

ABPTRFE

American Board of Physical Therapy
Residency & Fellowship Education

Exhibits 2 and 3: Guidance Instructions and Examples

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Exhibits 2 and 3

Guidance Instructions and Examples

Programs seeking candidacy, initial accreditation, or renewal of accreditation demonstrate the extent to which they are achieving their mission by completing Exhibit 2: Mission and Goals Chart and Exhibit 3: Assessment Table.

Program Mission (Exhibits 2 and 3)

A program's **mission** is a clear, formal statement that explains **why the program exists, what it values, who it serves, and its area of practice**. It provides direction for growth, continuous improvement, and long-term planning. The mission should **align** with that of the sponsoring organization.

To comply with ABPTRFE standards, the mission statement must:

- Be measurable.
- Clearly communicate the program's purpose.
- Identify the defined area of practice.
- Suggest the target population served.
- Reflect commitment to providing quality, advanced education to physical therapists.
- Imply support for enhanced patient care.
- Establish guidelines for growth, continuous improvement, and strategic initiatives.

Note: Program's may revise the wording of their mission at any time, provided the intent of the mission remains unchanged. If a program seeks to depart from its core mission, it must submit a **Change of Mission Application** through the **Substantive Change Process**.

Mission Statement Examples

Each program is unique, and its mission statement should reflect that. These examples are provided for reference only and should not be copied directly.

- To prepare skilled, compassionate clinicians through evidence-based practice, mentorship, and diverse clinical experiences. Our mission is to improve community health by advancing neurologic physical therapist practice, enhancing patient outcomes, and fostering professional growth and community engagement.

- To develop physical therapists who advance geriatric physical therapy through strong clinical reasoning, teaching, advocacy, and leadership. Our program fosters innovation, effective use of technology, and excellence in managing the complexity of aging-related care.
- To prepare the next generation of physical therapy educators through immersive teaching and learning experiences that promote excellence in education. As a community of scholars committed to discovery, dissemination, and the application of knowledge to improve patient care, we train promising future academicians to become engaged professionals and experts in educational methodology, academic governance, service, and scholarship.

Program Goals (Exhibit 2)

To track progress toward their mission, programs set **goals** that reflect the overall purpose of their administration and curriculum. These goals should be **clear, broad, meaningful, achievable, and lead to measurable outcomes**. They form the foundation for creating specific program outcomes and should align with the mission.

Programs should aim for **six** goals, typically **two in each of the following categories**:

- Participant learning achievement
- Program sustainability
- Program effectiveness

Programs may update their goals over time to ensure alignment with the mission and support continuous growth. All changes must be documented in Exhibit 2. Do not delete the previous goal; instead, label it as "Goal Revised" with the month and year of revision. List the new goal and key indicators on a new line, along with the month and year of creation.

Program Goal Examples

Each program is unique, and its goals should reflect that. These examples are provided for reference only and should not be copied directly.

- **Develop clinical expertise** in [the program's defined area of practice (e.g., neurology)] through a curriculum grounded in evidence-based and best-practice approaches through mentored clinical experiences.
- **Foster reflective practice** that promotes self-assessment, openness to feedback, and a commitment to lifelong learning.

- **Advance professional behaviors**, including ethical practice, advocacy for patients and the profession, and demonstration of core professional values.
- **Ensure curricular relevance and excellence** by conducting an annual review process informed by current clinical evidence, stakeholder input, and program outcomes.
- **Maintain program viability** by establishing financial stability, securing adequate resources, promoting faculty retention, and resident recruitment.
- **Deliver a high-quality educational experience** through experienced faculty, structured mentorship, and comprehensive learning activities.
- **Demonstrate ongoing program improvement** based on outcomes assessment, stakeholder feedback, and strategic planning.

Program Outcomes (Exhibit 3)

Program outcomes are **clear, focused statements** that **describe what participants are expected to know, do, or demonstrate by the end of the program**. These outcomes should directly support the program's mission and goals and reflect the defined area of practice. They should address the specific knowledge, skills, and professional behaviors developed through the curriculum, emphasizing the measurement of learning outcomes — not just what is taught, but what is learned.

Programs are encouraged to identify **six to eight measurable outcomes** that can be tracked consistently each year.

Programs may update their outcomes over time to ensure alignment with the mission and goals and support continuous growth. All changes must be documented in Exhibit 3. Do not delete the previous outcome; instead, label it as "Outcome Revised" with the month and year of revision. List the new outcome and key indicators on a new line, along with the month and year of creation.

Program Outcomes Examples

Each program is unique, and its outcomes should reflect that. These examples are provided for reference only and should not be copied directly.

- Participants will demonstrate advanced clinical reasoning and proficiency in patient management within the program's defined area of practice, as measured by clinical performance evaluations and final assessments.

- Participants will apply evidence-based and best-practice approaches to patient care by integrating clinical research, practice guidelines, and patient values into clinical decision-making.
- Participants will engage in routine self-assessment and demonstrate openness to feedback, using these reflections to guide personal and professional growth throughout the residency.
- Participants will model professional behaviors by adhering to ethical standards, advocating for patients and the profession, and consistently demonstrating APTA core values.
- Participants will effectively teach and communicate with patients, peers, and students in various clinical and educational settings, as measured by structured teaching evaluations and peer/faculty feedback.
- Participants will actively engage in service, leadership, or professional development activities that support the program community, clinical partners, and broader profession.



The mission inspires, the goals guide, and the outcomes demonstrate the success of learning and growth. Goals outline program achievement while outcomes outline participant achievement.

Figure 1. Relationship Between a Program's Mission, Goals, and Outcomes

Key Indicators (Exhibits 2 and 3)

Programs use **key indicators** to measure progress toward their mission over time. These indicators **include both quantitative and qualitative metrics** that reflect how well the mission and goals are being achieved.

- **Qualitative indicators:** Describe an accomplishment resulting from a significant effort and allocation of resources that cannot be captured numerically. Often qualitative indicators are accompanied by expectations for completing the activity within a certain time frame and at a high level of quality.
- **Quantitative indicators:** Represent numerically the extent to which a goal or outcome is achieved.

Programs collect and review the supporting data regularly, using the results to guide continuous improvement efforts.

Programs should aim for **three** key indicators per goal (quantitative or qualitative).

Programs may update their key indicators over time to ensure alignment with their goals and outcomes. All changes must be documented in Exhibits 2 and 3 as appropriate. Do not delete the previous key indicator; instead, label it as "Key Indicator Revised" with the month and year of revision. List the new key indicator on a new line, along with the month and year of creation.

Key Indicators for Program Goals Examples

Each program is unique, and its key indicators should reflect that. These examples are provided for reference only and should not be copied directly.

- **Develop clinical expertise** in the program's defined area of practice through a curriculum grounded in evidence-based and best-practice approaches through mentored clinical experiences.
 - **KI: ≥80% of graduates** pass ABPTS specialty examination on first attempt.
 - **KI: Mentors** complete annual training on evidence-based practice and mentorship strategies.
 - **KI: ≥80% of graduates** report confidence in applying evidence-based interventions in post-program surveys.
- **Maintain program viability** by establishing financial stability, securing adequate resources, and promoting faculty retention and resident recruitment.
 - **KI: Annual budget** submitted and approved with <5% variance from projected expenses.
 - **KI: Program** maintains a faculty-to-resident ratio of at least 1-1 throughout the year.
 - **KI: Program** meets or exceeds its targeted enrollment for residency positions each application cycle.
- **Deliver a high-quality educational experience** through experienced faculty, structured mentorship, and comprehensive learning activities.
 - **KI: ≥80%** of program participants rate overall **educational quality** as "excellent" or "very good" on program completion evaluation.
 - **KI: Mentors** consistently achieve target performance levels on mentorship readiness and evaluation measures.
 - **KI: 85%** of **scheduled learning activities** are completed as planned, with documented attendance and engagement.

Key Indicators for Program Outcomes Examples

Each program is unique, and its key indicators should reflect that. These examples are provided for reference only and should not be copied directly.

- Participants will **demonstrate advanced clinical reasoning and proficiency in patient management** within the program’s defined area of practice, as measured by clinical performance evaluations and final assessments.
 - **KI: Participants** score “proficient” or higher on final comprehensive written examination.
 - **KI: Participants** pass live patient exams in all required settings on the first attempt.
 - **KI: Participants** independently manage complex cases by the end of the program per mentor feedback form.
- Participants will **apply evidence-based and best-practice approaches to patient care** by integrating clinical research, practice guidelines, and patient values into clinical decision-making.
 - **KI: Participants** integrate peer-reviewed evidence in case presentations, as evaluated by faculty rubrics.
 - **KI: Participants** complete required journal club activities with passing feedback from mentors on journal club rubric.
 - **KI: Participants** report confidence in applying evidence-based practices in post-program surveys.
- Participants will **model professional behaviors** by adhering to ethical standards, advocating for patients and the profession, and consistently demonstrating APTA core values.
 - **KI: Participants** demonstrate competence in professionalism based on APTA Resident Competency Evaluation Instrument.
 - **KI: Participants** successfully complete training modules on ethics and advocacy.
 - **KI: Participants** successfully complete at least one advocacy, service, or leadership activity during the program with written reflection turned in on the experience.

Baseline Data (Exhibit 2)

Enter **data from the previous year** to **establish a starting point for measuring progress**.

Candidacy

Programs seeking candidacy will not have baseline data to report, as there are no program graduates at this stage. However, they must still complete the goals, key indicators, and benchmarks sections of the exhibit.

Program seeking candidacy should enter “New program-awaiting graduate” in the Baseline data column on Exhibit 2. Once the program has its first graduates, that data should be reported as both the baseline and Year 1 results.

Renewal of Accreditation

Once ABPTRFE grants renewal of accreditation, the program transitions to a new Exhibit 2.

The program transfers the results from the last reporting year column of the exhibit submitted with its renewal of accreditation Self-Evaluation Report into the baseline column of the new exhibit. Year 1 data then reflects the graduates from the year in which ABPTRFE granted the renewal of accreditation.

For example, if ABPTRFE grants renewal of accreditation in 2025, the program will use the 2024 results from Exhibit 2, submitted in the SER, as the baseline data in the new Exhibit 2. Annual reporting will then begin with 2025 graduates as Year 1, 2026 graduates as Year 2, and so on.

Passing Criteria (Exhibit 3)

The **passing criteria define the minimum level of performance required** for a resident to meet each key indicator. These criteria ensure consistent, objective evaluation and serve as a threshold for determining whether a program outcome has been achieved.

Passing Criteria Examples

Acceptable Passing Criteria Reporting Format

- **Outcome:** Participants will **model professional behaviors** by adhering to ethical standards, advocating for patients and the profession, and consistently demonstrating APTA core values.
 - **KI: Participants** demonstrate competence in professionalism based on APTA Resident Competency Evaluation Instrument.
 - **Passing criteria:** Score **Level 4** on Final APTA Resident Competency Evaluation Instrument Evaluation for Professionalism.

A program’s mission defines its purpose and direction, its goals translate that purpose into broad achievements, and its outcomes measure the specific knowledge, skills, and behaviors that reflect the mission’s impact on learners and practice.

- **KI: Participants** successfully complete training modules on ethics and advocacy.
 - **Passing criteria:** Score **80%** on training module knowledge check.
- **KI: Participants** successfully complete at least one advocacy, service, or leadership activity during the program with written reflection turned in on the experience.
 - **Passing criteria: documented** participation in **at least one** advocacy, service or leadership activity **through submission of written reflection.**

Unacceptable Passing Criteria Reporting Format

- **Passing criteria:** Participants average 80% on training module knowledge check. (Providing an average score of all participants does not indicate whether all participants are required to meet the passing criteria.)

Relationship to DRP/DFP: Learning Domain Expectations (Exhibit 3)

Identifies the specific learning domain expectations from the relevant Description of Residency Practice, or DRP, or Description of Fellowship Practice, or DFP, that align with each program outcome. This ensures the outcome reflects nationally recognized standards for advanced clinical practice.

Relationship to DFP/DFP Example

Program Outcome

Participants will **apply evidence-based and best-practice approaches to patient care** by integrating clinical research, practice guidelines, and patient values into clinical decision-making.

Key Indicator

Participants report confidence in applying evidence-based practices in post-program surveys.

Relationship to DRP

- Evidence-Based Practice/Critical Inquiry
- Prognosis

Residency Core Competencies: Clinical Programs Only (Exhibit 3)

Identify only those core competencies that map to each program outcome.

Programs should review the [APTA Core Competencies of a Physical Therapist Resident](#) for definitions of each domain of competence and corresponding competencies.

Results (Exhibits 2 and 3)

Programs must **annually collect and report data on key indicators** to assess progress toward their mission and goals. This data is documented in the “Year” columns of Exhibits 2 and 3, with each reporting year reflecting outcomes for graduates from that academic year.

Note: Results must be reported with sufficient detail to clearly demonstrate whether the program is meeting the Key Indicator. Reporting should also reflect the degree to which the Key Indicator is being met or not met, providing context for the program’s level of achievement.

Exhibit 2: Program Goals Result Examples

Acceptable Result Reporting Format

- **KI:** ≥80% of graduates pass ABPTS specialty examination on first attempt.
 - **Reported result:** 90% of graduates (9 out of 10) achieved board certification within one year, exceeding the program’s target.
- **KI:** ≥80% of program participants rate overall educational quality as “excellent” or “very good” on program completion evaluation.
 - **Reported result:** 85% of participants (17 out of 20) rated the overall educational quality as “excellent” or “very good.”

Unacceptable Result Reporting Format

- **KI:** ≥80% of graduates pass ABPTS specialty examination on first attempt.
 - **Reported result:** Most graduates passed the exam.
(Vague language — does not specify how many, what percentage, or how this compares with the goal.)
- **KI:** ≥80% of program participants rate overall educational quality as “excellent” or “very good” on program completion evaluation.
 - **Reported result:** Met
(Vague — does not specify rating levels or percentage.)

Exhibit 3: Program Outcomes Result Examples

Acceptable Result Reporting Format

- **Reported result:** Participant 1: 92%, Participant 2: 88%, Participant 3: 95%

- **Reported result:** Participant scores ranged from 88% to 95%

Unacceptable Result Reporting Format

- **Reported result:** Met
(Lacks transparency and detail; this result does not allow for continuous program growth.)
- **Reported result:** Participants averaged 80%
(The use of the word averaged is too vague and may obscure the fact that a participant did not meet the passing criteria.)

Benchmark (Exhibits 2 and 3)

A **benchmark** is a specific, **aspirational performance target** used to measure the program's progress in achieving its mission and goals over time.

Exhibit 2: Program Goals Benchmark Examples

Acceptable Benchmark Reporting Format

- **Deliver a high-quality educational experience** through experienced faculty, structured mentorship, and comprehensive learning activities.
 - **KI:** ≥80% of program participants rate overall **educational quality** as "excellent" or "very good" on end-of-year evaluations.
 - **Benchmark:** 90% of program participants rate overall educational quality as "excellent" or "very good" on end-of-year/graduate evaluations.
 - **KI: Mentors** consistently achieve target performance levels on mentorship readiness and evaluation measures from peer evaluations and director reviews.
 - **Benchmark:** 90% of mentors achieve target performance levels of mentorship readiness and evaluation measures from peer evaluations and director reviews.
 - **KI:** 85% of **scheduled learning activities are completed** as planned, with documented attendance and engagement.
 - **Benchmark:** 90% of scheduled learning activities are completed as planned, with documented attendance.

Unacceptable Benchmark Reporting Format

- **Benchmark:** 60% of all primary health conditions in the Orthopedic DRP are seen by most residents.

(Lacks transparency, unclear if residents received similar experiences and adequate exposure in same program.)

Exhibit 3: Program Outcomes Benchmark Example

Acceptable Benchmark Reporting Format

- **KI: Participants** successfully complete training modules on ethics and advocacy.
 - **Passing criteria:** Score **80%** on training module knowledge check.
 - **Benchmark:** Score **90%** on training module knowledge check.

Unacceptable Benchmark Reporting Format

- **Benchmark:** Participants averaged 90% on training module knowledge check.
(Incorporating the word average creates lack of transparency and detail; does not provide sufficient information to ensure each participant is achieving the passing criteria or benchmark.)

Revised Benchmark (Exhibits 2 and 3)

If a program's results consistently meet or exceed its identified benchmark for a Key Indicator, the benchmark should be updated to demonstrate continuous improvement.

Date/Year of Revision (Exhibits 2 and 3)

When a benchmark is updated, the month and year of the revision must be documented.

Curriculum Improvement Based on Data Collected in Outcomes (Exhibit 3)

Identifies any changes or actions the program will take if a benchmark is not met. If no immediate change is needed, the program should note that monitoring of outcome achievement is ongoing based on the assessment data.

Program Assessment and Effectiveness

In accordance with Quality Standards 5.1 (Program Assessment) and 5.6 (Program Effectiveness), programs must conduct an annual review of their mission, goals, outcomes, and curriculum to ensure continued relevance and appropriateness. Revisions should be made as needed to support continuous improvement.

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