

President's Letter

Dear Fellow Section Members:

Have you ever stopped to think about your path to cardiovascular and pulmonary physical therapy practice? Was it a straight shot – a career goal that you developed during your professional training and started pursuing after graduation? Or was it by chance that you discovered this practice area and fell in love with its challenges and opportunities?

For me it was definitely the latter situation!!! I was fortunate enough to be associated with a multi-disciplinary team who taught me the essentials of cardiovascular and pulmonary patient/client management from the ICU to outpatient cardiac and pulmonary rehabilitation. The one thing I lacked, however, was an expert physical therapist who could mentor me consistently in these practice skills. I am proud of my self-directed accomplishments but quite frankly, I was lucky to find something I loved. With that in mind, I believe there are better ways to encourage interest in our practice arena than depending upon good fortune!

An important venue for developing future cardiovascular and pulmonary clinicians is post-professional education. Certainly continuing education programs are one strategy that we have relied upon as a Section and as a profession to grow our ranks, but these remain limited in number and cannot provide on-going training and mentorship. This gap is slowly being filled in other practice areas with post-professional residency and fellowship programs.

As it turns out, I have learned a great deal about these programs and what they accomplish in my role as a member of the APTA Committee on Clinical Residency & Fellowship Credentialing. Residencies and fellowships are the future of post-professional physical therapy education. Currently we do not have any cardiovascular and pulmonary programs, which may seem a bit surprising given that we were the first to develop a clinical specialization process. As a result, the Section Board agreed that we need to encourage program development. This letter is the first step in that process.

Here I have provided some basic information about residency and fellowship programs to make sure we all have a common understanding of what they are. In my next letter I will include some details about program development that I hope will stimulate some creative thinking about whether some of you have the resources necessary to launch your own program.

This is a long term effort in support of the future of cardiovascular and pulmonary physical therapy practice – let's get started!

Respectfully submitted,

Dianne V. Jewell, PT, PhD, CCS, FAACVPR
President

Clinical Residency and Fellowship Program FAQs – Part I

What is a clinical residency?

A clinical residency is a planned program of post-professional clinical and didactic education for physical therapists that is designed to significantly advance the physical therapist resident's preparation as a provider of patient care services in a defined area of clinical practice. It combines opportunities for ongoing clinical supervision and mentoring with a theoretical basis for advanced practice and scientific inquiry.

What is a clinical fellowship?

A clinical fellowship is a planned program of post-professional clinical and didactic education for physical therapists who demonstrate clinical expertise, prior to commencing the program, in a learning experience in an area of clinical practice related to the practice focus of the fellowship. (Fellows are frequently post-residency prepared or board-certified specialists.)

A fellowship program must possess a curriculum that: 1) is focused, with advanced clinical and didactic instruction within a subspecialty area of practice; 2) is intensive and includes extensive mentored clinical experience; and, 3) provides a sufficient and appropriate patient population to create an environment for advanced clinical skill building.

What is the difference between a residency and a fellowship program?

A clinical residency program is designed to substantially advance a resident's expertise in examination, evaluation, diagnosis, prognosis, intervention, and management of patients in a defined area of clinical practice (specialty). This focus may also include community service, patient education, research, and supervision of other health care providers (professional and technical). Often, the residency experience prepares an individual to become a board-certified clinical specialist.

A fellowship program is designed to provide greater depth in a specialty or subspecialty area than that which is covered in a residency program. Additionally, applicants of a clinical fellowship program must be licensed as a physical therapist and possess one or more of the following qualifications: 1) specialist certification, 2) completion of a residency in a specialty area, or 3) demonstrable clinical skills within a particular specialty area.

Lastly, the clinical residency program should be completed within a minimum of 1,500 hours and in no fewer than nine (9) months and no more than 36 months. A clinical fellowship program should be completed within a minimum of 1,000 hours and in no fewer than six (6) months and no more than 36 months. Programs whose timeframe falls outside of these parameters will be reviewed on a case-by-case basis.

What is a clinical internship and how is it different from a residency or fellowship program?

A clinical internship is a clinical education experience that is part of the requirement for graduation from a physical therapist professional education program (Degree could be awarded before, during, or after the internship.). Residency and fellowship programs are post-professional programs and normally occur after the graduate physical therapist has obtained clinical experience in the workplace.

How does a residency or fellowship program decide what it will teach?

Residency and fellowship programs must be based on a recognized practice analysis to be credentialed by APTA. Such patterning ensures consistent standards of instruction for prospective residents, their future employers, and even their future patients. A clinical residency curriculum may be based on part or all of the most recent *Description of Specialty Practice (DSP)* (formerly *Description of Advanced Clinical Practice* or DACP) in the related specialty area (eg, orthopedics, cardiopulmonary, etc.). For areas of practice where a DACP or DSP does not exist, a practice analysis must be submitted to the Committee for approval to become the basis of the curriculum. Guidelines for conducting a practice analysis are available from the Clinical Residency and Fellowship Program Credentialing web page.

Because fellowship programs are always in *subspecialty* areas, a DACP or DSP is too broad to serve as an acceptable practice analysis. Therefore, a fellowship program must submit an equally acceptable practice analysis in the subspecialty.

Within a program's total hours, how many of these hours should be devoted to clinical practice?

The amount of time devoted to clinical practice should be determined according to what is necessary to achieve the Program's curricular outcomes. For example, programs in orthopaedics allocate approximately 10% of their overall hours to clinical practice.

In addition to determining the appropriate number of practice hours, the program must also decide how many of these hours will be spent in one-to-one mentoring. It should be noted that some practice areas, such as manual therapy fellowships and sports residencies, have additional requirements for credentialing.

Does successful completion of an APTA-credentialed post-professional clinical residency meet the practice eligibility requirement to sit for the Specialist Certification exam?

Depending on the specialty area, successful completion of a residency program might fulfill some or all of the minimum practice eligibility requirements to sit for the specialist certification examination. However, experience from residencies in which the curriculum plan reflects only a portion of the DSP will not be considered. For more information on your specific specialty area requirements, please refer to [APTA's specialist certification Web page](#).