

Notes from Standards Committee Annual Meeting

November 2024

The ABPTRFE Standards Committee is responsible for annually reviewing suggestions received by internal and external stakeholders on the adequacy of implemented policies, procedures, and standards. The Standards Committee review this feedback and submit proposed revisions to ABPTRFE for consideration during their systematic review of its Quality Standards at regular five-year intervals.

The Committee reviewed all feedback received since their November 2023 meeting:

Minimum Program Hours Required for Patient Population and Practice Settings

Recommendation Received:

That the ABPTRFE Standards Committee investigate the minimum program hours for patient population (age) and practice settings within the DRP and DFP and determine at what point all programs should be required to have participant access and exposure to all minimum patient populations and practice settings.

Current DRP/DFP Requirements:

Practice Settings:

The clinical curriculum of all accredited residency/fellowship programs must include a variety of practice settings, as noted below. A resident/fellow should experience a minimum of 5% of patient-care practice hours within each setting based on the minimum patient-care practice hours outlined within “ABPTRFE Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs.”

If a residency/fellowship program is unable to provide each participant with an opportunity to engage in patient care activities within these settings, the program must provide additional learning opportunities (e.g., observation, didactic, journal club, research) related to patient care within these settings for the minimum required hours noted above.

Patient Populations:

The clinical curriculum of all accredited residency/fellowship programs must include a variety of patient populations, as noted below, specific to age. A resident/fellow should experience a minimum of 5% of time in each patient population based on the minimum patient-care practice hours outlined within “ABPTRFE Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs.”

If a residency/fellowship program is unable to provide each resident/fellow with an opportunity to engage in patient care activities within these populations, the program must provide additional learning opportunities (e.g., observation, didactic, journal club, research) related to patient care within these populations for the minimum required hours noted above.”

Committee Action:

The committee discussed the difficulty that could result if programs are required to provide program participants access and exposure to all minimum patient populations and practice settings identified within the area of practice's DRP/DFP. However, consideration must be made regarding the appropriateness of programs that only provide participant access to one setting or patient population (if more than one is listed within the DRP/DFP) and the impact on participant learning. The committee requested staff gather data for continued discussion during the 2025 standards committee meeting.

Program Completion Rates

Recommendation Received:

That the ABPTRFE Standards Committee investigate whether there should be established benchmarks or thresholds for program completion rates.

Current Standard:

Key Element 5.7 requires programs to annual publish their completion rates. No standards exist regarding benchmarks or thresholds for completion rates that programs must achieve.

Committee Action:

The committee discussed the concept that benchmarks, or thresholds, be established for program completion rates and board-certification pass rates. While conceptually there is positive aspects to such requirements, data is needed to determine what these thresholds should be as well as an exploration on any negative, or unintended consequences that may result of such requirements (e.g., impact on residency/fellowship programs due to the small cohort size of most programs). The committee requested staff gather data for continued discussion during the 2025 standards committee meeting.

Quality Standard 5.4: Faculty Evaluation

Recommendation Received:

That the ABPTRFE Standards Committee consider a modification to Quality Standard 5.4 which currently restricts the annual direct observation evaluation of mentor performance be conducted by the program director or coordinator.

Current Standard:

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.

Committee Action:

The committee forwards the following revision to Key Element 5.4 to ABPTRFE for inclusion in the 2027 standards revision public comment:

*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. **In addition, m**Mentor performance is evaluated **annually** through direct observations by the program director, ~~coordinator,~~ **or an individual who has been designated by the program director or coordinator and determined qualified in the evaluation of mentoring.** Annually, faculty receive feedback results for continuous improvement purposes.*

Defining Mentoring

Recommendation Received:

That the ABPTRFE Standards Committee consider whether a resident involved in patient care with their mentor, but not directing the care or making final management decisions (mentor is treating a patient, but resident is engaged in the session, not simply observing) is considered mentoring.

Current Definition:

Mentoring: Is a mutually beneficial relationship between mentor and mentee that promotes the learners' integration of knowledge, skills, and attributes towards defined and evolving goals.

Current Standard:

Key Element 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.

Key Element 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.

Committee Action:

The committee agrees that a resident engaged in patient care with their mentor who is the primary provider of care (back and forth interaction, discussion, and perhaps skills instruction going on between the mentor and resident), but the resident is not directing the care or making final management decisions, is considered mentoring. However, this form of mentoring would not count towards the minimum hours that the participant is the primary patient/client care provider, but rather count towards the other mentoring hours to meet the minimum (50 hours residency; 75 hours fellowship).

Last Updated: 12/13/2024

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