terminology from core competencies to domains of competence aligns with APTA’s Core Competencies of a Physical Therapist Resident document. This document will be linked within the quality standards to provide easy program access to the definitions of each domain of competence.</p>
<ul style="list-style-type: none"> • Clinical reasoning • Knowledge for specialty practice • Professionalism • Communication • Education • Systems-based practice • Patient management 	<p>seven core competencies domains of competence:</p> <ul style="list-style-type: none"> • Clinical reasoning • Knowledge for specialty practice • Professionalism • Communication • Education • Systems-based practice • Patient management 	
<p>Comments/questions from ORFSIG Leadership: No comments</p>		
<p>Clinical and Non-Clinical Programs: 2.2.1 Program Length: The program provides a systematic set of learning experiences that address the knowledge, skills, and affective behaviors the participant needs to achieve the program outcomes within a set period of time. Residency/Fellowship programs are completed in no fewer than ten (10) months and in no more than sixty (60) months.</p>	<p>Clinical and Non-Clinical Programs: 2.2.1 Program Length: The program provides a systematic set of learning experiences that address the knowledge, skills, and affective behaviors the participant needs to achieve the program outcomes within a set period of time. Residency/Fellowship programs are completed in no fewer than ten (10) full-time equivalent months and in no more than sixty (60) months.</p>	<p>Regardless of a program format (full-time or part-time), there is an expectation that the length of the program is adequate to meet all program outcomes, including program hours as defined in the quality standards.</p>

Comments/questions from ORFSIG Leadership:

- How is full time versus part time being defined? Many programs do not hire their residents/fellows as full time employees. Hybrid programs have residents/fellows working full time in clinical care and doing a residency or fellowship part time. This needs to be clearly defined.
- We are in support of this section if it is intended to not allow someone to finish in less than 10 months to assure standards.

<p>Clinical and Non-Clinical Programs: 3.1 Admissions Criteria: The program publishes equitable admissions policies and verifies the participant is eligible to practice based on state requirements. The program implements consistent procedures for evaluating each prospective participant's ability to be successful in the program and achieve their educational goals.</p>	<p>Clinical and Non-Clinical Programs: 3.1 Admissions Criteria: The program publishes equitable admissions policies and verifies the participant is eligible to practice based on state requirements. The program implements consistent procedures for evaluating each prospective participant's ability to be successful in the program and achieve their educational goals. <u>Programs strive to advance diversity and promote a culture of inclusion and equity, particularly with groups historically underrepresented in the profession.</u></p>	<p>Provides a focus on promoting diversity, equity, and inclusion in physical therapist residency and fellowship education.</p>
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Comments/questions from ORFSIG Leadership:

- How will diversity be defined? This is a self-selected application process so we can accept and work to accept diverse applicants but we are limited by who applies. Yes, we need to assist to diversify our profession but this needs to start at a high school level so that we have greater diversity in DPT classes and then yes we will be able to have diverse residents/fellows/educators. This will be challenging to hold programs to specific standards if they do not have a diverse applicant pool due to limited diversity in the entire profession.

<p>Clinical and Non-Clinical Programs: 3.3.6 Non-Discrimination/Privacy/Confidentiality Policies: The program documents compliance with applicable federal, state, and</p>	<p>Clinical and Non-Clinical Programs: 3.3.6 Non-Discrimination/Privacy/Confidentiality Policies: The program documents compliance with applicable federal, state, and local regulations including non-discrimination,</p>	<p>Provides a focus on promoting diversity, equity, and inclusion in physical therapist residency and fellowship education.</p>
<p>local regulations including non-discrimination, privacy, and confidentiality policies.</p>	<p>privacy, and confidentiality policies. <u>Programs do not discriminate on the basis of race, color, national origin, religion, sex, disability, age, gender, sexual orientation, and other identities and/or statuses.</u></p>	
<p>Clinical and Non-Clinical Programs: 3.6 Faculty: Individuals qualified by education and experience comprise the program’s faculty based on their roles and responsibilities. The program’s faculty possess the academic background, professional experience, and ongoing professional development to ensure the delivery of quality residency/fellowship education.</p>	<p>Clinical and Non-Clinical Programs: 3.6 Faculty: Individuals qualified by education and experience comprise the program’s faculty based on their roles and responsibilities. The program’s faculty possess the academic background, professional experience, and ongoing professional development to ensure the delivery of quality residency/fellowship education. <u>Programs do not discriminate on the basis of race, color, national origin, religion, sex, disability, age, gender, sexual orientation, and identities and/or statuses. Programs advance diversity and a culture of inclusion among faculty, particularly with regard to historically underrepresented groups.</u></p>	<p>Provides a focus on promoting diversity, equity, and inclusion in physical therapist residency and fellowship education.</p>

Comments/questions from ORFSIG Leadership:

- Consistent with previous questions for admission policies. Certain demographical areas have low levels of various racial and ethnic backgrounds placing them at a disadvantage for recruiting AND retaining more diverse faculty. Will programs be faulted for not having a diverse program?

Non-Clinical Programs: 3.6.3 Mentor

Qualifications: Mentors for residency/fellowship programs are required to be physical therapists who possess significant and current experience (minimum of 3 years) in the program's defined area of practice.

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The focus of non-clinical physical therapist residency and fellowship programs is not specific to physical therapist practice (e.g., Faculty, Higher-Education Leadership). Often, the most qualified individuals to mentor in these programs are experts in the field who are not physical therapists.

Comments/questions from ORFSIG Leadership:

- We are in support of this change given the need for more interdepartmental collaboration with other healthcare providers where overlap between services occur. These aspects in collaboration in a post professional education should occur to encourage more communication within our systems.

<p>Clinical Programs: 3.6.7/Non-Clinical Programs: 3.6.4 Professional Development: The program provides ongoing professional development experiences for faculty to support their role(s) within the program. Faculty professional development experiences are designed to maintain and improve the effectiveness of the leadership and mentorship that results in program improvement.</p>	<p>Clinical Programs: 3.6.7/Non-Clinical Programs: 3.6.4 Professional Development: The program provides ongoing professional development experiences for faculty to support their role(s) within the program. Faculty professional development experiences are designed to maintain and improve the effectiveness of the leadership and mentorship that results in program improvement. <u>Faculty receive opportunities for mentoring to further their career.</u></p>	<p>Provides a focus on fostering growth in a program's faculty through mentoring.</p>
<p>Clinical Programs: 5.7 Outcomes Publication: The program annually publishes outcomes data that communicates program performance indicative of participant achievement.</p>	<p>Clinical Programs: 5.7 Outcomes Publication: The program annually publishes outcomes data that communicates program performance indicative of participant achievement. <u>Outcomes data must be published in easily accessible locations including programs' websites. Information shall be no more than one "click" away from the program's home webpage. At a minimum, programs publish:</u></p> <ul style="list-style-type: none"> • <u>The number of graduates who took the ABPTS board certification examination in the program's area of practice (residency programs only).</u> • <u>First-time pass rates on ABPTS board certification examination (residency programs only).</u> • <u>Program completion rate.</u> • <u>Program retention rate.</u> 	<p>Focus on transparency to the public on program expectations for achievement of academic quality and indicators of participant success.</p>

Comments/questions from ORFSIG Leadership:

- Programs cannot require participants to complete the ABPTS exam and certification. The only thing they can control is their ability to prepare participants for this. This will be challenging for programs to enforce as it occurs following graduation.
- Some institutions have significant restrictions on what can or cannot be published on their websites. Enforcing programs to publish specific data may go against administrative requirements. Programs should be allowed to highlight their specific outcomes rather than those dictated by ABPTRFE.
- Other outcomes which are valuable are publications, CI certification, community outreach/education, leadership following graduation

Non-Clinical Programs: 5.7 Outcomes

Publication: The program annually publishes outcomes data that communicates program performance indicative of participant achievement.

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- **Program completion rate.**
- **Program retention rate.**

Same as above

Comments/questions from ORFSIG Leadership:

- Same as above