

AMERICAN BOARD OF PHYSICAL THERAPY RESIDENCY AND FELLOWSHIP EDUCATION

Description of Residency Practice
Faculty Residency
June 2015

AMERICAN BOARD OF PHYSICAL THERAPY RESIDENCY AND FELLOWSHIP EDUCATION

Description of Residency Practice Faculty Residency

The *Faculty Residency Description of Residency Practice* was prepared by the members of the Faculty Residency Ad Hoc Group and members of the American Physical Therapy Association (APTA) staff. The document was approved by the American Board of Physical Therapy Residency and Fellowship Education of APTA.

Faculty Residency Ad Hoc Members

Mary Blackinton PT, EdD
(Nova Southeastern University)

Kyle Covington, PT, DPT, PhD, NCS
(Duke University)

Joseph Donnelly, PT, DHS, OCS
(Mercer University)

James Farris, PT, PhD
(AT Still University)

Carol Figuers, PT, EdD
(Duke University)

Denise Schilling, PT, PhD
(Western University of Health Sciences)

Leslie Taylor, PT, PhD, MS
(Mercer University)

Diane Wrisley, PT, PhD, NCS
(Wingate University)

Stanley Wilson, PT, EdD, CEAS
(Nova Southeastern University)

Kris Porter, PT, DPT, OCS
(The Jackson Clinics for the first two meetings)

Consultant

Jody Frost, PT, PhD, FNAP
(Lead Academic Affairs Specialist, APTA)

APTA Staff

Kendra L. Harrington, PT, DPT, WCS
(Manager, Residency/Fellowship Accreditation, APTA)

Preamble

Pursuant to the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) Rules of Practice and Procedure, within 1 year of ABPTRFE's approval of a comprehensive needs assessment under Rule 3.5, APTA staff, with assistance from the individuals who participated in conducting the analysis of practice or comprehensive needs assessment, shall prepare and submit to ABPTRFE a Description of Residency Practice (DRP) for ABPTRFE approval.

The purpose of the DRP is to provide a summary of establishment of the residency area of practice, and to outline the elements that must be included within the program's curriculum in that area of practice.

I. Introduction

Background

Physical therapist (PT) education has undergone rapid and dramatic changes over the past 30 years, transitioning from an entry-level baccalaureate degree, to a professional master's degree, to, now, the professional doctor of physical therapy (DPT) degree. The number of accredited US PT programs increased from 100 in 1979 to 225 in 2014, with 31 developing PT programs as of December 19, 2014.¹ There has been a concomitant increase in PT student enrollment, from 15,984 in 2001-2002 to 25,945 in 2012-2013—a 38.4% increase. The move to the professional DPT degree, coupled with a rapid growth in programs, has resulted in an unprecedented demand for faculty.²

Increasing Faculty Demand

Aggregate data from the Commission on Accreditation in Physical Therapy Education (CAPTE) for the 2012-2013 reporting year identified 308 faculty vacancies nationwide, including 153 current vacancies, 105 projected vacancies, and 50 new positions. The need for additional faculty is likely to continue, as the largest volume of core faculty reported to CAPTE is between 50 and 60 years old. These patterns of increased student numbers, rapid growth in numbers of accredited programs, a high rate of faculty vacancies, and an aging faculty population suggest a strong need for the development of well-prepared educators in PT education.²

A shortage of well-prepared faculty in health professions education has been seen as 1 barrier to the provision of sufficient numbers of practitioners. A study examining the barriers to sufficient supply reported the difficulty of recruiting qualified faculty to train students as being a significant limiting factor.³ In an article describing concerns of chief executives of academic health centers nationwide about faculty shortages, Moskowitz concludes that faculty shortages force tough decisions such as cutting or merging

programs, or delaying growth. He writes that the government must be apprised of and address these problems to avoid perpetuating workforce shortages in the health care industry.⁴ A survey of academic career interests by medical residents revealed that the main reasons for loss of interest in academic pursuits include not only bureaucracy and salary, but also lack of effective mentorship, role models, and professional guidance. A faculty residency could be 1 method of providing guided entry and mentorship into the roles of teaching, scholarship, and service, as well as providing a framework in understanding governance for higher education.

Strategies in Other Health Professions

Other health professions have examined the lack of qualified faculty in their professional education programs, with some similar findings and suggestions. In a survey of 83 programs in academic plastic surgery, recruitment and retention strategies for providing sufficient faculty included: increased compensation, protected academic time, and research support.⁶ Physician assistant professional education programs improved the volume and quality of their faculty by awarding health resources and service administration Title VII contracts, which included faculty development workshops. These sessions provided content in basic teaching and administrative skills, as well as new designs for curriculum.

A paper recommending strategies to mitigate the growing shortage of faculty in dentistry in Australia focused on the trend of senior faculty retiring. Recommendations included importation of academics, delayed retirement, and shared academic or teaching resources.⁸ Faculty residency is an example of shared academic resources.

An increasing number of medical training programs have recognized the need to foster educational skills in medical residents, who are responsible for teaching novice residents and medical students. In a survey of residency program directors, 55% indicated their

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programs had a formalized process for promoting the use of educational principles in their residents' teaching. Despite the growing preponderance of medical residencies that include a teaching component to their curriculum, a majority of program residency directors agreed there remains a need for more instruction for residents in teaching skills.⁹ A common response to this need in graduate medical education has been the implementation of "resident as teacher" programs concurrent with medical residencies. These programs, while variable in length, curricular format, and focus, all are designed to promote higher levels of educational skill and knowledge in medical residents. A comprehensive literature review of resident teaching programs concluded that, regardless of the variability, these programs were successful in improving the confidence of the resident and his or hers teaching behaviors. Additionally, these programs promoted higher student evaluations.¹⁰

The growing shortage of faculty in nursing professional education long has been a concern. In 2013, Nardi and colleagues published a systematic review examining proposed solutions to the global nursing faculty shortage. The results focused on such strategies as new educational models that global health care needs, pooling teaching resources, designing and using the same databases across organizations, and increased funding for faculty positions.¹¹ One nursing education program employed an innovative approach to retaining faculty members. A dedicated position of "faculty navigator" was established to assist the transition of new faculty into their academic roles. Information collected at the end of the academic year showed participants were more confident and had a better understanding of their role as a teacher.¹² A systematic review by Wyte-Lake et al¹³ provided a comprehensive assessment of models used to increase the ranks of clinical nursing faculty. A major barrier to meeting the need for nurses in the workforce was lack of sufficient faculty. One major reason schools of nursing have denied admission to qualified applicants is insufficient numbers of nursing faculty. The review highlighted

common strategies to expand faculty, including engaging older clinicians to be trained and return to academia.¹³

The nursing profession has sought a variety of ways to promote the training and retention of qualified faculty despite the shortage. Nursing has seen success with a variety of "faculty academy" programs designed to move the expert clinician into his or her new novice role as clinical faculty. These programs vary in format, including didactic modules, mentoring sessions, simulation, and teaching evaluations.^{14,15,16,17,18} One program reported a 25% increase in newly mentored faculty of underrepresented populations.¹⁸ The nursing profession also has sought to combat the low numbers of qualified educators with accelerated degree programs, as well as funding assistance for faculty members to obtain educational degrees in exchange for service commitments in faculty positions.^{19,20}

Physical Therapy Profession

Concerns about the availability of well-prepared PT faculty are not new to the physical therapy profession. In 1989, an APTA task force undertook an updated action plan to address faculty shortages in response to a 1985 task force report outlining the problem. The plan defined training initiatives and grant development as primary mechanisms for enhancing faculty quality and quantity.²¹ A 1990 survey of 79 accredited PT education programs investigating faculty development plans reported that the majority of institutions did not have an organized plan.²² The authors suggested that this is a significant barrier to supporting faculty to fulfill their academic responsibilities, as well as to retain faculty.²²

Radtko employed a survey to examine the predictors of physical therapy faculty job turnover. The results cited low pay, moves to more lucrative jobs in the clinical setting, and job stress. Radtko recommended measures to reduce turnover, including the redesigning of faculty jobs and the creation of faculty development programs.²³

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In the 37th Mary McMillan Lecture, Stanley Paris, PT, PhD, FAPTA, FAAOMPT, discussed the shortage of physical therapist faculty.²⁴ He suggested that DPT graduates who pursue specialty certification or residency training should be considered appropriate to serve as junior faculty. In response to faculty shortages, academic programs have used clinical faculty and clinicians who are not necessarily well-prepared for the roles of faculty. Additionally, although new PhD faculty are part of PT programs, not all have expertise in teaching or governance in higher education.

In a position paper defining core faculty for PT education, Brueilly and colleagues present a cogent rationale to suggest that the ideal faculty team include a balance of individuals who, in aggregate, possess terminal academic degrees in physical therapy or a related field, terminal clinical or academic degrees, and clinical certifications or residency training.²⁵ Once hired, these faculty members should be vigorously supported and mentored so as to ensure their success in meeting the expectations of their academic institutions and related accrediting bodies. The positions put forward by Brueilly echo the findings of a comprehensive review of PhD training, medical, nursing, and engineering to determine best practices for moving students and residents into faculty teaching positions. Based on the findings, a school of pharmacy implemented a plan consisting of 7 components to make new hires into more capable educators. These components included training in academia, scholarship, and principles of teaching, strong mentorship, guided research, significant student interaction, and structured guidance to define faculty members' responsibilities in their new position.²⁶

Summary

This review of the literature supports the need for more qualified faculty in PT education and identifies strategies used by other health professions facing similar shortages. These strategies include:

- Sharing academic resources (faculty, training),

- Creating faculty academies to train clinicians in education strategies/principles,
- Infusing teaching principles in medical residency programs, and
- Creating structured mentoring programs within universities or professions.

A faculty residency, like its clinical residency counterparts, would provide a structured and mentored experience to address the specific knowledge, attitudes, and skills required for academic teaching. Letters of support from the Education Section of APTA, CAPTE, and American Council of Academic Physical Therapy (ACAPT) acknowledge the critical importance of this residency to a broad range of stakeholders.

“Many core faculty begin academic positions with excellent clinical skills but little knowledge of teaching and learning,” notes Claire Peel, PT, PhD, FAPTA, chair of CAPTE. “Without comprehensive development plans and mentorship, they often experience difficulty that results not only in their lack of success, but also in poor student outcomes.”

Similarly, wrote Barbara Sanders, PT, PhD, SCS, president of ACAPT, “The residency can provide a solid foundation in the areas of teaching, scholarship, and service, as well in legal, ethical, and governance issues in education—much like other clinical residencies prepare novice clinicians for advanced practice. Well-prepared faculty will ultimately improve the quality of education and student learning outcomes.”

This program could augment existing faculty mentoring/training available at some institutions, and/or could further support programs such as the Education Section's new faculty workshop.

Ad Hoc Group

An Ad Hoc Group initially consisting of academic faculty, residency faculty, academic program chairs and directors, and a dean convened on February 5, 2014, to discuss the growing demand for qualified faculty in PT education. Consensus from this meeting identified: a) an urgent need for a faculty residency program, and b) willingness on the parts of all ad hoc group members to partner on completing the needs assessment required for ABPTRFE. Over the subsequent 10 months, the Ad Hoc Group accomplished the following:

- Created a mission for the faculty residency to develop well-prepared, competent faculty by providing a supportive, mentored environment that fosters excellence in teaching, service, and scholarship;
- Created a core set of faculty residency competencies in 4 broad areas: (1) teaching (encompassing curriculum design, theories of teaching/learning, instructional delivery, assessment, and ethical, legal, and policy issues), (2) scholarship, (3) service, and (4) governance that serve as the general framework for all faculty residencies;

- Developed and implemented surveys to 2 major groups of stakeholders: academic program chairs/directors of PT programs, and prospective residency participants such as clinical instructors, residency faculty, and associated faculty; and
- Communicated—either face-to-face or by conference call—with other key stakeholders and interest groups within the profession, including the Education Section of APTA, CAPTE, and ACAPT.

The intent is that this faculty residency would complement and not replace existing support mechanisms, such as the Education Section's New Faculty Workshop, individual institutions' faculty academies, and/or existing PhD, EdD, and other terminal degree training. A faculty residency would be 1 option to further prepare individuals for the roles and responsibilities of academic faculty.

II. Results of Needs Assessment Survey

In considering the need for a faculty residency, the Ad Hoc Group solicited input from 2 different sources: (1) leaders in PT professional and postprofessional educational programs, and (2) individuals who might be candidates for the program, such as clinical faculty interested in an academic faculty appointment. The Ad Hoc Group developed separate surveys to assess the needs of these 2 groups of stakeholders.

In order to gather information from the broader institutional level, the first survey (Institutional Survey) was sent to all PT department chairs/program directors and postprofessional PT program directors via email. Using CAPTE's directory of accredited PT academic program chairs, APTA's database of directors/academic coordinators of clinical education, and ABPTRFE's directory of residency and fellowship programs, the survey was sent via email as an embedded link. Recipients of that email were encouraged to forward the survey to others who might have knowledge and/or interest in providing input, including faculty of other postprofessional programs, such as related PhD programs.

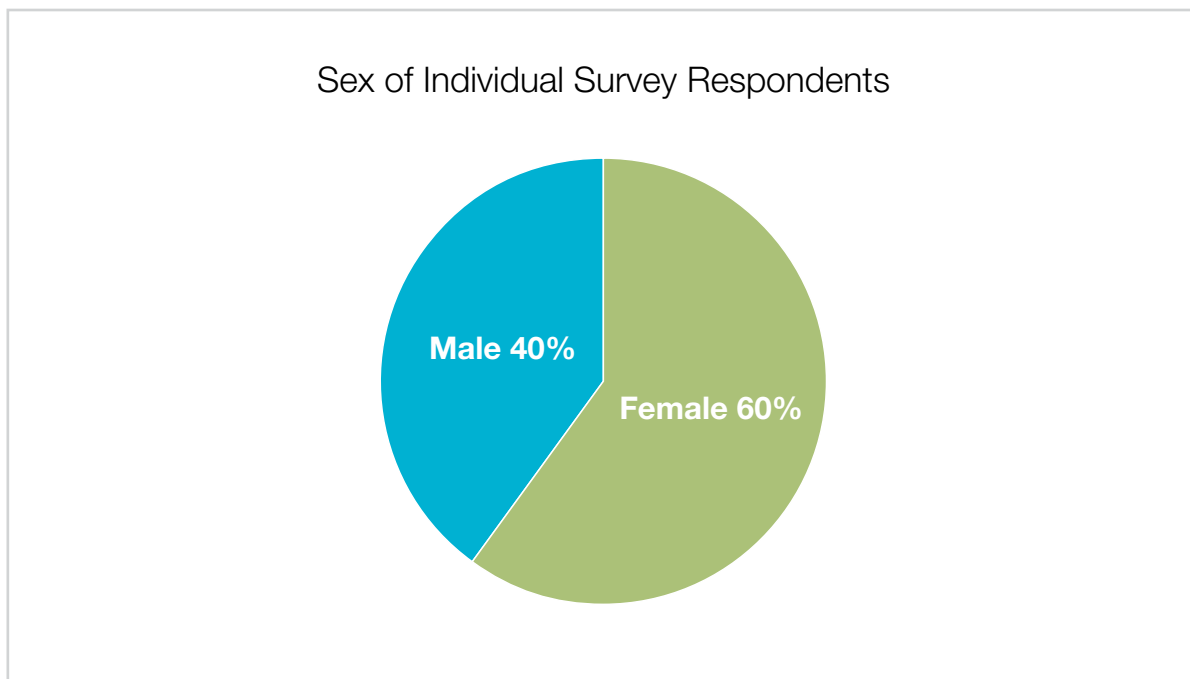
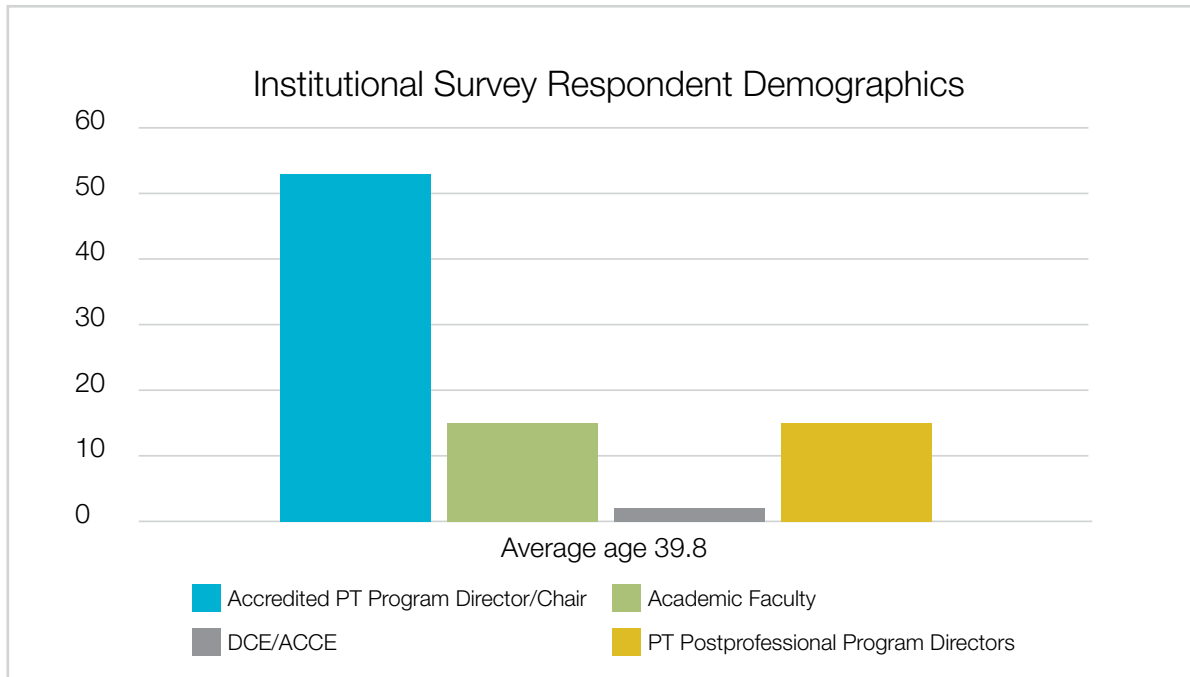
To gather input from prospective residency participants (Individual Survey), the group used the APTA Education Section membership email list, and also sought out enrolled residents and fellows in ABPTRFE accredited residency and fellowship programs. The second survey also was sent via email as an embedded link. Recipients of that email, too, were encouraged to forward the survey to others who might have knowledge and/or interest in providing input.

Both surveys were available on October 1, 2014. A reminder email was circulated on October 20, 2014, and the surveys closed on December 1, 2014.

Where possible, questions in the 2 surveys were aligned to allow for comparison of data among the various stakeholders. Broad curriculum content areas were provided to seek input at the institution and individual level. The results of the 2 surveys follow, and serve as evidence in support of this initiative. The results of the Institutional Survey are presented first, followed by those of the Individual Survey.

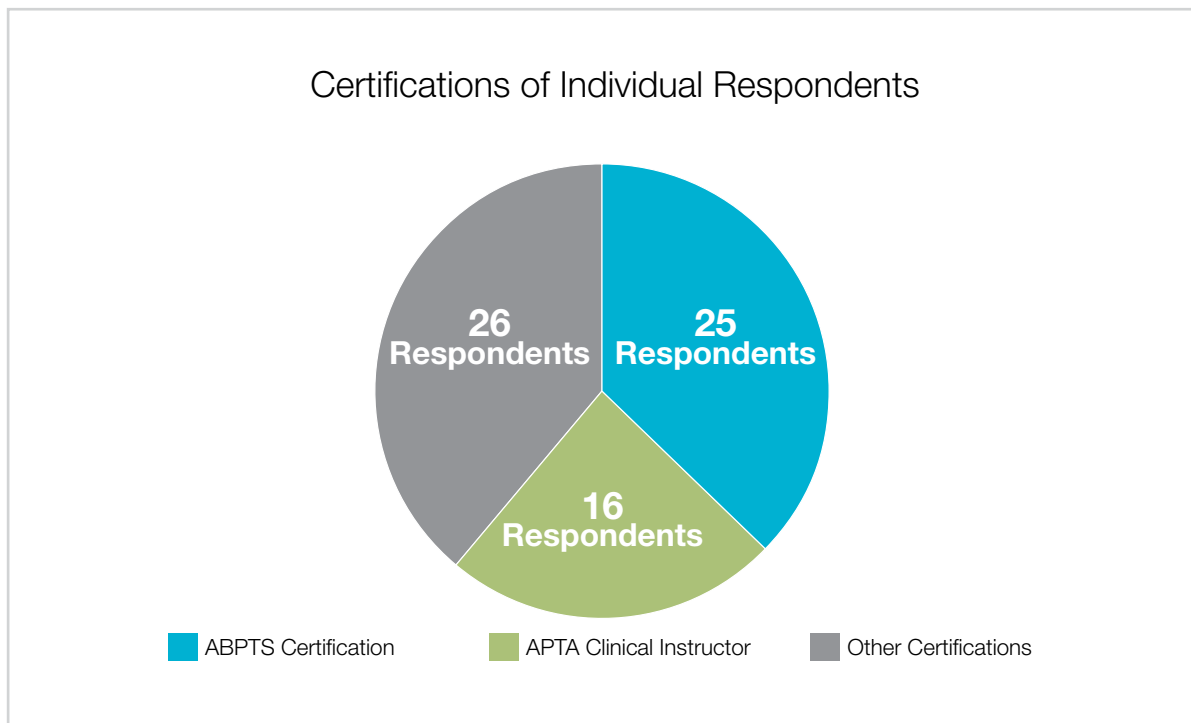
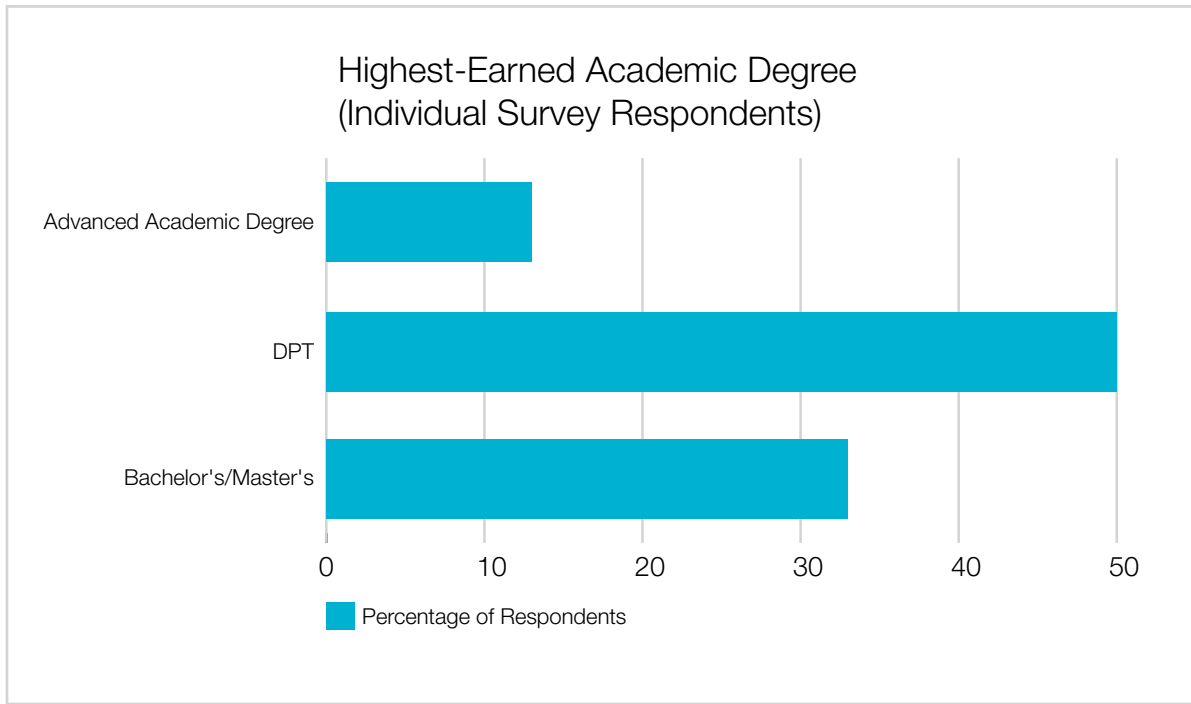
A total of 85 responses was received from the Institutional Survey, while 96 responses were received from PTs across the country from the Individual Survey.

RESPONDENT DEMOGRAPHICS



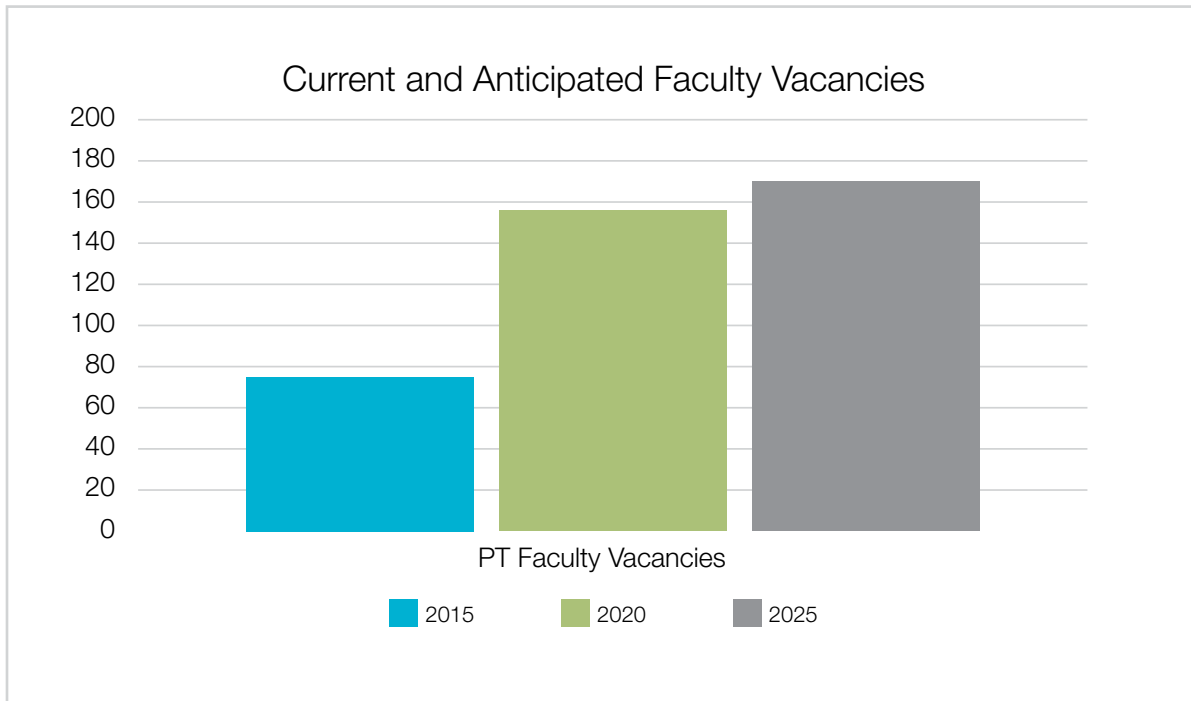
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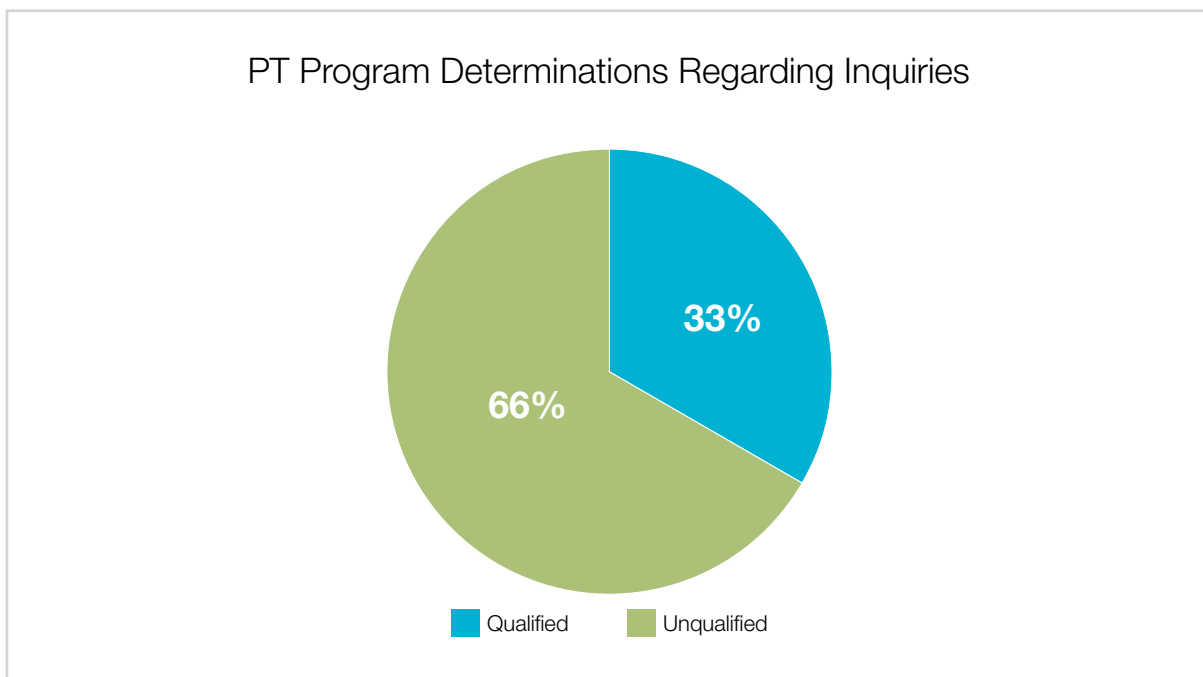
Faculty Vacancies Reported by Institutional Survey Respondents

Some institutions reported upward of a third of their faculty retiring in the next decade.



**This data does not include vacancies that may arise in the start-up of new or expanded programs.*

Survey results identified the number of inquiries from clinicians about available faculty positions, with an estimated 326 inquiries received annually.

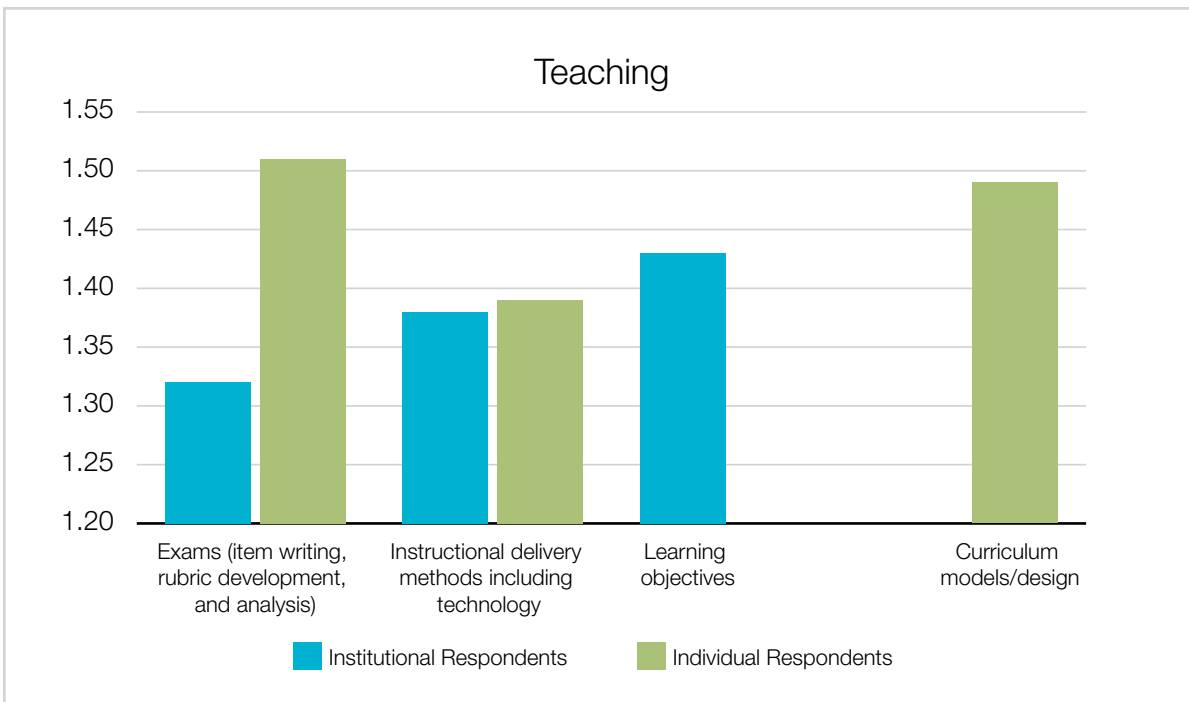


The top 5 reasons given as to why the applicants were unqualified, in order from most- to least-reported:

1. Did not possess an advanced academic doctorate (eg, PhD, ScD, DSc, DHSc, EdD)
2. Had limited/lack of scholarship
3. Had limited/lack of full-time teaching experience
4. Possessed an academic doctorate but had no/limited teaching experience
5. Possessed the DPT degree without ABPTS board certification

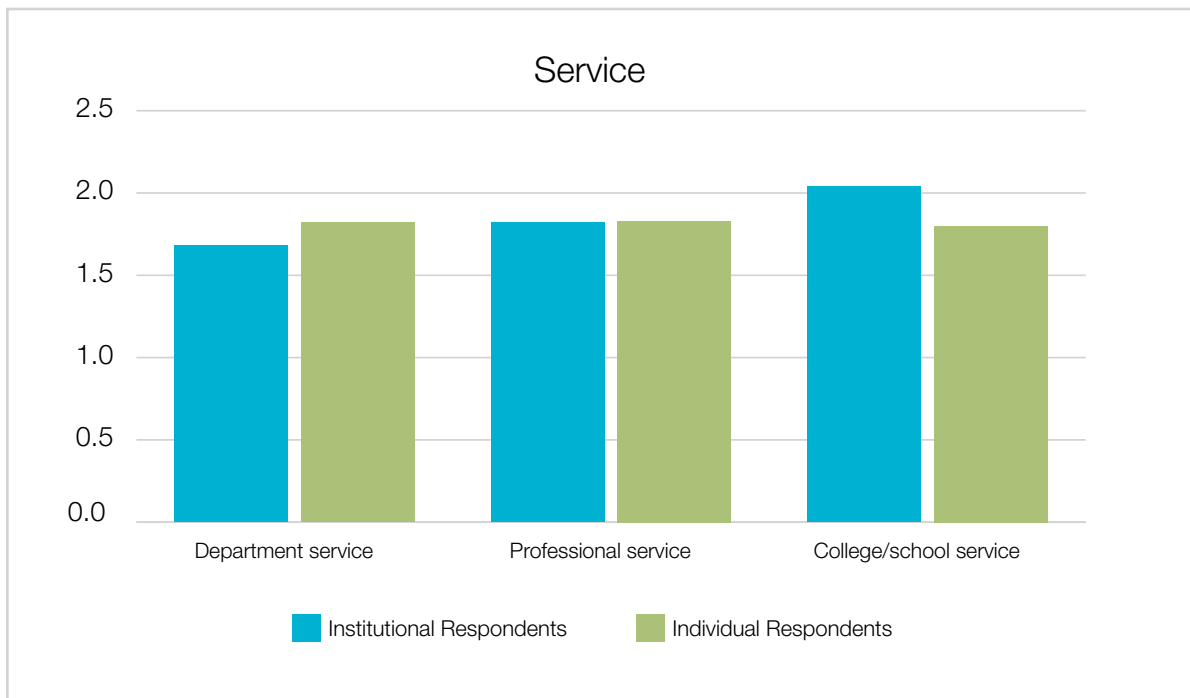
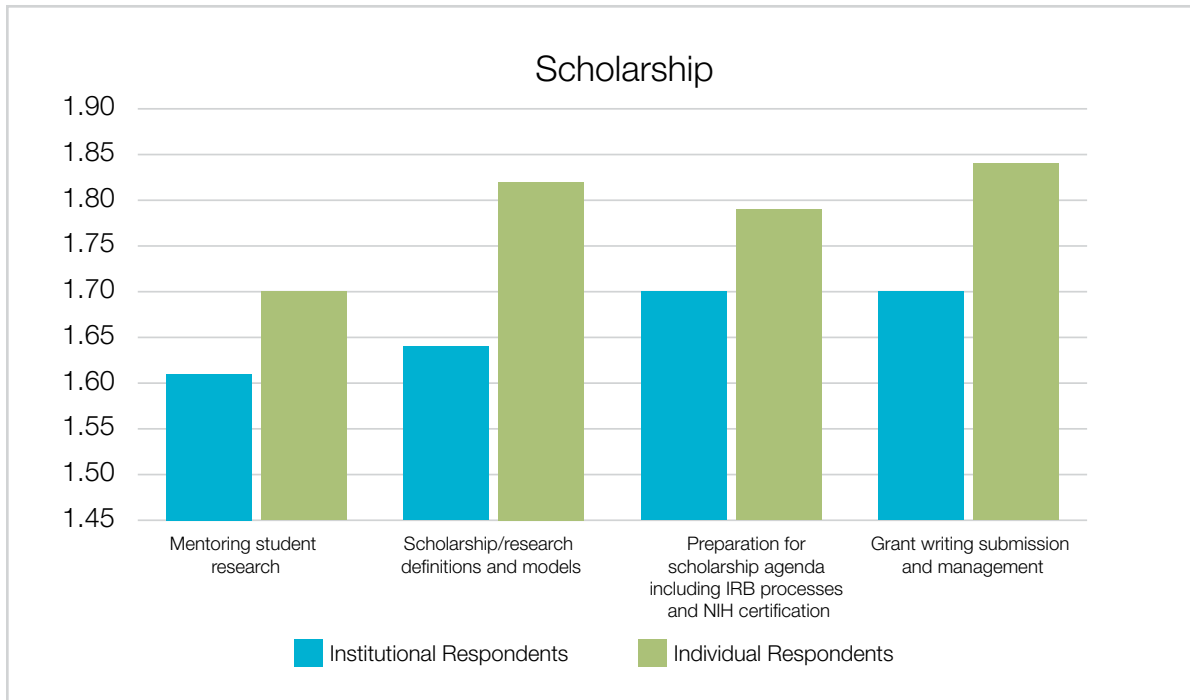
Faculty Residency Curriculum Content

Respondents to each survey were asked to identify how important each competency area was for inclusion in a faculty residency program, ranking from 1 to 4 (1 = very important, 2 = important, 3 = somewhat important, and 4 = not important). Below are the knowledge, skills, and behaviors ranked “very important” for each of the 4 identified competency domains (teaching, scholarship, service, governance).



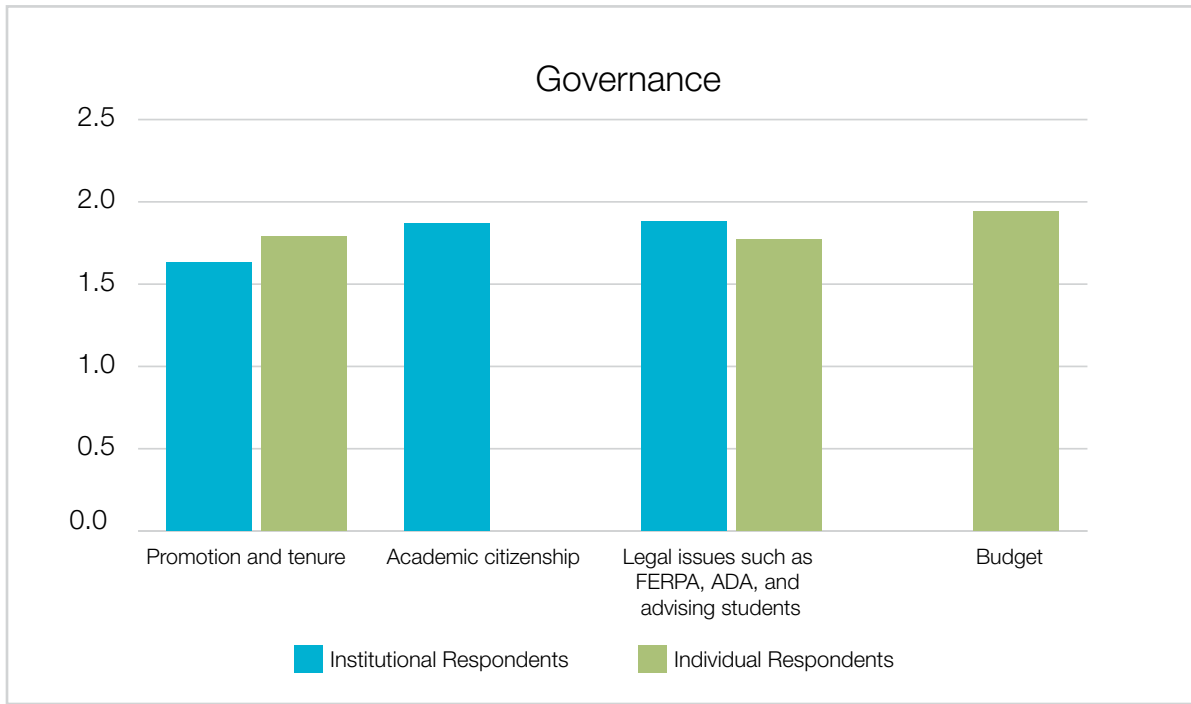
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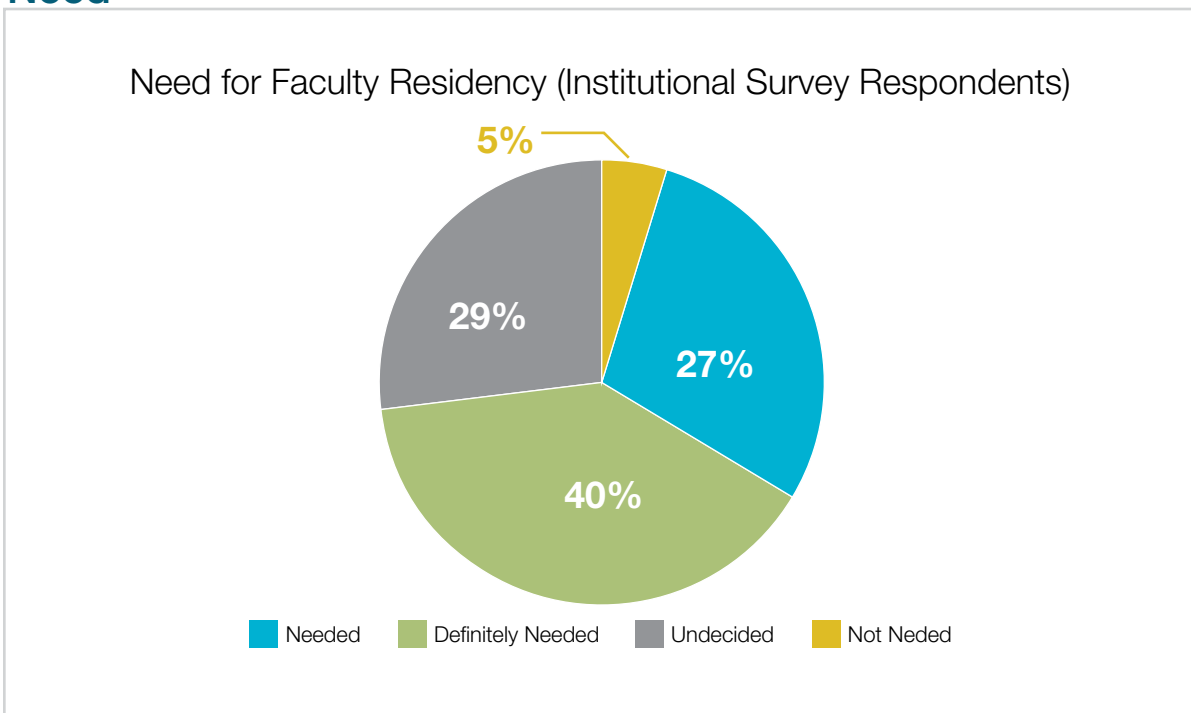


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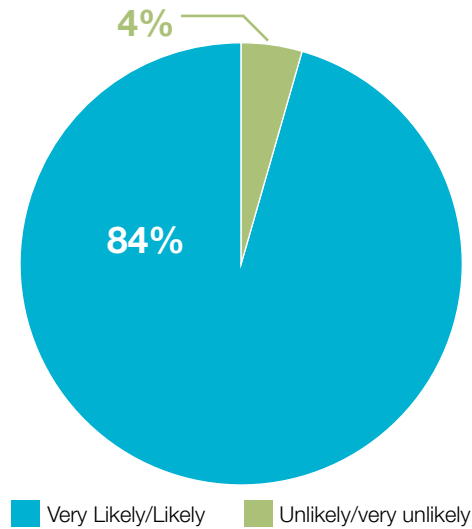
Need



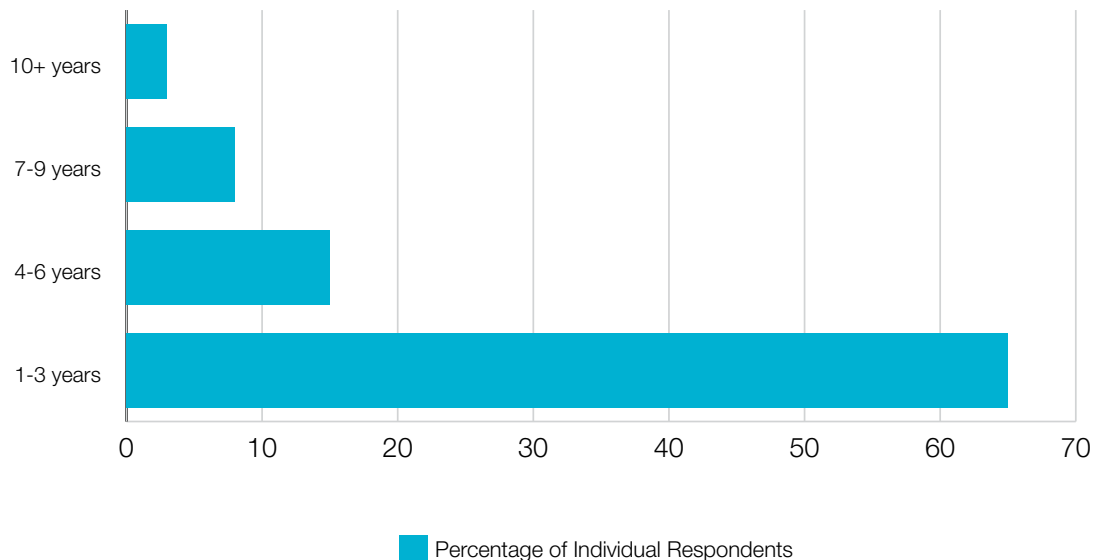
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Interest of Individual Survey Respondents in
Teaching in a PT Program

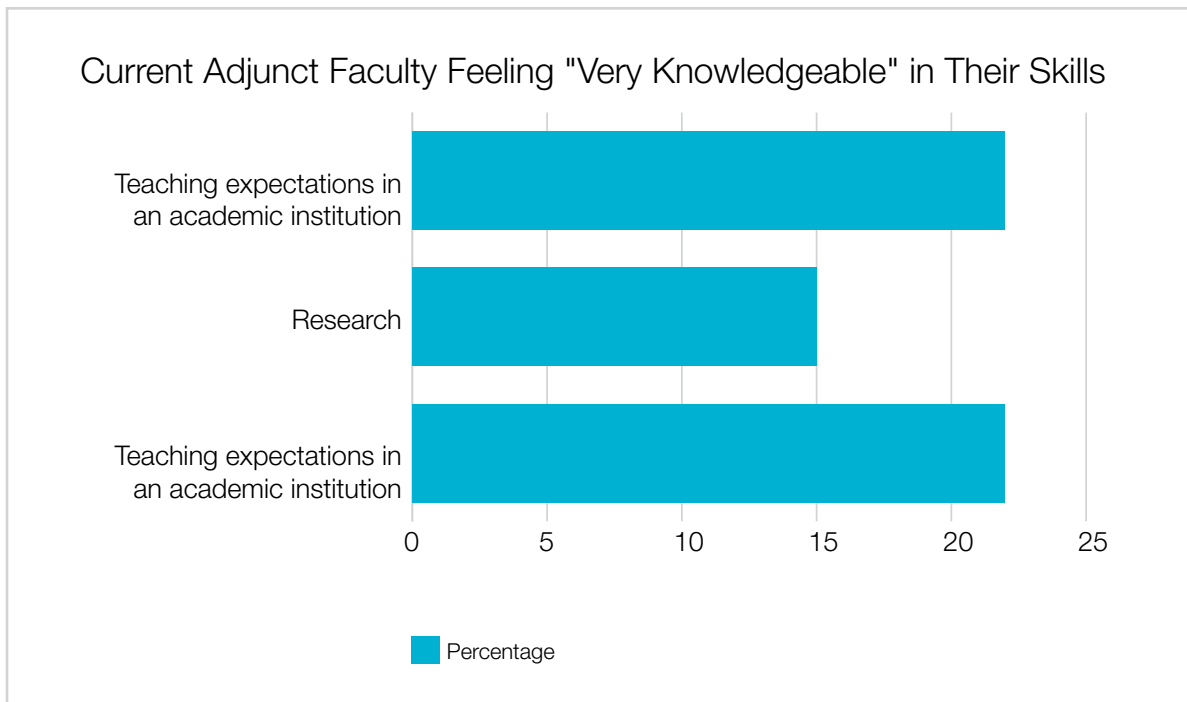


Timeline for Moving into Academic Appointments



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Additional Information

Additional information presented here was gathered during the comprehensive needs assessment and may be helpful in the development of the faculty residency program. This information is not a part of the ABPTRFE evaluative criteria, however, and is not required of faculty residency programs.

Costs

Both institutions and individual survey respondents placed a median monetary value (tuition) of \$5,000 on a program such as this.

Preferred Program Structure and Format

Individual survey respondents identified curriculum content as being the most influential variable in their selection to attend/enroll in a faculty residency program, followed by cost of the residency, availability of funding, and method of program delivery. The majority of respondents (67%) preferred a hybrid curriculum format, with online and some face-to-face learning opportunities.

Survey Summary

The primary theme emerging from both surveys was critical need: (1) the need for institutions to have well-prepared faculty and rich applicant pools; and (2) the need for new and prospective faculty to have a greater understanding of the comprehensive aspects of the academic appointment, regardless of their highest earned degree.

The residency program could exist alone or within existing terminal degree programs. This program could augment existing faculty mentoring/training available at some institutions, and/or could further support programs such as the Education Section's New Faculty Workshop. These data suggest that a standardized program such as this would enhance the process of an individual successfully moving from a clinical to an academic appointment.

III. Mission, Goals, and Competencies of a Faculty Residency

Any faculty residency program seeking ABPTRFE accreditation must demonstrate that it is designed to meet the established mission, goals, and competencies for this area of study.

Mission

The mission of a faculty residency program is to develop well-prepared, competent faculty by providing a supportive, mentored environment, in a manner that fosters excellence in teaching, service, scholarship, and governance in academia.

Goals

1. Produce well-prepared faculty to meet current and future needs and demands for PT education programs.
2. Develop faculty who can anticipate and respond to the changing demands of higher education, health care, and society.
3. Develop faculty who can meet the requirements of the institution and accreditation to include teaching, service, scholarship, and governance.
4. Develop faculty who demonstrate continuous self-reflection and lifelong learning to improve their effectiveness as academicians.

Graduate Competencies

A faculty residency program must include within its curriculum instruction the following 4 competencies. In addition, a program must include the minimum number of curriculum hours for each competency, as outlined. Additional program hours may be allocated to any competency that is individualized to the program.

1. Teaching (encompassing curriculum design, theories of teaching/learning, instructional delivery, assessment, ethical, legal, and policy issues)—minimum of 450 curriculum hours
2. Scholarship—minimum of 450 curriculum hours
3. Service—minimum of 225 curriculum hours
4. Governance—minimum of 225 curriculum hours

Teaching:

- A. Curriculum models/design:
 1. Create, implement, and assess curricula/programs using principles of curriculum design such as:
 - a. Conducting a needs assessment of curriculum, program, and learner(s).
 - b. Designing curricula and/or program(s) including both didactic and clinical education.
 - c. Determining program learning objectives and content.
 - d. Developing instructional materials and methods (strategies) that best facilitate learning, including the use of technology as appropriate.
 - e. Implementing curriculum and program.
 - f. Evaluating instruction and translation of learning objectives to competency.
 - g. Using evaluation information to make changes to curriculum and/or program(s).
 2. Identifying and complying with pertinent regulations that influence curricular development, including but not limited to regulators (ie, regional accreditation, CAPTE, state practice acts), stakeholders (ie, APTA, FSBPT), specialized areas of practice (ie, ABPTRFE, APTA Sections, ACAPT), and payers.

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B. Theories of teaching/learning:

1. Compare/contrast learning theories in terms of how they conceptualize learning, including the role of the instructor and student—behaviorist, cognitivist, constructivist, humanist, and connectivist theories—in order to develop a philosophy about teaching and learning.
2. Incorporate appropriate domains and taxonomies of learning including cognitive, affective, psychomotor, and spiritual, and recognize their influence on curricular design and instructional methods and strategies.

C. Instructional delivery methodologies:

1. Compare/contrast instructional delivery methods (eg, face-to-face, online—including synchronous or asynchronous, hybrid); approaches (eg, lecture, laboratory, small-group, project-based, inter/intra professional problem-based, team-based, case-based); and settings (eg, clinic, bedside, patient simulation, standardized patients).
2. Select instructional strategies that facilitate critical thinking and clinical reasoning at the appropriate practice level, ranging from student PT to expert practitioner.
3. Incorporate a variety of teaching and learning styles into instruction that are aligned with course objectives.
4. Provide feedback to learners based on relevant theories (eg, motivational theory), and recognize the impact on student learning of timing, location, level of questioning, and type of feedback.

D. Assessment:

1. Evaluate students using appropriate assessment methods (Objective Structured Clinical Exam [OSCE], patient simulation, live patient examination, verbal and written learner reflection, performance-based practical exams and skill checks, multiple choice exams, written assignments, critically appraised topics, alternative assessments, online, and gamification testing) that are aligned with instructional methodologies.
2. Design, implement, and evaluate grading scales to be used for various assessment methods (eg, rubrics, checklists).
3. Assess learning outcomes, curriculum, and/or assessment practices, considering a variety of sources, such as self-reflection and student and peer feedback, to assess curriculum, teaching, and/or assessment practices.

E. Legal, ethical, and policy issues:

1. Explore the ethical principles associated with teaching and learning, including confidentiality, exploitation, discrimination, autonomy, beneficence, fidelity, justice, malpractice, negligence, non-maleficence, and veracity.
2. Examine the importance of academic integrity and appropriate conduct in order to develop strategies that discourage and address unwanted behaviors, including cheating, falsification, plagiarism, harassment, theft, vandalism, stalking, disruptive behavior, physical or verbal altercations, and possession of illegal/illicit substances.

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3. Delineate the legal (federal/state) and accreditation standards that govern issues of privacy, security, and other important considerations in the teaching and learning process, including Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), Americans with Disabilities Act (ADA), and CAPTE.
4. Understand the importance of compliance with copyright laws, including the TEACH (Technology, Education, and Copyright Harmonization) Act.
5. Recognize and illustrate the potential ethical implications of the power imbalance that exists between teacher and student (ie, authoritarian classroom, befriending students on social media, out-of-class interactions, acceptance of favors from students, having students babysit children, sexual harassment, etc).
6. Understand the importance of adherence to nondiscriminatory policies related to race, gender, sexual orientation, religion, culture, etc.
7. Examine institutions' policies related to records management and destruction, and the bases for such policies.
8. Examine institutions' policies related to social media considerations.

Scholarship:

1. Identify and discuss definitions and models for scholarship/research (such as Boyer's, UniSCOPE).
2. Understand training expectations for preparing a scholarly agenda.
 - a. CITI training
 - b. Ethics—Phrp.nihtraining.com/users/login.php
 - c. Financial Conflict of Interest—grants.nih.gov/grants/policy/coi/tutorial2011/fcoi
 - d. Appropriate CAPTE forms required in planning a faculty scholarly agenda.
3. Identify the elements and design a scholarly agenda that may include original research, Scholarship of Teaching and Learning/ International Society for the Scholarship of Teaching and Learning (SOTL/ISOTL), book Chapter, abstract, etc.
4. Learn the process of obtaining IRB (institutional review board) approval, and other resources available at your institution that support scholarship.
5. Identify appropriate venues for dissemination of scholarship (eg, peer-reviewed journals, non-peer reviewed publications, abstracts/platform presentations).
6. Navigate the institutional governance processes associated with research, funding, determining authorship, and clarification of roles within the research process.
7. Compare/contrast the various roles in grant submissions, including principal investigator and co-investigator.

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8. Identify the following related to obtaining grants and contracts:
 - a. Policies and procedures required to obtain funding.
 - b. Appropriate funding sources (intramural, extramural) for planned scholarship activities.

Service:

1. Identify the services, professional activities, and administrative roles that enhance the program on multiple levels.
 - a. Department/program
 - b. College/school
 - c. University
 - d. Professional
 - e. Community
2. Understand faculty roles and responsibilities related to service to the department, college, university, and community, and relate these expectations to contract, promotion, tenure, and content expertise.
3. Identify contributions that are aligned to the mission and goals of the department/program, college/school, university, professional organizations, and community activities.
4. Identify membership and leadership of committees both within and outside the university that result in creation or development of systems for improvement in health care (interprofessional education, physical therapist professional education).
5. Identify and discuss service contributions that may have an effect on department policies and programs.

6. Compare knowledge, methods, or policies derived from service that may diffuse to the organization.
7. Recognize how different aspects of service can influence effective teaching and learning processes.

Governance:

1. Analyze the structures/functions of the “academy,” including institutional infrastructure and hierarchy, faculty governance, regional/specialized accreditation, and budgetary/financing.
2. Understand the Carnegie Classification as a way of describing academic institution diversity, as well as the relationship of this classification to institution/program mission and vision.
3. Compare and contrast the primary roles and responsibilities of faculty, including teaching, scholarship, and service.
 - a. Consider the roles and impact of student affairs departments/units within the academy, such as recruitment/admissions, enrollment, alumni affairs, registrar, financial aid, minority affairs/diversity, student advocacy, student handbooks, student policies/handbook, student advising, student government, student conduct/discipline, wellness, and academic standing/promotion.
 - b. Consider the roles and impact of academic affairs departments within the academy, such as program and curriculum review, application of academic policies for faculty and students, quality assessments, etc.
4. Outline the processes associated with promotion, tenure, continuing contracts, and faculty recognition/incentives within the academy.

5. Describe the roles and functions of the multiple systems and processes of governance (budgeting, performance management, faculty senate, etc) that must be navigated to teach and learn effectively within the academy.
6. Analyze student advising/supervision situations and the strategies needed to successfully manage those opportunities.
7. Describe the role and function of faculty in departmental, college, and university strategic planning processes.
8. Identify potential areas of conflict among students and peers, so as to develop effective conflict-resolution approaches.
9. Demonstrate and value collaboration/ collegiality as attributes important to functioning within the academy both intra-/interdepartmentally and inter-/intraprofessionally.
10. Define the concept of academic freedom, analyze how it fulfills the academy's mission of educating students and advancing knowledge, and describe how it is interpreted and applied by governance structures such as faculty senates and unions.

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