

President's Letter

Dear Fellow Section Members:

This letter continues the dialogue regarding post-professional residency and fellowship education. As it turns out, this topic is timely given two recent events. First, the 2006 House of Delegates approved the Women's Health specialty petition, paving the way for development of a specialist examination process and post-professional residency and fellowship program development. Second, Duke University has announced the opening of a cardiovascular and pulmonary residency program.

I believe there are a number of facilities, academic programs, clinicians and faculty who have the expertise to develop additional residency and fellowship programs in cardiovascular and pulmonary physical therapy. The information below is for you prospective program developers. My hope is that the material will stimulate your interest enough to consider attending the variety of educational sessions provided at both Combined Sections Meeting and Annual Conference. These sessions provide additional detail to help those interested in developing programs get on track with their efforts.

Of course, everyone is encouraged to contact the Committee on Clinical Residency & Fellowship Credentialing. As I mentioned previously, I serve on that committee until July 2007 so I can help you sort out issues related to the type of programming you might offer, what type of resources you may need, and where to look for resources you do not have. I'm just an email away (dvjewell@vcu.edu) so give me a jingle!

Respectfully submitted,

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

Clinical Residency and Fellowship Program FAQs – Part II

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.

Will APTA credential clinical residency or fellowship programs in subspecialty areas or other special interest areas that currently do not have a specific ABPTS-approved specialty exam, such as Performing Arts Physical Therapy, Brain Injury, Occupational Health, Neonatal Physical Therapy, or Foot and Ankle Physical Therapy?

Yes, programs have the option of submitting a curriculum in a specialty *or* sub-specialty area, or in other special interest areas, as long as the curriculum is based on a valid practice analysis. The curriculum must also have a well-defined, systematic process for establishing its content validity that describes practice in a defined area. Residencies *may* be created in a specialty or subspecialty area; fellowships should have a curriculum based in one or more subspecialty areas. Specialized and subspecialized programs must include postprofessional education and training in the scientific principles underlying practice applications. In specialty areas where validated competencies have been identified, the curriculum should be based on those competencies. In addition, the curriculum should be consistent with the *Guide to Physical Therapist Practice*.

How would subspecialty areas develop a curriculum and set up a clinical residency or fellowship?

First, the program should check for a valid practice analysis that details the intended subspecialty area. If there is none, the program must engage in a practice analysis. Contacting the Committee on Clinical Residency and Fellowship Program Credentialing is a critical first step to assure that the practice analysis is conducted to meet Committee requirements. By way of example, suppose an early intervention physical therapy residency program in pediatrics wanted to develop a curriculum. The program could use the *Pediatric DSP* as the basis for the curriculum. A fellowship program could use an already published and accepted practice analysis or develop their own practice analysis using the early intervention component of the pediatric DSP as a guideline. The fellowship is challenged to focus its curriculum on the proficiency of advanced clinical and didactic knowledge and skills for clinicians who already possess specialization.

The terms "practice analysis" and "standardized curriculum" seem to be recurring themes. Why are they so important?

It is a fundamental consumer protection and payer/policymaker survival issue. Physical therapists and consumers need to know that a residency or fellowship graduate can perform a minimally acceptable standard of care for a particular diagnosis. A system of standardized residency or fellowship curricula would indicate that all graduates of a residency or fellowship program should be able to perform the standard care for patients as described in the DACP or DSP or through a clear and sound practice analysis. It is essential that the practice analysis be valid and early discussion with the Committee is essential.

Our clinical staff wants to start a clinical residency or fellowship and be credentialed by the APTA. What are the requirements of the clinical faculty?

Collectively, the clinical faculty must possess the following qualifications in order to effectively conduct all of the necessary activities of a residency or fellowship program: (1) advanced clinical skills, with at least one faculty member who is ABPTS-certified in the content area; (2) expertise in teaching; and (3) involvement in scholarly and professional activities.

We have the clinical faculty necessary to start a program. But what other types of training do we need to provide in order to fulfill APTA's credentialing requirements?

Clinical supervision of the residents or fellows by the clinical faculty, while they are performing patient care, is critical. Other aspects of the curriculum should include classroom and lab training relevant to specialty or subspecialty area of physical therapy, and clinical practice hours. Other options can include academic courses, study groups, case presentations, clinical research, supervision of staff, and community service. Many credentialed programs partner with nearby physical therapist professional education programs that provide academic expertise and assist with classroom and laboratory teaching.

Are the "other options" you mentioned required for credentialing?

The residency or fellowship program should be consistent with the program's overall mission and philosophy and should include activities that promote residents' or fellows' continued integration of practice, research, and scholarly inquiry into their personal career objectives.

Could you summarize what is required for APTA credentialing?

The prospective program must provide evidence that the residency or fellowship program and its institution meet specified requirements with regard to organization, resources, curriculum, and performance measures, all of which are necessary to conduct a residency or fellowship. Such evidence is evaluated through: (1) a review of the application materials, and (2) an on-site visit. The application packet and a helpful Application Resource Manual are available on line. The application packet contains the policies and procedures related to the credentialing process, the application fee information, the application and forms, and description of evidence requirements.

Once credentialed, how long before the next review or re-application?

The initial credentialing is valid for five (5) years. Re-credentialing is also for five (5) years. The Committee on Clinical Residency and Fellowship Credentialing requires an annual review of each credentialed program to ensure that the credentialing standards are maintained.

What financial considerations are associated with the credentialing process?

There is a graduated fee schedule that is dependent on numbers of residents or fellows in the program. For programs enrolling up to five (5) residents/fellows, the application fee is \$1500. Programs of six (6) to ten (10) residents/fellows must pay \$2000, and programs of eleven (11) or more residents/fellows are charged a fee of \$2500. Additionally, the program is responsible for the travel costs and expenses incurred by those individuals performing the site visit (approximately \$800 to \$2000). The annual fee is also graduated and is one-half the amount of the application fee.

How do I obtain a copy of the *Description of Specialty Practice*?

Call APTA's Service Center at 800-999-2782, x3395, or accesses the [online store](#).

How does a prospective program obtain more information regarding the requirements for credentialing?

Information – including a downloadable version of the most current application -- can be obtained from the APTA's Professional Development Department at 800-999-APTA, x8514.