ABPTRFE
American Board of Physical Therapy Residency & Fellowship Education

Accreditation Report Rubric

For Clinical Physical Therapist Residency and Fellowship Programs

Please note: The Accreditation Report Rubric is accessed and completed through ABPTRFE's Accreditation Management System. This paper format is provided for reference purposes only.

Background

ABPTRFE's accreditation process is grounded in the fundamental principle of peer-review that enables other physical therapists and higher education faculty and administrators to conduct reviews of clinical residency and fellowship programs on behalf of participants. The accreditation process is guided by transparent standards that are collaboratively established by professional peers and member programs.

The initial accreditation process provides ABPTRFE an opportunity to engage in a multi-level review beginning with the Candidacy Review Council. The Candidacy Review Council evaluates a program's Self-Evaluation Report and Exhibits, making recommendations to ABPTRFE on the level of a program's preparedness to undergo a comprehensive onsite visit.

Following a grant of candidacy, residency and fellowship programs prepare for the onsite visit by revising the Self-Evaluation Report and Exhibits based on the feedback received from the Candidacy Review Council through this Accreditation Report Rubric. The onsite team uses this same rubric to determine whether the program successfully implemented and fully demonstrates compliance with the ABPTRFE Quality Standards before making recommendations to the program and ABPTRFE.

For residency and fellowship programs undergoing renewal of accreditation, the site team uses this Accreditation Report Rubric to document a program's ongoing compliance with the ABPTRFE Quality Standards through a review of a program's Self-Evaluation Report, Exhibits, and site visit, before making recommendations to the program and ABPTRFE.

Throughout each step, residency and fellowship programs are provided an opportunity to respond and demonstrate full compliance with any "Needs Improvement" or "Inadequate" findings prior to ABPTRFE's review and making a final accreditation decision.

The Team Lead of the site team is responsible for guiding the site visit in accordance with ABPTRFE's Processes and Procedures and ensures that team members complete their tasks during the site visit.

Self-Evaluation Report (SER)

The Self-Evaluation Report tells a story about the residency or fellowship program, beginning with its history and mission then focusing on its current state and future. Programs present their passion for offering a quality curriculum that provides physical therapists with the knowledge, skills, and affective behaviors to enhance the practice of physical therapy. Programs craft their story using the Self-Evaluation Report template and Exhibits

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as a guide while narratively describing how their policies and procedures meet the intent of the ABPTRFE Quality Standards.

Instructions

Candidacy Review

Candidacy Review Council: ABPTRFE appoints members to the Candidacy Review Council who are responsible for completing comprehensive reviews of programs seeking candidacy status. Council members use the Accreditation Report Rubric to complete an initial evaluation on whether the program already "Meets Expectations" or is likely to meet expectations once granted candidacy. The Candidacy Review Council uses the Accreditation Report Rubric to provide an initial determination and provide detailed feedback to developing programs on the steps they need to take to demonstrate full compliance with the ABPTRFE Quality Standards.

The Candidacy Review Council member completes all rubric content indicated in **blue** and provides detailed feedback under "Required Actions" for any finding of "Needs Improvement" or "Inadequate". The Candidacy Review Council member completes the "Comments" to provide general guiding feedback to programs on what they are doing well or areas they may consider for further enhancement or improvement—as part of the value in the peer-review process. Rubric content in **green** is for **site visit completion only**.

Candidacy Absolutes: ABPTRFE identified a subset of its Quality Standards as absolute that a program seeking candidacy must meet through narrative responses and relevant evidence.

A program seeking candidacy must attest to, and demonstrate, within the Self-Evaluation Report and Exhibits that it meets each absolute.

ABPTRFE will suspend consideration of any program that does not meet all absolutes following the Candidacy Review Process.

While programs must complete the entire SER, those Key Elements in red font denotes Candidacy Absolutes.

Defined Terms: Those terms underlined within the ABPTRFE Quality Standards and corresponding Self-Evaluation Report are defined in the Glossary of Terms within the ABPTRFE Processes and Procedures.

Site Visit Review

Site Team: ABPTRFE staff appoints individuals to serve on site teams. Each team member completes the Accreditation Report Rubric based on their respective team roles:

- Team Lead: Compiles the team's reports to provide ABPTRFE with a clear representation of the program's compliance with published Quality Standards. Submits Accreditation Report Rubric to ABPTRFE staff four weeks following the site visit.

- Program Administration/Outcomes: responsible for comprehensively reviewing Quality Standards 1, 4, and 5. Submits Accreditation Report Rubric to the team lead two weeks following the site visit.

- Practice Area Expert: responsible for comprehensively reviewing Quality Standards 2 and 3. Submits Accreditation Report Rubric to the team lead two weeks following the site visit.

The site team completes all rubric content in both **blue** and **green**. The rubric items in green are only reviewed during the site visit.

Finding Guidelines

- **Exceeds Expectations:** a team member may indicate a finding of exceeds expectations for key elements where programs demonstrate they go beyond the minimum intent of the Quality Standards.

- **Meets Expectations:** a team member may indicate a finding of meets expectations for key elements where programs demonstrate they meet the minimum intent of the Quality Standards.

- **Needs Improvement:** a team member may indicate a finding of needs improvement for key elements where programs demonstrate they partially meet the minimum intent of the Quality Standards.

- **Inadequate:** a team member may indicate a finding of inadequate for key elements where programs demonstrate they do not meet the minimum intent of the Quality Standards.

For all findings of "needs improvement" or "inadequate", the Council and team members are required to indicate the required actions necessary for the program to demonstrate compliance with the deficient key element. Each required action must relate directly back to a Quality Standard or key element.

> For required actions, all statements should begin with, "[Insert Name of Program] needs to [insert the action necessary for the program to demonstrate compliance with the Quality Standard or key element.]"

As part of the peer review process, it is important that programs receive suggestions for improving their curriculum and support services. The accreditation process allows programs to benefit from an external review and perspective. Site team members are encouraged to provide suggestions within the report. Suggestions are those recommendations that are not required to meet minimum Quality Standards, but are provided to programs as an opportunity for growth and improvement.

> For suggestions/comments, all statements should begin with, "[Insert Name of Program] may want to consider [insert the recommendation for improvement].

The team lead is ultimately responsible for making final evaluations on whether programs demonstrate compliance with Quality Standards and whether suggestions/comments are appropriate for inclusion in the final Accreditation Report Rubric. It is within the team lead's discretion to change a determination as necessary based on programs' response and evidence presented during the site visit.

Helpful Hints

- All required actions and comments should be objectively written in third person, narrative format using declarative sentences and simple verbs. The Accreditation Report Rubric should avoid broad generalities and speculative views.

- The Accreditation Report Rubric represents accurate, concise, factual, and thorough presentation of the findings during a candidacy and site visit evaluation.

- When making an overall determination whether programs exceed, meet, need improvement, or are inadequate, the Accreditation Report Rubric should cite evidence of documents reviewed during candidacy or site which led to the specific finding, include specific examples.

- The Accreditation Report Rubric documents attributes and deficiencies using language found in the Quality Standards and key elements. All deficiencies must be documented.

- The Accreditation Report Rubric should focus on identifying the required action necessary for programs to provide evidence or demonstrate compliance with the Quality Standards or key elements.

Programs bear the responsibility of demonstrating compliance with the ABPTRFE Quality Standards.

- The Accreditation Report Rubric accurately presents comments, required actions, and suggestions using direct quotations, references, data, and examples from evidence presented or team members' reports.
- The Accreditation Report Rubric should not reference individual team members' reports or contain supporting exhibits.
- The Accreditation Report Rubric does not make recommendations to ABPTRFE concerning the overall accreditation of programs.

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Program Assessment

A. Describe the program's preparedness to undergo this ABPTRFE self-evaluation (accreditation) process, including the engagement of all relevant stakeholders (sponsoring organization, program leadership, etc.).

Insert Response

B. Describe the program's process in gathering information and submitting the self-evaluation report (SER) and associated Exhibits, including details on the involvement of the program director, faculty, and staff (identify individuals by name and title) in the process.

Insert Response

Program Profile

A. Briefly describe the program's history and why it was developed.

Insert Response

B. For Re-Accreditation only, describe any major changes since the program's most recent accreditation review (e.g., admissions, faculty, enrollment, curriculum, or marketing).

Insert Response

C. For Re-Accreditation only, describe how the program continues to address areas identified within any Progress Report or Enhancement Report findings from the program's most recent grant of accreditation, or any other Board correspondence.

Insert Response

Program Organization

A. Describe the program's organizational structure.

Insert Response

B. List the number of clinical practice sites.

Insert Response

C. If more than one practice site, indicate if **EVERY** participant rotates to **EVERY** site.

Choose an item.

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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 I 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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	**Easily** measurable.	☐	Measurable.	☐	**Not easily** measurable.	☐	Not measurable.
☐	**Clearly** communicates program's purpose.	☐	**Communicates** program's purpose.	☐	**Unclear** on the program's purpose.	☐	**Does not** communicate the program's purpose.
☐	**Clearly** identifies the defined area of practice.	☐	**Identifies** the defined area of practice.	☐	**Unclear** on the defined area of practice.	☐	**Does not** identify a defined area of practice.
☐	**Clearly** identifies the target physical therapist population served.	☐	**Implies** the target physical therapist population served.	☐	**Unclear** target physical therapist population served.	☐	**Does not** identify physical therapist population served.
☐	**Clearly** communicates commitment to providing quality advanced education to physical therapists.	☐	**Implies** commitment to providing quality advanced education to physical therapists.	☐	**Unclear** commitment to providing quality advanced education to physical therapists.	☐	**Does not** communicate the program's commitment to providing quality advanced education to physical therapists.
☐	**Clearly** communicates how it supports enhanced patient care.	☐	**Implies** support for enhanced patient care.	☐	**Unclear** on enhancing patient care.	☐	**Does not** address enhancing patient care.
☐	**Promotes** growth, continuous improvement, and strategic initiatives.	☐	**Establishes** guidelines for growth, continuous	☐	**Inconsistently** supports growth, continuous	☐	**Does not** support growth, continuous improvement, or strategic initiatives.

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			improvement, and strategic initiatives.		improvement, and strategic initiatives.		
☐	**Supports** the sponsoring organization's mission statement.	☐	**Aligns** with the sponsoring organization's mission statement.	☐	**Inconsistent** with the sponsoring organization's mission statement.	☐	**Does not** align with the sponsoring organization's mission statement.
Exhibit Reference:		Exhibit 2 – Mission and Goals Chart					
SER Review Findings:		[Insert for Findings from SER review]					
Site Visit Finding:		[Insert for Findings from Site Visit]					
Required Actions*:		[Insert for Findings of Needs Improvement or Inadequate]					
Comments:		[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	**Clearly** reflects the defined area of practice.	☐	Reflects the defined area of practice.	☐	Somewhat reflects the defined area of practice.	☐	Does not reflect the defined area of practice.
☐	**Well-balanced** general aims or purposes of the program's administration **and** curriculum.	☐	Describes the general aims or purposes of the program's administration **and** curriculum.	☐	Describes the general aims or purposes of **either** the program's administration **or** curriculum.	☐	Does not describe the general aims or purposes of the program's administration and curriculum.
☐	Broadly stated, **meaningful**, and **achievable**.	☐	Broadly stated.	☐	Overly specific.	☐	Narrowly focused.
☐	Lead to **clearly** measurable outcomes.	☐	Lead to measurable outcomes.	☐	Not easily measurable.	☐	Not measurable.
☐	**Clearly** evident framework with specific criteria for determining program outcomes.	☐	Framework used with general criteria for determining program outcomes.	☐	Framework is **unclear** in determining program outcomes.	☐	Framework not used to determine program outcomes.
☐	**Supports** the mission.	☐	Reflects the mission.	☐	Inconsistent with the mission.	☐	Not aligned with the mission.
☐	Informs curriculum development, continuous improvement efforts, financial stability, **strategic planning**, and program sustainability.	☐	Informs curriculum development, continuous improvement efforts, financial stability, and program sustainability.	☐	Does not communicate ongoing efforts to support curriculum development, continuous improvement efforts, financial stability, or program sustainability.	☐	Does not support curriculum development, continuous improvement efforts, financial stability, and program sustainability.
Exhibit Reference:		Exhibit 2 – Mission and Goals Chart					
SER Review Findings:		[Insert for Findings from SER review]					
Site Visit Finding:		[Insert for Findings from Site Visit]					

Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	**Clearly** reflects the defined area of practice.	☐	Reflects the defined area of practice.	☐	**Somewhat** reflects the defined area of practice.	☐	Does not reflect the defined area of practice.
☐	Aligns with **and** supports achievement of the mission and goals.	☐	**Supports** achievement of the mission and goals.	☐	Inconsistently supports achievement of the mission and goals.	☐	Does not support achievement of the mission and goals.
☐	**Clearly** identifies the knowledge, skills, and affective behaviors participants achieve.	☐	Identifies the knowledge, skills, and affective behaviors participants achieve.	☐	Somewhat identifies the knowledge, skills, and affective behaviors participants achieve.	☐	Does not adequately identify the knowledge, skills, and affective behaviors participants achieve.
☐	**Concise** and specific.	☐	Clear and specific.	☐	Overly broad.	☐	Overly comprehensive and not specific.
☐	**Clearly** measurable.	☐	Measurable.	☐	Somewhat measurable.	☐	Not measurable.
☐	**Readily** observable.	☐	Observable.	☐	Somewhat observable.	☐	Not observable.
		☐	Focus on learning outcomes rather than curriculum inputs.			☐	Focus on curriculum inputs.
☐	Reflects a single, focused outcome rather than combine multiple outcomes supporting clearly measurable outcome statements.	☐	Mostly reflects a single outcome within each statement rather than combining multiple outcomes that is readily measurable.	☐	Majority of program outcome statements combine multiple outcomes within single statements making it difficult to measure.	☐	Combines multiple outcomes within single statements that results in inability to effectively measure.

Exhibit Reference:	Exhibit 3 – Assessment Table
SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	**Clearly** identifies key indicators that correspond to mission, goals, and outcomes.	☐	Identifies key indicators that correspond to mission, goals, and outcomes.	☐	**Majority** of key indicators correspond to mission, goals, and outcomes.	☐	**Some** key indicators correspond to mission, goals, and outcomes.
☐	**Concise** and well-defined.	☐	**Clear** and well-defined.	☐	Somewhat defined.	☐	Unclear.
☐	Easily measurable.	☐	Measurable.	☐	Somewhat measurable.	☐	Not measurable.
☐	**Clearly** identifies quantitative and qualitative metrics that corresponds to key indicators.	☐	Identifies quantitative or qualitative metrics that corresponds to key indicators.	☐	Identifies quantitative or qualitative metrics that correspond to **some** key indicators.	☐	Metrics do not correspond to key indicators.
☐	Data is **regularly** collected and evaluated **throughout** the year.	☐	Data annually collected and evaluated.	☐	Data is **intermittently** collected and evaluated.	☐	Minimal data is collected and evaluated.
☐	Data supports **efficient** evaluation of participant performance.	☐	Data supports evaluation of participant performance.	☐	Data is **somewhat** sufficient for evaluating participant performance.	☐	Data is insufficient for evaluating participant performance.
☐	Data results in **clear** evidence of program effectiveness.	☐	Data results in evidence of program effectiveness.	☐	Data is somewhat sufficient evidence of program effectiveness.	☐	Data is insufficient evidence of program effectiveness.

Exhibit Reference:	Exhibit 2 – Mission and Goals Chart Exhibit 3 – Assessment Table
SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	Developed and **aligned** with the most recent DRP or DFP.	☐	Developed from the most recent DRP or DFP.	☐	Inconsistently developed from the most recent DRP or DFP.	☐	Not developed from the most recent DRP or DFP.
☐	Curriculum components **clearly** complement each other to enhance participant learning.	☐	Curriculum components complement each other to enhance participant learning.	☐	Curriculum components **primarily** complement each other and **somewhat** enhances participant's learning.	☐	Curriculum components do not complement each other and do not enhance participant learning.
☐	Organization of didactic and clinical components **logically coincide** to support effective learning.	☐	Organization of didactic and clinical components support effective learning.	☐	Organization of didactic and clinical components **somewhat** support learning.	☐	Organization of didactic and clinical components do not effectively support learning.
☐	Curriculum structure is **optimized** to support achievement of program outcomes.	☐	Curriculum structure supports achievement of program outcomes.	☐	Curriculum structure **somewhat** supports achievement of program outcomes.	☐	Curriculum structure **does not** support achievement of program outcomes.
☐	Structure **optimizes** designation types, lengths, and sequencing of learning experiences in a **logical order** that ensures achievement of program outcomes.	☐	Structure designates types, lengths, and sequences of learning experiences in an established sequence that ensures achievement of program outcomes.	☐	Majority of types, lengths, and sequencing of learning experiences directly supports achievement of program outcomes.	☐	Designation types, lengths, and sequencing of learning experiences do not support the achievement of program outcomes.
☐	Curriculum exceeds the minimum required hours for practice settings and patient populations as outlined within the DRP/DFP (please refer to the Practice Settings and Patient Populations	☐	Curriculum meets minimum required hours for practice settings and patient populations as outlined within the DRP/DFP (please refer to the Practice Settings and Patient Populations sections of the			☐	Curriculum does not meet minimum required hours for practice settings and patient populations as outlined within the DRP/DFP (please refer to the Practice Settings and Patient Populations

	sections of the respective DRP/DFP).		respective DRP/DFP).			sections of the respective DRP/DFP).
Exhibit Reference:	Exhibit 3 – Assessment Table					
SER Review Findings:	[Insert for Findings from SER review]					
Site Visit Finding:	[Insert for Findings from Site Visit]					
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]					
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:						
ABPTRFE Decision:						

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).

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Didactic and clinical curriculum **optimizes** participants' experience with a diverse patient population and practice settings as characterized in the DRP or DFP.	☐	Didactic and clinical curriculum **promotes** participants' experience with a diverse patient population and practice settings as characterized in the DRP or DFP.	☐	Didactic and clinical curriculum provides participants **limited** experience with a diverse patient population and practice settings as characterized by the DRP or DFP.	☐	Didactic and clinical curriculum **does not** allow sufficient experience with a diverse patient population and practice settings as characterized by the DRP or DFP.
☐	Didactic and clinical curriculum **integrates** exposure to a range of complexity as characterized in the DRP or DFP.	☐	Didactic and clinical curriculum **promotes** exposure to a range of complexity as characterized in the DRP or DFP.	☐	Didactic and clinical curriculum provides **limited** exposure to a range of complexity as characterized in the DRP or DFP.	☐	Didactic and clinical curriculum **does not** allow sufficient exposure to a range of complexity as characterized in the DRP or DFP.
SER Review Findings:	[Insert for Findings from SER review]						
Site Visit Finding:	[Insert for Findings from Site Visit]						
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]						
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]						
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Designed to **enhance** participant's achievement of knowledge, skills,	☐	Designed to **promote** participant's achievement of knowledge, skills,	☐	Primary design **inconsistently** promotes participant's achievement of knowledge, skills,	☐	Design **does not** promote participant's achievement of knowledge, skills,

	and affective behaviors.		and affective behaviors.		and affective behaviors.		and affective behaviors.
☐	Knowledge, skills, and affective behaviors **enhance** patient outcomes through effective integration of didactic instruction, focused practice, and application of evidence-based practice principles.	☐	Knowledge, skills, and affective behaviors **improve** patient outcomes through effective integration of didactic instruction, focused practice, and application of evidence-based practice principles.	☐	Knowledge, skills, and affective behaviors result in **some improved** patient outcomes through effective integration of didactic instruction, focused practice, and application of evidence-based practice principles.	☐	Knowledge, skills, and affective behaviors result in **limited improved** patient outcomes through integration of didactic instruction, focused practice, and application of evidence-based practice principles.
☐	Program's mentoring practices **enhance** the participant's skills in effectively developing patient care plans based on best practices.	☐	Program's mentoring practices **support** the participant's skills in developing patient care plans based on best practices.	☐	Program's mentoring **somewhat** supports the participant's skills in developing patient care plans based on best practices.	☐	Program's mentoring **does not** support the participant's skills in development patient care plans based on best practices.
SER Review Findings:		[Insert for Findings from SER review]					
Site Visit Finding:		[Insert for Findings from Site Visit]					
Required Actions*:		[Insert for Findings of Needs Improvement or Inadequate]					
Comments:		[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Program integrates a variety of educational methods, traditional or innovative, that **enhances** the participant's advancing level of mastery.	☐	Program integrates a variety of educational methods, traditional or innovative, to **promote** the participant's advancing level of mastery.	☐	Program integrates **limited** variety of educational methods to promote the participant's advancing level of mastery.	☐	Program **does not** integrate a variety of educational methods to promote the participant's advancing level of mastery.
☐	Educational methods **optimize** the curriculum content areas.	☐	Educational methods are **appropriate** to the curriculum content areas.	☐	Educational methods are **somewhat appropriate** to the curriculum content areas.	☐	Educational methods are **not comprehensively appropriate** to the curriculum content areas.
☐	Educational methods are **aligned** and **support** the program outcomes.	☐	Educational methods **reflect** all program outcomes.	☐	Educational methods reflect a majority, **but not all** the program outcomes.	☐	Educational methods **do not** reflect the program outcomes.

SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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, 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 examinations are required throughout the program.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	Assessments evaluate the **level achieved** of the participant's performance based on established measures.	☐	Assessments **evaluate** the participant's performance based on established measures.	☐	A **majority** of assessments evaluate the participant's performance based on identified measures.	☐	Assessments **somewhat evaluate** the participant's performance and are not based on identified measures.
☐	Program designs **meaningful** formative and summative methods to evaluate the participant's mastery of the curriculum.	☐	Program designs **effective** formative and summative methods to evaluate the participant's mastery of the curriculum.	☐	Program designs formative or summative methods that **ineffectively** evaluate the participant's mastery of the curriculum.	☐	Program's formative or summative methods **do not** comprehensively evaluate the participant's mastery of the curriculum.
☐	Program **strategically places** a variety of assessments that evaluate the participant's initial and advancing levels of knowledge, practice, and application of evidence-based practice and competence as characterized by the DRP or DFP.	☐	Program **integrates** a variety of assessments that evaluate the participant's initial and advancing levels of knowledge, practice, and application of evidence-based practice and competence as characterized by the DRP or DFP.	☐	Program integrates **limited** assessments to evaluate the participant's initial and advancing levels of knowledge, practice, and application of evidence-based practice and competence as characterized by the DRP or DFP.	☐	Program **does not** integrate assessments that evaluate the participant's initial and advancing levels of knowledge, practice, and application of evidence-based practice and competence as characterized by the DRP or DFP.
☐	Program requires **more than one** written examination and/or two live	☐	Program requires **one** written examination and **two** live patient	☐	Program requires one written examination and two live patient	☐	Program **does not** require one written examination and two live patient

	patient examinations.		examinations **throughout** the program.		examinations **upon completion** of the program.		examinations throughout the program.
Exhibit Reference:	Exhibit 3 – Assessment Table						
SER Review Findings:	[Insert for Findings from SER review]						
Site Visit Finding:	[Insert for Findings from Site Visit]						
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]						
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]						
Program Response:							
ABPTRFE Decision:							

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

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Program **seamlessly** integrates all domains of competence within the curriculum.	☐	Program **integrates all** domains of competence within the curriculum.	☐	Program integrates a **majority** of the domains of competence within the curriculum.	☐	Program **does not** integrate domains of competence within the curriculum.
☐	Program follows an **effective** process to monitor the participant's achievement of all domains of competence.	☐	Program follows a process to **monitor** the participant's achievement of all domains of competence.	☐	Program follows an **incomplete** process to monitor the participant's achievement of a **majority** of the domains of competence.	☐	Program **does not** have a process to monitor the participant's achievement of the domains of competence.
☐	Program **effectively** collects data on participant's achievement of all domains of competence.	☐	Program **collects** data on participant's achievement of **all** domains of competence.	☐	Program **inconsistently** collects data on participant's achievement of the domains of competence.	☐	Program **does not** collect data on participant's achievement of the domains of competence.
☐	Program **effectively** assesses the participant's achievement of all domains of competence.	☐	Program **assesses** the participant's achievement of all domains of competence.	☐	Program **inconsistently** assesses the participant's achievement all domains of competence.	☐	Program **does not** assess the participant's achievement of all domains of competence.
Exhibit Reference:		Exhibit 3 – Assessment Table					
SER Review Findings:		[Insert for Findings from SER review]					
Site Visit Finding:		[Insert for Findings from Site Visit]					

Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations	Meets Expectations		Needs Improvement*	Inadequate*	
	☐	Systematic set of learning experiences **addresses** the knowledge, skills, and affective behaviors the participant needs to achieve the program outcomes within a set period of time.		☐	**Unclear** how the set of systematic learning experiences addresses the knowledge, skills, and affective behaviors the participant needs to achieve the program outcomes within a set period of time.
	☐	Program is completed in ten full-time equivalent months and does not exceed sixty months.		☐	Program is completed in **fewer** than ten full-time equivalent months or in more than sixty months.
SER Review Findings:	[Insert for Findings from SER review]				
Site Visit Finding:	[Insert for Findings from Site Visit]				
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]				
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]				
Program Response:					
ABPTRFE Decision:					

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. Mentoring is conducted in-person and the participant is the primary patient/client care provider for 100 of the minimum 150 mentoring hours.

Exceeds Expectations		Meets Expectations		Needs Improvement*	Inadequate*	
☐	Program requires participants to **exceed** the minimum of 1,800	☐	Program requires participants to **meet** a minimum of 1,800		☐	Program requires participants to meet **less than** the minimum of 1,800

	total program hours.		total program hours.			total program hours.
☐	Program **exceeds** the required minimum of 300 educational hours.	☐	Program requires a **minimum** 300 educational hours.		☐	Program requires **less than** 300 educational hours.
☐	Program **exceeds** the required minimum of 1,500 patient-care clinic hours.	☐	Program requires a **minimum** 1,500 patient-care clinic hours.		☐	Program requires **less than** 1,500 patient-care clinic hours.
☐	Program **exceeds** a required minimum of 150 hours of 1:1 mentoring throughout the program.	☐	Program requires a **minimum** 150 hours of 1:1 mentoring throughout the program.		☐	Program requires **less than** 150 hours of 1:1 mentoring throughout the program.
☐	In-person mentoring is conducted when the participant is the primary patient/clinic care provider for **over** 100 of the minimum 150 mentoring hours.	☐	In-person mentoring is conducted when the participant is the primary patient/clinic care provider for 100 of the minimum 150 mentoring hours.		☐	In-person mentoring is conducted when the participant is the primary patient/clinic care provider for **less than** 100 of the 150 mentoring hours.
SER Review Findings:		[Insert for Findings from SER review]				
Site Visit Finding:		[Insert for Findings from Site Visit]				
Required Actions*:		[Insert for Findings of Needs Improvement or Inadequate]				
Comments:		[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]				
Program Response:						
ABPTRFE Decision:						

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. Mentoring is conducted in-person and the participant is the primary patient/client care provider for 75 of the minimum 150 mentoring hours.

Exceeds Expectations		Meets Expectations		Needs Improvement*	Inadequate*	
☐	Program requires participants to **exceed** the required minimum of 1,000 total program hours.	☐	Program requires participants to **meet** a minimum of 1,000 total program hours.		☐	Program requires participants to meet **less than** the minimum of 1,000 total program hours.
☐	Program **exceeds** the required minimum of 150 educational hours.	☐	Program requires a **minimum** 150 educational hours.		☐	Program requires **less than** 150 educational hours.
☐	Program **exceeds** the required	☐	Program requires a **minimum** 850		☐	Program requires **less than** 850

	minimum of 850 patient-care clinic hours.		patient-care clinic hours.			patient-care clinic hours.
☐	Program **exceeds** the required minimum of 150 hours of 1:1 mentoring throughout the program.	☐	Program requires a **minimum** 150 hours of 1:1 mentoring throughout the program.		☐	Program requires **less than** 150 hours of 1:1 mentoring throughout the program.
☐	In-person mentoring is conducted when the participant is the primary patient/clinic care provider for **over** 75 of the minimum 150 mentoring hours.	☐	In-person mentoring is conducted when the participant is the primary patient/clinic care provider for 75 of the minimum 150 mentoring hours.		☐	In-person mentoring is conducted when the participant is the primary patient/clinic care provider for **less than** 75 of the 150 mentoring hours.
SER Review Findings:		[Insert for Findings from SER review]				
Site Visit Finding:		[Insert for Findings from Site Visit]				
Required Actions*:		[Insert for Findings of Needs Improvement or Inadequate]				
Comments:		[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]				
Program Response:						
ABPTRFE Decision:						

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	All settings promote a **consistent culture** among all settings or affiliated clinical sites where management and professional staff are committed to seeking excellence in education and patient care.	☐	All settings or affiliated clinical sites engage management, and professional staff are committed to seeking excellence in education and patient care.	☐	A **majority** of settings or affiliated clinical sites engage management, and professional staff are committed to seeking excellence in education and patient care.	☐	**Limited** settings or affiliated clinical sites engage management, and professional staff are committed to seeking excellence in education and patient care.
☐	All settings or affiliated clinical sites conduct **regular audits to ensure** substantial compliance with professionally developed and nationally applied practice and	☐	All settings or affiliated clinical sites **demonstrate** substantial compliance with professionally developed and nationally applied practice and operational standards.	☐	A **majority** of settings or affiliated clinical sites demonstrate substantial compliance with professionally developed and nationally applied practice and	☐	**Limited** settings or affiliated clinical sites demonstrate substantial compliance with professional development and nationally applied practice and operational standards.

	operational standards.				operational standards.		
☐	Program takes **proactive planning** steps to assure sufficient resources to achieve the mission, goals, and outcomes.	☐	Program takes steps to assure sufficient resources to achieve the mission, goals, and outcomes.	☐	Program **seeks** ongoing resources to achieve the mission, goals, and outcomes.	☐	Program **does not maintain** sufficient resources to achieve the mission, goals, and outcomes.
		☐	Program **ensures** that the curriculum and learning experiences are delivered consistently across all clinical sites and identify who is responsible for this oversight.			☐	Program **does not** have mechanisms in place to ensure that the curriculum and learning experiences are delivered consistently across all clinical sites and identify who is responsible for this oversight.
SER Review Findings:		[Insert for Findings from SER review]					
Site Visit Finding:		[Insert for Findings from Site Visit]					
Required Actions*:		[Insert for Findings of Needs Improvement or Inadequate]					
Comments:		[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Collectively, curriculum components integrate to **highlight** the professional benefit of advance clinical education through mentoring.	☐	Program **emphasizes** the professional benefit of advanced clinical education through mentoring.	☐	Program integrates mentoring as a **limited** benefit of advanced clinical education.	☐	Program integrates a **minimal focus** on the professional benefit of advanced clinical education through mentoring.
☐	Participants receive individualized guidance on emerging and current best practices, patient care, and evidence-based practice in a defined area of practice	☐	Participants receive individualized guidance on emerging and current best practices, patient care, and evidence-based practice in a defined area of practice at set	☐	Participants receive **limited** individual guidance not provided at specific intervals on emerging and current best practices, patient care, and evidence-based practice in a	☐	Participants receive **inconsistent** individual guidance on emerging and current best practices, patient care, and evidence-based practice in a defined area of practice.

	consistently and **seamlessly** throughout the program.		intervals **throughout** the program.		defined area of practice.		
☐	Program **systematically** integrates emerging and best mentoring practices throughout the curriculum.	☐	Program **integrates** emerging and best mentoring practices throughout the curriculum.	☐	Program integrates **some** emerging and best mentoring practices inconsistently throughout the curriculum.	☐	Program integrates **limited to no** emerging and best mentoring practices throughout the curriculum.
SER Review Findings:		[Insert for Findings from SER review]					
Site Visit Finding:		[Insert for Findings from Site Visit]					
Required Actions*:		[Insert for Findings of Needs Improvement or Inadequate]					
Comments:		[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:							
ABPTRFE Decision:							

Site Visit Mentoring Session Observation Evaluation ONLY

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
During the mentoring session, the mentor displayed the following **personal characteristics.**							
☐	**Recognizes opportunities** and engages in ongoing self-reflection and self-development.	☐	**Engages** in self-reflection and self-development to ensure effectiveness as a teacher.	☐	**Inconsistently** engages in self-reflection and self-development.	☐	**Does not** engage in self-reflection and self-development.
☐	**Seeks opportunities** to learn/teach.	☐	Demonstrates **willingness** to learn/teach.	☐	**Inconsistently** demonstrates a willingness to learn/teach.	☐	**Did not** demonstrate a willingness to learn/teach.
☐	**Seeks opportunities** and pursues excellence in teaching and mentoring.	☐	Demonstrates **eagerness** and **excitement** to pursue excellence in teaching and mentoring.	☐	**Somewhat** eager and excited to pursue excellence in teaching and mentoring.	☐	**Not** eager or excited to pursue excellence in teaching and mentoring.
☐	**Ongoing enhancement** of a trusting environment to promote mentoring.	☐	**Consistently** develops a trusting environment.	☐	**Inconsistently** develops a trusting environment.	☐	**Does not** develop a trusting environment.
The mentor displayed the following characteristics related to **interactions**:							
☐	**Seeks opportunities** to **optimize** educational strategies and enhance communication tailored to the learning context and the learner's needs.	☐	**Consistently** uses effective communication skills providing clarifications.	☐	**Inconsistently** uses effective communication skills.	☐	**Does not** use effective communication skills.
☐	**Actively encourages** learner-centered engagement.	☐	**Committed** to learner engagement.	☐	**Inconsistently** demonstrates commitment to learner engagement.	☐	**Does not** demonstrate learner engagement.
☐	**Approaches** each session with care related to sensitive generational and cultural differences.	☐	**Identifies** and provides care related to sensitive generational and cultural differences.	☐	**Inconsistently** identifies and provides care related to sensitive	☐	**Does not** identify or provide care related to sensitive

					generational and cultural differences.		generational and cultural differences.
☐	**Seeks** feedback for improvement.	☐	**Open** to feedback.	☐	**Guarded** when receiving feedback.	☐	**Does not** accept feedback.
☐	**Demonstrates expertise** in handling complex patient, provider, and organizational situations.	☐	**Able to handle** complex patient, provider, and organizational situations.	☐	**Inconsistently** handles complex patient, provider, and organizational situations.	☐	**Unable** to handle complex patient, provider, and organizational situations.
☐	**Demonstrates expertise** in functioning competently in uncertain situations (e.g., when limited evidence exists, a therapist must make the most appropriate patient management decisions possible).	☐	**Able to function** competently in uncertain situations (e.g., when limited evidence exists, a therapist must make the most appropriate patient management decisions possible).	☐	**Inconsistently** functions competently in uncertain situations (e.g., when limited evidence exists, a therapist must make the most appropriate patient management decisions possible).	☐	**Does not** function competently in uncertain situations (e.g., when limited evidence exists, a therapist must make the most appropriate patient management decisions possible).
The mentor displayed the following characteristics related to **responsibilities.**							
☐	**Seeks to enhance** mentoring opportunities.	☐	**Demonstrates** commitment to mentoring.	☐	**Inconsistently** demonstrates commitment to mentoring.	☐	**Does not** demonstrate commitment to mentoring.
☐	Provides constructive and **effective** critique of the program participant's work and enhances strategies for change.	☐	Provides constructive and **useful** critique of the program participant's work and strategies for change.	☐	**Inconsistently** provides constructive and useful critique of the program participant's work and strategies for change.	☐	**Does not** provide constructive and useful critique of the program participant's work and strategies for change.
☐	**Fosters** an environment for the program participant to expand his/her abilities.	☐	**Challenges** the program participant to expand his/her abilities.	☐	**Inconsistently** challenges the program participant to expand his/her abilities.	☐	**Does not** challenge the program participant to expand his/her abilities.
☐	Provides timely, **effective**, and comprehensive feedback on the program participant's performance and development.	☐	Provides timely, **clear**, and comprehensive feedback on the program participant's performance and development.	☐	**Inconsistently** provides timely, clear, and comprehensive feedback on the program participant's performance and development.	☐	**Does not** provide timely, clear, and comprehensive feedback on the program participant's performance and development.
☐	**Engages** in conversations to further develop the program participant's independence, creativity, and uniqueness.	☐	**Respects** and **fosters** the program participant's independence, creativity, and uniqueness.	☐	**Inconsistently** respects and fosters the program participant's independence, creativity, and uniqueness.	☐	**Does not** respect or foster the program participant's independence, creativity, and uniqueness.
The mentor displayed the following characteristics related to **effective mentoring techniques.**							
☐	Participation **enhances**, but **does not interfere**	☐	**Appropriately** participates in the session.	☐	**Inconsistently** participates in the session.	☐	**Does not** participate in the session.

	with, patient care during the mentoring session.						
☐	**Enhances** mentoring opportunities by providing effective supportive, collegial, and respectful feedback.	☐	Provides supportive, collegial, and respectful feedback.	☐	**Inconsistently** provides supportive, collegial, and respectful feedback.	☐	**Does not** provide supportive, collegial, and respectful feedback.
	The mentor **effectively** displays the following six mentor competencies (refer to the mentoring resource manual for definitions and behaviors that incorporate these competencies).		The mentor displays the following six mentor competencies (refer to the mentoring resource manual for definitions and behaviors that incorporate these competencies).		The mentor **inconsistently** displays the following six mentor competencies (refer to the mentoring resource manual for definitions and behaviors that incorporate these competencies).		The mentor **does not** display the following six mentor competencies (refer to the mentoring resource manual for definitions and behaviors that incorporate these competencies).
☐	• Content Knowledge	☐	• Content Knowledge	☐	• Content Knowledge	☐	• Content Knowledge
☐	• Learner-Directed	☐	• Learner- Directed	☐	• Learner- Directed	☐	• Learner- Directed
☐	• Communication Expertise	☐	• Communication Expertise	☐	• Communication Expertise	☐	• Communication Expertise
☐	• Professional Integrity	☐	• Professional Integrity	☐	• Professional Integrity	☐	• Professional Integrity
☐	• Self-Reflection and Lifelong Learning	☐	• Self-Reflection and Lifelong Learning	☐	• Self-Reflection and Lifelong Learning	☐	• Self-Reflection and Lifelong Learning
SER Review Findings:		[Insert for Findings from SER review]					
Site Visit Finding:		[Insert for Findings from Site Visit]					
Required Actions*:		[Insert for Findings of Needs Improvement or Inadequate]					
Comments:		[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations	Meets Expectations		Needs Improvement*	Inadequate*	
	☐	Program follows a process for verifying that participants meet completion requirements.		☐	Program **does not** have a process for verifying that participants meet completion requirements.
	☐	Program director awards a certificate of graduation to participants who complete the program.		☐	Program director **does not** award a certificate of graduation to participants who

					complete the program.
	☐	Certificate **reflects** the ABPTRFE Processes and Procedures Authorized Statement.		☐	Certificate **does not** reflect the ABPTRFE Processes and Procedures Authorized Statement.
	☐	Certificate is signed by the program director **and** appropriate administrators of the sponsoring organization.		☐	Certificate is not signed **by either** a program director or appropriate administrators of the sponsoring organization.
	☐	Program issues certificates once participants complete all program requirements.		☐	Program **does not** follow processes to issue certificates before participants complete all program requirements.

SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	Program publishes equitable and inclusive admissions policies that are **clear** and **concise**.	☐	Program publishes **equitable and inclusive** admissions policies.	☐	Program publishes admissions policies.	☐	Program **does not** publish admissions policies.
		☐	Program **identifies** who is responsible for evaluating			☐	Program **does not** identify who is responsible for

			prospective participants.				evaluating prospective participants.
☐	Program implements processes **designed** to **consistently** verify participants are eligible to practice based on state requirements.	☐	Program **verifies** participants are eligible to practice based on state requirements.	☐	Program **inconsistently** verifies participants are eligible to practice based on state requirements.	☐	Program **does not** verify participants are eligible to practice based on state requirements.
☐	Program implements consistent procedures **designed** to **effectively** evaluate prospective participants' ability to be successful and achieve their educational goals.	☐	Program implements **consistent** procedures to evaluate prospective participants' ability to be successful and achieve their educational goals.	☐	Program **inconsistently** evaluates prospective participants' ability to be successful and achieve their educational goals.	☐	Program **does not** evaluate prospective participants' ability to be successful and achieve their educational goals.
		☐	Program advances diversity and promotes a culture of inclusion and equity with groups historically underrepresented in the profession.			☐	Program **does not** advance diversity or promote a culture of inclusion and equity.

SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	Program publishes **clear and concise** admissions qualifications requiring fellowship participants to have	☐	Program publishes admissions qualifications requiring fellowship participants to have earned a ABPTS	☐	Program publishes **unclear** admissions qualifications requiring fellowship participants to have earned a ABPTS	☐	Program **does not** publish admissions qualifications requiring fellowship participants to have earned a ABPTS

	earned a ABPTS specialist certification or completed an ABPTRFE-accredited residency.		specialist certification or completed an ABPTRFE-accredited residency.		specialist certification or completed an ABPTRFE-accredited residency.		specialist certification or completed an ABPTRFE-accredited residency.
☐	Program implements procedures **designed** to **effectively** verify fellowship participants meet additional admissions requirements.	☐	Program **verifies** fellowship participants meet additional admissions requirements.	☐	Program **inconsistently** verifies fellowship participants meet additional admissions requirements.	☐	Program **does not** verify fellowship participants meet additional admissions requirements.

SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
		☐	Program **implements** procedures to ensure participants sign a contract/agreement/letter of appointment prior to commencing the residency/fellowship program.	☐	Program **inconsistently** implements procedures to ensure participants sign a contract/agreement/letter of appointment prior to commencing the residency/fellowship program.	☐	Program **lacks procedures** to ensure participants sign a contract/agreement/letter of appointment prior to commencing the residency/fellowship programs.
		☐	Contract/agreement/letter of appointment **complies** with the ABPTRFE Admissions Offer Disclosures Check List.	☐	Contract/agreement/letter of appointment **does not comply** with the ABPTRFE Admissions Offer Disclosures Check List.		
		☐	Participant Handbook **complies** with the ABPTRFE Admissions Offer Disclosures Check List.	☐	Participant Handbook **does not comply** with the ABPTRFE Admissions Offer Disclosures Check List.		

Exhibit Reference	Exhibit 5 – Admissions Offer Disclosures List Exhibit 6 – Blank Contract/Agreement/Letter of Appointment
SER Review Findings:	[Insert for Findings from SER review]

Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	Program **designs** and **conducts effective** orientation activities to readily familiarize participants with program requirements including the mission, goals, outcomes, administrative policies, ABPTRFE quality standards, designated learning experiences, and evaluation processes.	☐	Program **conducts** orientation activities to familiarize participants with program requirements including the mission, goals, outcomes, administrative policies, ABPTRFE quality standards, designated learning experiences, and evaluation processes.	☐	Program conducts **limited** orientation activities that makes it challenging for participants to familiarize themselves with the program requirements including the mission, goals, outcomes, administrative policies, ABPTRFE quality standards, designated learning experiences, and evaluation processes.	☐	Program **does not** conduct orientation activities that familiarize participants with the program requirements including the mission, goals, outcomes, administrative policies, ABPTRFE quality standards, designated learning experiences, and evaluation processes.

SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
		☐	Program **implements** appropriate retention policies and procedures.	☐	Program **inconsistently** implements appropriate retention policies and procedures.	☐	Program **lacks** appropriate retention policies and procedures.

		☐	Program's retention policies and procedures include academic **and** clinical requirements participants fulfill to maintain active status through graduation.	☐	Program's retention policies and procedures include only academic **or** clinical requirements participants fulfill to maintain active status through graduation.	☐	Program's retention policies and procedures **do not** include academic or clinical requirements participants fulfill to maintain active status through graduation.
SER Review Findings:	[Insert for Findings from SER review]						
Site Visit Finding:	[Insert for Findings from Site Visit]						
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]						
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]						
Program Response:							
ABPTRFE Decision:							

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).

Exceeds Expectations	Meets Expectations		Needs Improvement*		Inadequate*	
	☐	Program **applies** appropriate remediation policies and procedures including criteria for program dismissal if remediation efforts are unsuccessful.	☐	Program **inconsistently** applies appropriate remediation policies and procedures including criteria for program dismissal if remediation efforts are unsuccessful.	☐	Program **lacks** appropriate remediation policies and procedures including criteria for program dismissal if remediation efforts are unsuccessful.
	☐	Program **establishes** methods and timelines to identify and remedy unsatisfactory clinical or academic performance.	☐	Program **does not** establish methods or timelines to identify and remedy unsatisfactory clinical or academic performance.	☐	Program **lacks** methods and timelines to identify and remedy unsatisfactory clinical or academic performance.
	☐	Program **documents** participants received the remediation policies.	☐	Program **inconsistently** documents participants received the remediation policies.	☐	Program **does not** document participants received the remediation policies.
	☐	Program **provides** a specific remediation plan to participants that outlines the reason	☐	Program **inconsistently** provides a specific remediation plan to participants that	☐	Program **does not** provide a specific remediation plan to participants that outlines the reason

		for remediation, the length of remediation, the requirements of meeting remediation, and documents by signature participants' acknowledgement of the remediation plan.		outlines the reason for remediation, the length of remediation, the requirements of meeting remediation, and documents by signature participants' acknowledgement of the remediation plan.		for remediation, the length of remediation, the requirements of meeting remediation, and documents by signature participants' acknowledgement of the remediation plan.

SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	Program **applies** and **consistently** follows appropriate termination policy and procedures including termination of participants who become ineligible to practice due to loss of license or for identified clinical or academic reasons.	☐	Program **applies** appropriate termination policy and procedures including termination of participants who become ineligible to practice due to loss of license or for identified clinical or academic reasons.	☐	Program **inconsistently** applies appropriate termination policy and procedures including termination of participants who become ineligible to practice due to loss of license or for identified clinical or academic reasons.	☐	Program **lacks** appropriate termination policy and procedures including termination of participants who become ineligible to practice due to loss of license or for identified clinical or academic reasons.
☐	Program **implements consistent** procedures and timelines followed for termination.	☐	Program **establishes** procedures and timelines followed for termination.	☐	Program **inconsistently** follows procedures and timelines followed for termination.	☐	Program **lacks** established procedures and timelines followed for termination.
☐	Program **implements** procedures for verifying the employment status of participants should program termination occur.	☐	Program **identifies** the employment status of participants should program termination occur.	☐	Program **does not** identify employment status of participants should program termination occur.	☐	Program **lacks** procedures for identifying employment status of participants should program termination occur.

SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations	Meets Expectations		Needs Improvement*		Inadequate*	
	☐	Program **implements** an equitable grievance policy including procedures for appeal that ensures due process for participants, faculty, and staff.	☐	Program **inconsistently** implements an equitable grievance policy including procedures for appeal that ensure due process for participants, faculty, and staff.	☐	Program **lacks** an equitable grievance policy including procedures for appeal that ensure due process for participants, faculty, and staff.
	☐	Program **publishes** ABPTRFE's grievance policy for participants to follow if issues are not resolved at the program level.	☐	Program **does not** publish ABPTRFE's grievance policy for participants to follow if issues are not resolved at the program level.		
SER Review Findings:	[Insert for Findings from SER review]					
Site Visit Finding:	[Insert for Findings from Site Visit]					
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]					
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:						
ABPTRFE Decision:						

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.

Exceeds Expectations	Meets Expectations		Needs Improvement*		Inadequate*
	☐	Program **establishes** appropriate professional, family, and sick leave policies.	☐	Program **does not** establish appropriate professional, family, and sick leave policies.	
	☐	Program's professional, family, and sick leave policies **include** descriptions on how these leaves could	☐	Program's professional, family, and sick leave policies **do not** include descriptions on how these	

		impact participants' ability to complete the program.		leaves could impact participants' ability to complete the program.	
SER Review Findings:	[Insert for Findings from SER review]				
Site Visit Finding:	[Insert for Findings from Site Visit]				
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]				
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]				
Program Response:					
ABPTRFE Decision:					

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.

Exceeds Expectations	Meets Expectations		Needs Improvement*	Inadequate*	
	☐	Program **documents** compliance with applicable federal, state, and local regulations including non-discrimination, privacy, and confidentiality policies.		☐	Program **does not** document compliance with applicable federal, state, and local regulations including non-discrimination, privacy, and confidentiality policies.
	☐	Program creates and follows a process when implementing their non-discrimination policy.		☐	Program does not have or follow a process when implementing their non-discrimination policy.
SER Review Findings:	[Insert for Findings from SER review]				
Site Visit Finding:	[Insert for Findings from Site Visit]				
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]				
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]				
Program Response:					
ABPTRFE Decision:					

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.

Exceeds Expectations	Meets Expectations		Needs Improvement*	Inadequate*	
	☐	Program **implements** a process for ensuring all participants maintain comprehensive		☐	Program **does not** have a process for ensuring all participants maintain comprehensive malpractice

		malpractice coverage to cover all work conducted as part of the program which may or may not be provided through the sponsoring organization of the program.			coverage to cover all work conducted as part of the program which may or may not be provided through the sponsoring organization of the program.
SER Review Findings:	[Insert for Findings from SER review]				
Site Visit Finding:	[Insert for Findings from Site Visit]				
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]				
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]				
Program Response:					
ABPTRFE Decision:					

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

Exceeds Expectations	Meets Expectations		Needs Improvement*		Inadequate*	
	☐	Program **maintains** a record of current and past program participants.	☐	Program **inconsistently** maintains a record of current and past program participants.	☐	Program **does not** maintain a record of current and past program participants.
	☐	Program **identifies** who is responsible for tracking current and past program participants.			☐	Program **does not** identify who is responsible for tracking current and past program participants.
SER Review Findings:	[Insert for Findings from SER review]					
Site Visit Finding:	[Insert for Findings from Site Visit]					
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]					
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:						
ABPTRFE Decision:						

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	Program director possesses qualifications and **extensive** prior experience in one or all areas including operations, financial	☐	Program director possesses the qualifications and experience **across all** areas including operations, financial management, and leadership to	☐	Program director possesses the qualifications and experience in **some**, but not all of the areas including operations, financial management, and	☐	Program director minimally possesses the qualifications and **does not** possess experience in all areas including operations, financial

	management, and leadership to administratively oversee all aspects of the program in support of the mission, goals, and outcomes.		administratively oversee all aspects of the program in support of the mission, goals, and outcomes.		leadership to administratively oversee all aspects of the program in support of the mission, goals, and outcomes.		management, and leadership to administratively oversee all aspects of the program in support of the mission, goals, and outcomes.
		☐	The program **identifies** and documents the role and responsibilities of the program director.	☐	The program **does not** fully identify or document the role and responsibilities of the program director.		
Exhibit Reference:		Exhibit 7 – Program Director Curriculum Vitae or Resume					
SER Review Findings:		[Insert for Findings from SER review]					
Site Visit Finding:		[Insert for Findings from Site Visit]					
Required Actions*:		[Insert for Findings of Needs Improvement or Inadequate]					
Comments:		[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations	Meets Expectations		Needs Improvement*		Inadequate*
	☐	Program coordinator (if applicable) **oversees** the curriculum and ensures it comprehensively incorporates the requirements published in the DRP or DFP.	☐	Program coordinator (if applicable) **inconsistently** oversees the curriculum and ensures it comprehensively incorporates the requirements published in the DRP or DFP.	
	☐	Program coordinator is a licensed physical therapist who **completed** either 1) ABPTS board certification plus one year of clinical experience or an accredited	☐	Program coordinator is a licensed physical therapist who **did not** complete either 1) ABPTS board certification plus one year of clinical experience or an accredited	

		residency/fellowship within a defined area of practice plus one year of clinical experience.		residency/fellowship within a defined area of practice plus one year of clinical experience.	
	☐	**OR** Program coordinator is a licensed physical therapist who **obtained** a minimum of five years of clinical experience in the defined area of practice.	☐	**OR** Program coordinator is a licensed physical therapist who **did not** obtain a minimum of five years of clinical experience in the defined area of practice.	
Exhibit Reference:	Exhibit 8 – Program Coordinator Curriculum Vitae or Resume				
SER Review Findings:	[Insert for Findings from SER review]				
Site Visit Finding:	[Insert for Findings from Site Visit]				
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]				
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]				
Program Response:					
ABPTRFE Decision:					

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 other identities and/or statuses. Programs strive for diversity and a culture of inclusion among faculty, particularly with regard to historically underrepresented groups.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	Program engages individuals **highly** qualified by education **and** experience based on their roles and responsibilities.	☐	Program engages individuals **qualified** by education **and** experience based on their roles and responsibilities.	☐	Program engages individuals qualified by either education **or** experience based on their roles and responsibilities.	☐	Program engages individuals who are **not** qualified by education **or** experience based on their roles and responsibilities.
☐	Faculty possess **extensive** academic background to ensure the delivery of quality residency/fellowship education.	☐	Faculty possess academic background to ensure the delivery of quality residency/fellowship education.	☐	Faculty possess **limited** academic background to ensure the delivery of quality residency/fellowship education.	☐	Faculty **do not** possess academic background to ensure the delivery of quality residency/fellowship education.
☐	Faculty possess **extensive** professional experience to ensure the delivery of quality residency/fellowship education.	☐	Faculty possess professional experience to ensure the delivery of quality residency/fellowship education.	☐	Faculty possess **limited** professional experience to ensure the delivery of quality residency/fellowship education.	☐	Faculty **do not** possess professional experience to ensure the delivery of quality residency/fellowship education.

☐	Faculty **consistently** participates in ongoing professional development directly related to program roles and responsibilities to ensure the delivery of quality residency/fellowship education.	☐	Faculty **participates** in ongoing professional development to ensure the delivery of quality residency/fellowship education.	☐	Faculty participate in **limited** professional development that does not adequately support the delivery of quality residency/fellowship education.	☐	Faculty **do not** participate in professional development that supports the delivery of quality residency/fellowship education.
		☐	Program creates and follows a process for preventing discrimination among faculty.			☐	Program does not have or follow a process for preventing discrimination among faculty.
Exhibit Reference:		Exhibit 9 – Faculty Qualifications Chart					
SER Review Findings:		[Insert for Findings from SER review]					
Site Visit Finding:		[Insert for Findings from Site Visit]					
Required Actions*:		[Insert for Findings of Needs Improvement or Inadequate]					
Comments:		[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Program engages a sufficient number of faculty and **plans** for future faculty needs.	☐	Program engages a sufficient number of faculty.	☐	Program engages a **limited** number of faculty.	☐	Program engages an **insufficient** number of faculty.
☐	Faculty are sufficient in number to allow for teaching, mentoring, administration, individual counseling, supervision, and research **throughout** the program to **enhance**	☐	Faculty are sufficient in number to allow for teaching, mentoring, administration, individual counseling, supervision, and research **throughout** the program.	☐	Faculty are **limited** in number to sufficiently allow for teaching, mentoring, administration, individual counseling, supervision, and research throughout the program.	☐	Faculty are **inadequate** in number to sufficiently allow for teaching, mentoring, administration, individual counseling, supervision, and research throughout the program.

	participants learning.						
☐	Faculty are sufficient in number to participate in activities that **enhance** individual professional growth and development.	☐	Faculty are sufficient in number to participate in activities that **contribute** to individual professional growth and development.	☐	Faculty are **limited** in number to participate in activities that contribute to individual professional growth and development.	☐	Faculty are **inadequate** in number to participate in activities that contribute to individual professional growth and development.

Exhibit Reference:	Exhibit 9 – Faculty Qualifications Chart
SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	Faculty possess **extensive** qualifications necessary to oversee and initiate the learning experiences of the residency/fellowship program to support the program's mission, goals, and outcomes.	☐	Faculty **possess** qualifications necessary to oversee and initiate the learning experiences of the residency/fellowship program to support the program's mission, goals, and outcomes.	☐	Faculty possess **limited** qualifications necessary to oversee and initiate the learning experiences of the residency/fellowship program to support the program's mission, goals, and outcomes.	☐	Faculty **do not** possess the qualifications necessary to oversee and initiate the learning experiences of the residency/fellowship program to support the program's mission, goals, and outcomes.
☐	Faculty possess **extensive** advanced clinical skills, academic and	☐	Faculty possess **advanced** clinical skills, academic and experiential	☐	Faculty possess **limited** advanced clinical skills, academic and	☐	Faculty **do not** possess 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.		qualifications, diversity of backgrounds appropriate to meet program goals, expertise in residency/fellowship curriculum development and design, and expertise in program and participant evaluation.		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.		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.
☐	Program implements **systematic** procedures for judging faculty curricular area competence based on appropriate past and current involvement in specialist certification/advanced degree courses, experience as a clinician or academician, research experience, and teaching experience.	☐	Program **implements** procedures for judging faculty curricular area competence based on appropriate past and current involvement in specialist certification/advanced degree courses, experience as a clinician or academician, research experience, and teaching experience.	☐	Program implements **inconsistent** procedures for judging faculty curricular area competence based on appropriate past and current involvement in specialist certification/advanced degree courses, experience as a clinician or academician, research experience, and teaching experience.	☐	Program **does not** implement procedures for judging faculty curricular area competence based on appropriate past and current involvement in specialist certification/advanced degree courses, experience as a clinician or academician, research experience, and teaching experience.

Exhibit Reference:	Exhibit 9 – Faculty Qualifications Chart
SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	**More than one** current ABPTS-	☐	**One** current ABPTS-certified clinician	☐	One current ABPTS-certified clinician	☐	An ABPTS-certified clinician **does not**

	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.		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.		serves on the faculty of the residency program, but is **not 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.		serve on the faculty of the residency program and is not 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.
☐	Program ensures **all** mentoring is provided by ABPTS-certified clinicians in the area of specialty practice. If program is not within an ABPTS-approved area of specialty practice, all participants receive mentoring from individuals with substantial experience in the defined area of practice.	☐	Program ensures participants receive mentoring from **one** ABPTS-certified clinician in the area of specialty practice. If program is not within an ABPTS-approved area of specialty practice, participants receive mentoring from one individual with substantial experience in the defined area of practice.	☐	Program participants **inconsistently** receive mentoring from one ABPTS-certified clinician in the area of specialty practice. If program is not within an ABPTS-approved area of specialty practice, participants inconsistently receive mentoring from an individual with substantial experience in the defined area of practice.	☐	Program participants **do not** receive mentoring from an ABPTS-certified clinician in the area of specialty practice. If program is not within an ABPTS-approved area of specialty practice, participants do not receive mentoring from an individual with substantial experience in the defined area of practice.

Exhibit Reference:	Exhibit 9 – Faculty Qualifications Chart
SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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).

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	Faculty includes **more than one** individual with substantial and	☐	Faculty includes **one** individual with substantial and current experience in	☐	Faculty includes one individual with **limited** and current experience in the	☐	Faculty **does not** include an individual with substantial and current experience in

	current experience in the defined area of practice.		the defined area of practice.		defined area of practice.		the defined area of practice.
Exhibit Reference:	Exhibit 9 – Faculty Qualifications Chart						
SER Review Findings:	[Insert for Findings from SER review]						
Site Visit Finding:	[Insert for Findings from Site Visit]						
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]						
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]						
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***
☐	For applicable areas of practice, **all** mentors are ABPTS-board certified specialists in the program's area of practice.	☐	Mentors are 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 3 years) in the program's area of practice.	☐	**Not all** mentors are 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 3 years) in the program's area of practice.	
Exhibit Reference:	Exhibit 9 – Faculty Qualifications Chart					
SER Review Findings:	[Insert for Findings from SER review]					
Site Visit Finding:	[Insert for Findings from Site Visit]					
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]					
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:						
ABPTRFE Decision:						

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.

Exceeds Expectations	Meets Expectations		Needs Improvement*		Inadequate*
	☐	Mentors are 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 2 years) in the subspecialty area. in the program's area of practice.	☐	**Not all** mentors are 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 2 years) in the subspecialty area.	
	☐	For orthopaedic manual physical therapy fellowship programs, **all** mentors are Fellows of the American Academy of Orthopaedic Manual Physical Therapists (FAAOMPT)			
Exhibit Reference:	Exhibit 9 – Faculty Qualifications Chart				
SER Review Findings:	[Insert for Findings from SER review]				
Site Visit Finding:	[Insert for Findings from Site Visit]				
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]				
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]				
Program Response:					
ABPTRFE Decision:					

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.

Exceeds Expectations	Meets Expectations	Needs Improvement*	Inadequate*

☐	Faculty are provided ongoing professional development experiences that directly support their role within the program and **enhance** identified professional development weaknesses.	☐	Program **provides** ongoing professional development experiences for faculty to support their role within the program.	☐	Program provides **limited** professional development experiences for faculty that inconsistently support their role within the program.	☐	Program **does not** provide professional development experiences for faculty to support their role within the program.
☐	Program **implements** a mentoring program or similar efforts for fostering growth of faculty for career advancement.	☐	Program **proactively and consistently** encourages mentoring for faculty to further career advancement.	☐	Program **inconsistently** encourages mentoring for faculty to further career advancement.	☐	Program **does not** encourage mentoring for faculty to further career advancement.

SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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 national 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.

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	Patient population is **abundant** in number and variety to readily achieve the mission, goals, and outcomes.	☐	Patient population is **sufficient** in number and variety to meet the mission, goals, and outcomes.	☐	Patient population is **limited** in number and variety to meet the mission, goals, and outcomes.	☐	Patient population is **insufficient** in number and variety to meet the mission, goals, and outcomes.
☐	Program provides an **excess** of mentored clinical practice experiences for the most common diagnoses or impairments	☐	Program provides **sufficient** mentored clinical practice experiences for the most common diagnoses or impairments	☐	Program provided **limited** mentored clinical practice experiences for the most common diagnoses or impairments	☐	Program provides **insufficient** mentored clinical practice experiences for the most common diagnoses or impairments

	identified in the DRP or DFP.		identified in the DRP or DFP.		identified in the DRP or DFP.		identified in the DRP or DFP.
☐	Additional learning experiences are **designed** to **enhance** and provide exposure to less commonly encountered practice elements.	☐	Additional learning experiences provide **sufficient** exposure to less commonly encountered practice elements.	☐	Additional learning experiences provide **some** exposure to less commonly encountered practice elements.	☐	Additional learning experiences provide **insufficient** exposure to less commonly encountered practice elements.
Exhibit Reference:		Exhibit 4: Medical Conditions Chart					
SER Review Findings:		[Insert for Findings from SER review]					
Site Visit Finding:		[Insert for Findings from Site Visit]					
Required Actions*:		[Insert for Findings of Needs Improvement or Inadequate]					
Comments:		[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Program provides participants and faculty access to an **excess** of current publications and other relevant materials in appropriate media to support the curriculum.	☐	Program provides participants and faculty **access** to current publications and other relevant materials in appropriate media to support the curriculum.	☐	Program provides participants and faculty access to **limited** current publications and other relevant materials in appropriate media to support the curriculum.	☐	Program **does not** provide participants and faculty access to current publications and other relevant materials in appropriate media to support the curriculum.
☐	Program **implements** procedures for regularly reviewing and updating publications and relevant materials.	☐	Program **establishes** procedures for regularly reviewing and updating publications and relevant materials.	☐	Program **inconsistently** follows procedures for reviewing and updating publications and relevant materials.	☐	Program **does not** follow procedures for reviewing and updating publications and relevant materials.
SER Review Findings:		[Insert for Findings from SER review]					
Site Visit Finding:		[Insert for Findings from Site Visit]					
Required Actions*:		[Insert for Findings of Needs Improvement or Inadequate]					
Comments:		[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:							
ABPTRFE Decision:							

4.3 **Support Services:** The program and sponsoring organization provides adequate support services that encourage and promote the participant's successful completion.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Program and sponsoring organization **design**	☐	Program and sponsoring organization provide	☐	Program and sponsoring organization provide	☐	Program and sponsoring organization **do not**

	meaningful support services that proactively encourage and promote participants' successful completion.		**adequate** support services that encourage and promote participants' successful completion.		**limited** support services that somewhat encourage and promote participants' successful completion.		provide support services that encourage and promote participants' successful completion.
SER Review Findings:	[Insert for Findings from SER review]						
Site Visit Finding:	[Insert for Findings from Site Visit]						
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]						
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]						
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Program **plans** for and **manages** financial resources that support the achievement of the mission, goals, and outcomes including academic integrity that results in continued program sustainability.	☐	Program **manages** financial resources that are **adequate** to achieve the mission, goals, and outcomes while supporting academic integrity that results in continued program sustainability.	☐	Program manages financial resources that are **somewhat** adequate to achieve the mission, goals, and outcomes while supporting academic integrity resulting in limited program sustainability.	☐	Program manages financial resources that are **insufficient** to achieve the mission, goals, and outcomes while supporting academic integrity resulting in limited program sustainability.
SER Review Findings:	[Insert for Findings from SER review]						
Site Visit Finding:	[Insert for Findings from Site Visit]						
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]						
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]						
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Sponsoring organization demonstrates **continued** support of the program through multiple means, but in part, by providing sufficient funding resources to sustain the program.	☐	Sponsoring organization demonstrates **support** of the program by providing sufficient funding resources to sustain the program.	☐	Sponsoring organization demonstrates **limited** support of the program by providing some funding resources to sustain the program.	☐	Sponsoring organization **does not** demonstrate adequate support of the program and provides limited funding resources to sustain the program.
SER Review Findings:	[Insert for Findings from SER review]						

Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations	Meets Expectations	Needs Improvement*	Inadequate*
	☐ Program and sponsoring organization demonstrates **commitment** to current participants through a teach-out commitment.		☐ Program and sponsoring organizations **does not** demonstrate commitment to current participants and has not implemented a teach-out commitment.

Exhibit Reference:	Exhibit 10 – Teach-Out Commitment
SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

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.

Exceeds Expectations	Meets Expectations	Needs Improvement*	Inadequate*
☐ Program implements a **systematic** plan that is understood by program administration and faculty.	☐ Program **implements** a plan.	☐ Program **partially** implements a plan.	☐ Program **does not** have a plan.
☐ Program collects data on an **ongoing basis** throughout the year.	☐ Program collects data **annually**.	☐ Program **randomly** collects data.	☐ Program **does not** collect data.

☐	Program **implements** a **process** for evaluating data throughout the year.	☐	Program **evaluates** data annually.	☐	Program **inconsistently** evaluates data annually.	☐	Program **does not** evaluate data.
☐	Program's evaluation of data is used to measure achievement of the mission, goals, and outcomes **throughout** the year.	☐	Program's evaluation of data is used to measure achievement of the mission, goals, and outcomes **annually**.	☐	Program **inconsistently** evaluates data used to measure achievement of the mission, goals, and outcomes annually.	☐	Program **does not** evaluate data used to measure achievement of the mission, goals, and outcomes annually.
☐	Data **drives** continuous improvements efforts.	☐	Data **informs** continuous improvement efforts.	☐	Data **minimally** used to inform continuous improvement efforts.	☐	Data is **not used** to inform continuous improvement efforts.
☐	Program's plan results in **comprehensive** annual data that clearly demonstrate achievement of the mission, goals, and outcomes.	☐	Program's plan results in **annual** data that demonstrate achievement of the mission, goals, and outcomes.	☐	Program's plan results in annual data that **partially** demonstrate achievement of the mission, goals, and outcomes.	☐	Program's plan **does not** result in annual data that demonstrate achievement of the mission, goals, and outcomes.
Exhibit Reference:		Exhibit 2 – Mission and Goals Chart Exhibit 3 – Assessment Table					
SER Review Findings:		[Insert for Findings from SER review]					
Site Visit Finding:		[Insert for Findings from Site Visit]					
Required Actions*:		[Insert for Findings of Needs Improvement or Inadequate]					
Comments:		[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]					
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Program establishes a **systematic** and consistent process for tracking participants level of achievement of program outcomes.	☐	Program establishes a **consistent** process for tracking participants level of achievement of program outcomes.	☐	Program's process **inconsistently** tracks participants level of achievement of program outcomes.	☐	Program's process **does not** track participants level of achievement of program outcomes.
☐	Program identifies benchmarks it uses to **readily** determine the level	☐	Program identifies benchmarks it uses to **determine** the level to which	☐	Program **partially** identifies benchmarks it uses to determine the	☐	Program **does not** identify benchmarks it uses to determine the level to which

	to which participants achieve the program outcomes.		participants achieve the program outcomes.		level to which participants achieve the program outcomes.		participants achieve the program outcomes.
☐	Data collected on participant progress is used to **drive** continuous curriculum improvement efforts.	☐	Data collected on participant progress is used to **inform** annual curriculum improvement efforts.	☐	Data collected on participant progress is **inconsistently** used to inform curriculum improvement efforts.	☐	Data collected on participant progress is **not used** to inform curriculum improvement efforts.
☐	Program assesses participant progress at **specific predetermined** intervals designated throughout the curriculum.	☐	Program assesses participant progress at **regular** intervals throughout the curriculum.	☐	Program **inconsistently** assesses participant progress that prevents the ability to ensure timely completion and appropriate progression of participant advancement.	☐	Program **does not** assess participant progress and does not ensure timely completion and appropriate progression of participant advancement.
Exhibit Reference:			Exhibit 2 – Mission and Goals Chart Exhibit 3 – Assessment Table				
SER Review Findings:			[Insert for Findings from SER review]				
Site Visit Finding:			[Insert for Findings from Site Visit]				
Required Actions*:			[Insert for Findings of Needs Improvement or Inadequate]				
Comments:			[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]				
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Program implements a **systematic** and **consistent** annual process for evaluating the program director and coordinator (if applicable).	☐	Program **establishes** an annual process for evaluating the program director and coordinator (if applicable).	☐	Program **partially** establishes an annual process for evaluating the program director and coordinator (if applicable).	☐	Program **does not** establish an annual process for evaluating the program director and coordinator (if applicable).
☐	Program's evaluation process identifies benchmarks used for demonstrating on a **graduated scale** administrative	☐	Program's evaluation process identifies benchmarks for **demonstrating** administrative program oversight, evaluation of	☐	Program's evaluation **partially** identifies benchmarks for demonstrating administrative program oversight, evaluation of	☐	Program's evaluation **does not** identify benchmarks for demonstrating administrative program oversight, evaluation of

	program oversight, evaluation of program participants, and appropriate allocation of resources based on responsibilities.		program participants, and appropriate allocation of resources based on responsibilities.		program participants, and appropriate allocation of resources based on responsibilities.		program participants, and appropriate allocation of resources based on responsibilities.
☐	*For programs seeking renewal of accreditation (only if exceeding expectations):* Program's evaluation process allows for the identification and adjustment of established benchmarks based on its past and expected performance to meet the mission, goals, and outcomes.						

SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations		Meets Expectations		Needs Improvement*		Inadequate*	
☐	Program implements a **systematic** and **consistent** annual process for evaluating faculty.	☐	Program **establishes** an annual process for evaluating faculty.	☐	Program **partially** establishes an annual process for evaluating faculty.	☐	Program **does not** establish an annual process for evaluating faculty.
☐	Program director/coordinator evaluates mentor performance through direct observations at **predetermined**	☐	Program director/coordinator **evaluates** mentor performance through direct observations.	☐	Program director/coordinator **inconsistently** evaluates mentor performance through direct observation.	☐	Program director/coordinator **does not** evaluate mentor performance through direct observation.

	intervals throughout the curriculum.						
☐	Program's evaluation process assesses teaching ability, professional activities, clinical expertise, mentoring, and adequate participant support as **applicable to the program**.	☐	Program's evaluation process assesses teaching ability, professional activities, clinical expertise, mentoring, and/or adequate participant support.	☐	Program's evaluation process **inconsistently** assesses teaching ability, professional activities, clinical expertise, mentoring, and/or adequate participant support as applicable to the program.	☐	Program **does not** evaluate teaching ability, professional activities, clinical expertise, mentoring, and/or adequate participant support.
☐	Program's evaluation process identifies **clear** and **specific** benchmarks to readily measure faculty effectiveness.	☐	Program's evaluation process **identifies** benchmarks to measure faculty effectiveness.	☐	Program's evaluation process **partially** identifies benchmarks to measure faculty effectiveness.	☐	Program's evaluation process **does not** identify benchmarks to measure faculty effectiveness.
☐	Faculty receive **ongoing** feedback throughout the year for continuous improvement purposes.	☐	Faculty receive **annual** feedback for continuous improvement purposes.	☐	Faculty receive feedback in **inconsistent** intervals making it challenging for results to be used for continuous improvement purposes.	☐	Faculty **do not** receive feedback preventing continuous improvement.

SER Review Findings:	[Insert for Findings from SER review]
Site Visit Finding:	[Insert for Findings from Site Visit]
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]
Program Response:	
ABPTRFE Decision:	

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Program collects data at **predetermined intervals** about the post-completion performance of residency/fellowship graduates.	☐	Program **collects** data regularly about the post-completion performance of residency/fellowship graduates.	☐	Program **inconsistently** collects data about the post-completion performance of residency/fellowship graduates.	☐	Program **does not** collect data about the post-completion performance of residency/fellowship graduates.
☐	Program uses data to evaluate the	☐	Program uses data to **evaluate** the	☐	Program **inconsistently**	☐	Program **does not** use data to

	program **effectiveness** and **implements** continuous improvement efforts as a direct result.		program and **inform** continuous improvement efforts.		uses data to evaluate the program and inform continuous improvement efforts.		evaluate the program or inform continuous improvement efforts.
SER Review Findings:	[Insert for Findings from SER review]						
Site Visit Finding:	[Insert for Findings from Site Visit]						
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]						
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]						
Program Response:							
ABPTRFE Decision:							

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.

Exceeds Expectations		**Meets Expectations**		**Needs Improvement***		**Inadequate***	
☐	Program **implements** a plan that uses comprehensive outcomes data to **continuously** inform curriculum revisions **throughout** the year.	☐	Program **uses** comprehensive outcomes data to **annually** inform curriculum revisions.	☐	Program **inconsistently** uses comprehensive outcomes data to annually inform curriculum revisions.	☐	Program **does not** use comprehensive outcomes data to inform curriculum revisions.
☐	Program implements a **systematic** process for using the data collected to guide continuous improvement efforts that exemplifies an ABPTRFE-accredited residency/fellowship program.	☐	Program **uses** the data collected to guide continuous improvement efforts indicative of an ABPTRFE-accredited residency/fellowship program.	☐	Program **inconsistently** uses data collected to guide continuous improvement efforts indicative of an ABPTRFE-accredited residency/fellowship program.	☐	Program **does not** use data collected to guide continuous improvement efforts indicative of an ABPTRFE-accredited residency/fellowship program.
☐	Program **regularly** maintains evidence supporting the continued achievement of the mission, goals, and outcomes.	☐	Program **provides** evidence supporting the continued achievement of the mission, goals, and outcomes.	☐	Program provided **inconsistent** evidence supporting the continued achievement of the mission, goals, and outcomes.	☐	Program **does not** provide evidence supporting the continued achievement of the mission, goals, and outcomes.
☐	*For programs seeking renewal of accreditation only if exceeding expectations:*						

	Evidence maintained is used annually by the program to compare past achievements against current performance data.	
SER Review Findings:	[Insert for Findings from SER review]	
Site Visit Finding:	[Insert for Findings from Site Visit]	
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]	
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]	
Program Response:		
ABPTRFE Decision:		

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.

Exceeds Expectations	Meets Expectations	Needs Improvement*	Inadequate*
	☐ Program **has** a webpage separate from the sponsoring organization.		☐ Program **does not** have a webpage separate from the sponsoring organization.
☐ Program annually publishes on its website outcomes data that communicate **comprehensive** and **specific** program performance indicative of participant achievement.	☐ Program annually **publishes** on its website outcomes data that communicate program performance indicative of participant achievement.	☐ Program annually **partially** publishes on its website outcomes data that communicate program performance indicative of participant achievement.	☐ Program **does not** annually publish on its website outcomes data that communicate program performance indicative of participant achievement.
	☐ Program **publishes** the current ABPTRFE-accredited program logo.		☐ Program **does not** publish the current ABPTRFE-accredited program logo.
	☐ Program **publishes** its completion rate.		☐ Program **does not** publish its completion rate.
	☐ Program **publishes** a current ABPTRFE Financial Fact Sheet.		☐ Program **does not** publish a current ABPTRFE Financial Fact Sheet.
	☐ The program's completion rate, outcomes data, and the ABPTRFE		☐ The program's completion rate, outcomes data, and ABPTRFE Financial

		Financial Fact Sheet is **no more than** one "click" away from the program's home webpage.			Fact Sheet is **more than** one "click" away from the program's home webpage.
SER Review Findings:	[Insert for Findings from SER review]				
Site Visit Finding:	[Insert for Findings from Site Visit]				
Required Actions*:	[Insert for Findings of Needs Improvement or Inadequate]				
Comments:	[Insert Comments Regardless of Finding on the Program's Overall Compliance with this Standard, including consultative comments.]				
Program Response:					
ABPTRFE Decision:					