

Quality Standards: For Clinical Physical Therapist Residency and Fellowship Programs

****For programs seeking candidacy, those Key Elements in red font denotes Candidacy Absolutes***

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Introduction

Residency and fellowship programs build on physical therapists' foundational knowledge and facilitate the development of advanced practitioners with enhanced skills in a defined area of practice. Mentoring develops residents and fellows-in-training who elevate the quality of patient care and enhance the profession. Programs focus on advancing skills and knowledge including educational techniques, research methodology, clinical skills, and administrative practices. The comprehensive curriculum integrates these combined skills and knowledge specific to a defined area of practice that is consistent with the program's mission, goals, and outcomes.

Clinical Quality Standards

Quality Standard 1: Mission, Goals, and Outcomes

Residency/Fellowship programs' mission communicates the advancing education offered to increase a physical therapist's efficiency and improve outcomes. The mission identifies the program's defined area of practice and promotes excellence in the field of physical therapy education by graduating competent specialty practitioners. The mission guides the program's operations and future growth. The program's goals direct the efforts necessary for continued viability. The program's outcomes identify the knowledge and competencies participants gain upon program completion. Key indicators demonstrate the achievement of the program's mission, goals, and outcomes.

QUALITY STANDARD 1 KEY ELEMENTS: A residency/fellowship program meets this quality standard through the effective implementation and consistent documentation of the following key elements:

- 1.1 The mission statement communicates the program's purpose and commitment to providing quality advanced education to physical therapists in a defined area of practice that results in enhanced patient care.
- 1.2 The program's mission statement aligns with the sponsoring organization's mission statement.
- 1.3 The program identifies goals that are reflective of the defined area of practice. The program goals support the achievement of the mission and communicate the ongoing efforts necessary to support continued sustainability.
- 1.4 The program develops outcomes that identify measurable behaviors reflective of the defined area of practice which describe the knowledge, skills, and affective behaviors participants gain upon completion of the program.
- 1.5 The program identifies key indicators it uses to annually monitor and measure the achievement of the program's mission, goals, and outcomes. Key indicators form the basis for evaluating participant performance and determining program effectiveness.

Quality Standard 2: Curriculum Design and Instruction

Residency/Fellowship programs focus on the advancement of physical therapist knowledge and practice. Curriculum design focuses the knowledge, skills, and affective behaviors the participant

gains that improves patient outcomes, enhances professional competence, and emphasizes one-to-one mentoring. Curriculum development follows a structured, systematic process that ensures content validity in a defined area of practice. The curriculum allows the participant to achieve the program's outcomes through advancing professional competence and education in scientific principles underlying practice applications. The curriculum integrates a variety of educational methods that support the theoretical basis for advanced practice and assessments grounded in scientific inquiry. The curriculum enhances the participant's knowledge, skills, and affective behaviors through the integration of didactic instruction, focused practice, and application of evidence-based practice principles.

QUALITY STANDARD 2 KEY ELEMENTS: A residency/fellowship program meets this quality standard through the effective implementation and consistent documentation of the following key elements:

- 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) or the Description of Fellowship Practice (DFP). 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.
 - 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) or the Description of Fellowship Practice (DFP).
 - 2.1.2 **Patient Outcomes:** The curriculum design provides the participant with the knowledge, skills, and affective behaviors to manage patient care in support of improved patient outcomes through the integration of didactic instruction, focused practice, and application of evidence-based practice principles. The program effectively uses mentoring to guide the participant through developing patient care plans based on best practices.
 - 2.1.3 **Educational Methods:** The program integrates a variety of educational methods, traditional or innovative, 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.

2.1.4 **Assessments:** The program implements assessments designed to evaluate the participant's performance based on established measures. The program's formative and summative methods evaluate the participant's mastery of curriculum content based on performance measures and feedback provided in a timely manner. A variety of assessments evaluate the participant's initial and advancing levels of knowledge, practice, application of evidence-based practice principles, and competence as characterized in the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). At a minimum, one written examination and two live patient practical examinations are required throughout the program.

2.1.5 **Residency Programs – 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 seven domains of competence:

- Clinical reasoning
- Knowledge for specialty practice
- Professionalism
- Communication
- Education
- Systems-based practice
- Patient management

2.2 **Program Requirements:** The program demonstrates compliance with minimum requirements that provides physical therapists with learning experiences resulting in advanced professional competence and increased quality patient care.

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.

2.2.2 **Residency Program Hours:** The program offers a comprehensive curriculum that meets minimum required hours within the program's area of practice. Residency programs require participants to complete a minimum of 1,800 total program hours including 300 educational hours and 1,500 patient-care clinic hours inclusive of 150 hours of 1:1 mentoring throughout the program.

The participant is the primary patient/client care provider for 100 of the minimum 150 mentoring hours.

- At least 100 of the 150 mentoring hours must be in-person (1:1)
- The remaining mentoring hours may occur in-person or using synchronous or asynchronous methodologies.

2.2.3 Fellowship Program Hours: The program offers a comprehensive curriculum that meets minimum required hours within the program's area of practice. Fellowship programs require participants to complete a minimum of 1,000 total program hours including 150 educational hours and 850 patient-care clinic hours inclusive of 150 hours of 1:1 mentoring throughout the program.

The participant is the primary patient/client care provider for 75 of the minimum 150 mentoring hours.

- At least 75 of the 150 mentoring hours must be in-person (1:1)
- The remaining mentoring hours may occur in-person or using synchronous or asynchronous methodologies.

2.3 Program Delivery: The program is conducted in settings or affiliated clinical sites where management and professional staff are committed to seeking excellence in education and patient care by demonstrating substantial compliance with professionally developed and nationally applied practice and operational standards while maintaining sufficient resources to achieve the mission, goals, and outcomes.

2.4 Mentoring Focus: The program emphasizes the professional benefit of advanced clinical education through mentoring. The curriculum offers the participant individualized guidance on emerging and current best practices, patient care, and evidence-based practice in a defined area of practice. Mentors provide comprehensive oversight and consistent feedback throughout the length of the program focused on advancing the participant's knowledge and expertise in a defined area of practice.

2.5 Completion: The program verifies that the participant meets completion requirements. The program director awards a certificate of graduation to the participant who completes the program. The certificate is issued in accordance with the ABPTRFE Policies and Procedures Authorized Statement and signed by the program director and administrators of the sponsoring organization. A certificate is only issued once the participant completes all program requirements.

Quality Standard 3: Program Delivery, Director, and Faculty

Residency/Fellowship programs implement consistent procedures for adequately responding to patient and participant's needs. Admissions criteria allows for equitable evaluation of the participant's ability to be successful in the program and supports the program's mission, goals, and outcomes. A qualified and experienced program director provides effective administrative leadership of faculty and oversees the delivery of a quality curriculum. Adequate support services facilitate the participant's successful completion and achievement of program outcomes.

QUALITY STANDARD 3 KEY ELEMENTS: A residency/fellowship program meets this quality standard through the effective implementation and consistent documentation of the following key elements:

- 3.1 **Admissions Criteria:** The program publishes equitable and inclusive 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. Programs advance diversity and promote a culture of inclusion and equity, particularly with groups historically underrepresented in the profession.
 - 3.1.1 **Fellowship Programs:** The participant possesses at least one of the following additional qualifications for admission:
 - American Board of Physical Therapy Specialties (ABPTS) specialist certification in the related area of specialty as defined within the DFP, **or**
 - Completion of an ABPTRFE-accredited residency in a related specialty area as defined within the DFP.
 - 3.1.2 **Program Contract/Agreement/Letter of Appointment:** The program ensures each participant signs a contract/agreement/letter of appointment prior to commencing the residency/fellowship program. The contract/agreement/letter of appointment is in compliance with the ABPTRFE's [Admissions Offer Disclosures Check List](#).
- 3.2 **Participant Orientation:** The program conducts orientation activities to familiarize the participant with the program requirements including the mission, goals, outcomes, administrative policies, ABPTRFE quality standards, designated learning experiences, and evaluation processes.

- 3.3 **Administrative Policies:** The program publishes equitable administrative policies and implements consistent procedures designed to protect the participant and the program.
- 3.3.1 **Retention Policy:** The program implements appropriate retention policies and procedures including academic and clinical requirements the participant must fulfill to maintain active status through graduation.
- 3.3.2 **Remediation Policy:** The program implements appropriate remediation policies and procedures including criteria for program dismissal if remediation efforts are unsuccessful. The program establishes methods and timelines to identify and remedy unsatisfactory clinical or academic performance. The remediation policies are distributed to and acknowledged in writing by the participant. The program documents and implements any necessary adjustments to the participant's customized learning plans, including remedial action(s).
- 3.3.3 **Termination Policy:** The program implements an appropriate termination policy and procedures including termination of the participant who becomes ineligible to practice due to loss of license or for identified clinical or academic reasons (e.g., consistent underperformance or inability to successfully remediate participant). The program establishes procedures and timelines followed for termination. The program identifies the employment status of the participant should program termination occur.
- 3.3.4 **Grievance Policy:** The program implements an equitable grievance policy including procedures for appeal that ensures due process for the participant, faculty, and staff. Additionally, the program publishes ABPTRFE's grievance policy that a participant can follow if issues are not resolved at the program level.
- 3.3.5 **Leave Policy:** The program establishes appropriate professional, family, and sick leave policies including how these leaves could impact the participant's ability to complete the program.
- 3.3.6 **Non-Discrimination/Privacy/Confidentiality Policies:** The program documents compliance with applicable federal, state, and local regulations including non-discrimination, privacy, and confidentiality policies. Programs do not discriminate on the basis of race, color, national origin, religion, sex, gender, sexual orientation, disability, age, and other identities and/or statuses.
- 3.3.7 **Malpractice Insurance:** The program ensures that the participant maintains comprehensive malpractice coverage to cover all work conducted as part of the

program which may or may not be provided through the sponsoring organization by the program.

3.3.8 **Participant Tracking:** The program maintains a record of current and past program participants.

3.4 **Program Director:** The program director possesses the qualifications and experience in operations, financial management, and leadership to administratively oversee all aspects of the program in support of the mission, goals, and outcomes. The program determines the role and responsibilities of the program director.

3.5 **Program Coordinator:** A program coordinator is appointed if a program director does not meet the following required qualifications and clinical experience in the program's defined area of practice. The program coordinator is responsible for overseeing the curriculum and ensuring it comprehensively incorporates the requirements in the Description of Residency Practice (DRP) or the Description of Fellowship Practice (DFP). The program coordinator is a licensed physical therapist who completed either 1) ABPTS board certification plus one year of clinical experience or an accredited residency/fellowship within the defined area of practice plus one year of clinical experience; or 2) obtained a minimum of five years of clinical experience in the defined area of practice.

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. Programs do not discriminate on the basis of race, color, national origin, religion, sex, gender, sexual orientation, disability, age, and identities and/or statuses. Programs strive for diversity and a culture of inclusion among faculty, particularly with regard to historically underrepresented groups.

3.6.1 **Quantity:** The program employs a sufficient number of faculty who possess demonstrated expertise in the defined area of practice including the appropriate credentials to support the program's mission, goals, and outcomes. The program's adequate number of faculty allow for:

- Teaching, mentoring, administration, individual counseling, supervision, research throughout the program, and
- Faculty activities that contribute to individual professional growth and development.

3.6.2 **Qualifications:** Collectively, program faculty have the qualifications necessary to oversee and initiate the learning experiences of the residency/fellowship program. Faculty qualifications include the following:

- Advanced clinical skills,
- Academic and experiential qualifications,
- Diversity of backgrounds appropriate to meet program goals,
- Expertise in residency/fellowship curriculum development and design, and
- Expertise in program and participant evaluation.

Judgment about faculty competence in a curricular area for which a faculty is responsible is based on:

- Appropriate past and current involvement in specialist certification and/or advanced degree courses,
- Experience as a clinician or academician,
- Research experience, and
- Teaching experience.

3.6.3 **Residency:** At least one currently ABPTS-certified clinician serves on the faculty of the residency program and is involved in all major areas including curriculum development, clinical experience supervision, mentoring, and participant advising for those residency programs within an ABPTS-approved area of specialty.

- The program ensures the participant receives mentoring from an ABPTS-certified clinician in the area of specialty practice.
- For residency programs not within an ABPTS-approved area of specialty, the program documents at least one individual with substantial experience in that defined area of practice.

3.6.4 **Fellowship:** The program documents that the faculty includes at least one individual with substantial and current experience in that defined area of practice. For orthopedic manual physical therapy fellowships, the faculty includes at least one Fellow of the American Academy of Orthopaedic Manual Physical Therapists (FAAOMPT).

3.6.5 **Residency Program Mentors Qualifications:** Mentors for residency programs are required to be physical therapists who are either: 1) ABPTS board-certified

specialists in the program's area of practice, or 2) graduate of an ABPTRFE-accredited residency/fellowship program in that area of practice, or 3) possess significant and current experience (minimum of 3 years) in the program's area of practice.

3.6.6 Fellowship Program Mentors Qualifications: Mentors for fellowship programs are required to be physical therapists who are either: 1) ABPTS board-certified specialists in the program's related area of practice and with experience in the area of subspecialty, or 2) graduate of an ABPTRFE-accredited residency/fellowship program in that related area of practice and with experience in that area of subspecialty, or 3) possess significant and current experience (minimum of 2 years) in the subspecialty area.

3.6.7 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. The program fosters growth in faculty through mentoring for career advancement.

Quality Standard 4: Program Commitment and Resources

Residency/Fellowship programs' facilities support excellence in practice and dedication to physical therapy services. The program and sponsoring organization comply with all accreditation and regulatory requirements including other nationally applicable laws and industry standards. The program maintains sufficient resources to achieve the mission, goals, and outcomes. The program retains sufficient quantity and quality of resources to enable the residency/fellowship program to accomplish its goals. Sufficient resources include adequate patient population, faculty, participant support services, staff, finances, access to relevant publications, equipment, materials, and facilities.

QUALITY STANDARD 4 KEY ELEMENTS: A residency/fellowship program meets this quality standard through the effective implementation and consistent documentation of the following key elements:

4.1 Patient Population: The program's patient population is sufficient in number and variety to meet the mission, goals, and outcomes. The program provides sufficient mentored clinical practice experiences for the most common diagnoses or impairments identified in the Description of Residency Practice (DRP) or the Description of Fellowship Practice

(DFP). Other learning experiences (observation, patient rounds, surgical observations, etc.) provide sufficient exposure to less commonly encountered practice elements.

- 4.2 **Educational Resources:** The program provides the participant and faculty access to current publications and other relevant materials in appropriate media to support the curriculum.
- 4.3 **Support Services:** The program and sponsoring organization provides adequate support services that encourage and promote the participant's successful completion.
- 4.4 **Financial Resources:** The program maintains financial resources that are adequate to achieve the mission, goals, and outcomes and supports the academic integrity resulting in continued program sustainability.
 - 4.4.1 **Sponsoring Organization:** For the protection of the program participant, the sponsoring organization demonstrates its support of the program, in part, by providing sufficient funding resources to sustain the program.
- 4.5 **Teach-Out Commitment:** The program and sponsoring organization commits to teaching out participants who are currently enrolled if it is deemed necessary to discontinue offering the program.

Quality Standard 5: Assessment, Achievement, Satisfaction, and Effectiveness

Residency/Fellowship programs conduct ongoing evaluation of the mission, goals, outcomes, faculty, curriculum, and participants in a commitment to continuous improvement. The program annually gathers data, monitors results, and analyzes information to determine the extent to which the mission, goals, and outcomes are achieved. The evaluation process is planned, organized, scheduled, and documented to ensure ongoing quality education in a defined area of practice. Participant performance is evaluated initially, on an ongoing basis, and at the conclusion of the program. Participant evaluation data are used to further focus learning and instruction and confirm achievement of the program outcomes. Data collected on the post-graduate performance of the participant is used to evaluate the program's effectiveness and inform curriculum revisions.

QUALITY STANDARD 5 KEY ELEMENTS: A residency/fellowship program meets this quality standard through the effective implementation and consistent documentation of the following key elements:

- 5.1 **Program Assessment:** The program implements a plan and collects data from key indicators used to annually evaluate the achievement of its mission, goals, and outcomes.
- 5.2 **Participant Progress:** The program establishes a consistent process for tracking the participant's level of achievement of the program outcomes against identified benchmarks. Overall participant progress is assessed at regular intervals to ensure timely completion and appropriate progression of participant advancement.
- 5.3 **Program Director and Coordinator Evaluation:** The program establishes an annual process for evaluating the program director and coordinator (as applicable) including adequate administrative program oversight, evaluation of program participants, and appropriate allocation of resources against identified benchmarks based on responsibilities.
- 5.4 **Faculty Evaluation:** The program establishes an annual process for evaluating faculty which may include an assessment of teaching ability, professional activities, clinical expertise, mentoring, and adequate participant support. When determining faculty effectiveness, the program identifies benchmarks and gathers data from multiple sources. Mentor performance is evaluated through direct observations by the program director/coordinator. Annually, faculty receive feedback results for continuous improvement purposes.
- 5.5 **Participant Post-Completion Performance:** The program regularly collects information about the post-completion performance of the residency/fellowship graduate which is used for program evaluation and continuous improvement.
- 5.6 **Program Effectiveness:** The program annually uses comprehensive outcomes data to inform curriculum revisions. The data guides the program's continuous improvement efforts indicative of an ABPTRFE-accredited residency/fellowship program and provides evidence supporting the continued achievement of the mission, goals, and outcomes.
- 5.7 **Outcomes Publication:** The program annually publishes outcomes data that communicates program performance indicative of participant achievement. Outcomes data must be published on the program's website. Information shall be no more than one "click" away from the program's home webpage. At a minimum, programs publish their program completion rate.

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