

Academy of Pediatric Physical Therapy, APTA

Pediatric Physical Therapy Residency and Fellowship Development Resource Manual



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INTRODUCTION:

The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) *Quality Standards for Residency and Fellowship Programs*¹ provides specific guidelines for components required for physical therapy residency and fellowship program accreditation. Five Quality Standards are identified: (1) Mission, Goals, and Outcomes; (2) Curriculum Design and Instruction; (3) Program Delivery, Director, and Faculty; (4) Program Commitment and Resources; and (5) Assessment, Achievement, Satisfaction and Effectiveness. Each standard has identified subcategories for which evidence is required. Instructions and examples for each subcategory are provided in the *Quality Standards for Residency and Fellowship Programs*, as well as in the *Self-Evaluation Report for Clinical Physical Therapist Residency and Fellowship Programs*. The documents indicated, as well as other information related to the accreditation process are available on the ABPTRFE website.²

Developing programs should refer to information on the ABPTRFE website² for specific program requirements. This *Pediatric Physical Therapy Residency and Fellowship Development Resource Manual* has been generated to facilitate ease of development for individuals/facilities considering establishing a pediatric residency program. Essential components to be considered have been identified, along with some specific guidelines for each of the major areas presented. Once these components are identified, programs proceed through development of written evidence for each of the Quality Standards and completion of the Accreditation Application materials according to guidelines provided on the ABPTRFE website.²

A pediatric residency program incorporates didactic and clinical components that provide opportunities to promote advancement of clinical skills and development of advanced clinical decision making, as well as application of research knowledge, educational theory and administrative practices reflective of the ABPTRFE *Description of Residency Practice: Pediatrics (DRP)*.³

Physical Therapy Clinical Residency

A clinical residency is a planned program of post-professional clinical and didactic education for physical therapists and 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. "When board certification exists through the American Board of Physical Therapist Specialties for that specialty, the residency program prepares the physical therapist with the requisite knowledge and skill set needed to pass the certification examination following graduation."⁴

Physical Therapy Clinical Fellowship

Fellowship programs in physical therapy are postprofessional programs that advance a physical therapist's knowledge and skills in patient/client management within a clinical area of subspecialty. Fellowship programs can also be nonclinical, focusing on advancing a physical therapist's career outside of their clinical duties.⁵

Currently, pediatric clinical fellowships in neonatology have been developed to promote expertise and specialized training to provide physical therapy services for neonates in the neonatal intensive care unit (NICU) setting.

While this manual is geared toward residency development, many of the resources are also applicable for fellowship development.

Leadership Education in Neurodevelopmental and Related Disabilities (LEND)

LEND programs offer a unique curricular component to pediatric physical therapy residency programs and provide a firm foundation for residency development. While not required for accreditation, the LEND curriculum often becomes imbedded in the residency didactic and clinical curriculum to offer leadership and advanced clinical practice training. LEND competencies become a part of the resident evaluation process. Because most LEND programs are different in structure and setting, the LEND components of pediatric PT residencies and fellowships will also vary.⁶

I. IDENTIFICATION OF ESSENTIAL COMPONENTS

The following foundational elements should be identified and considered to begin the process of developing a pediatric physical therapy residency program:

- Organizational/Facility support (sponsoring organization)
- Program Mission and anticipated outcomes
- Program goals to support the achievement of the mission
- Patient/Client Population
- Available Pediatric Practice Settings
- Faculty, including a Residency Director
- Financial Resources
- Educational/Didactic Resources for Curriculum
- Program and Resident Evaluation Methods and Tools
- Equipment and Materials in Practice Settings

II. RESOURCE IDENTIFICATION AND COMPONENT DEVELOPMENT

Specific components and requirements are addressed in their entirety in the application materials and resources provided by ABPTRFE².

Each developing program will need to assess available components and provide required evidence using documentation specified on the ABPTRFE website materials for developing programs.²

Individuals seeking to develop a Pediatric Physical Therapy Residency program will need to identify specific components that are already in place, as well as those that may need to be developed, to allow successful provision of a Pediatric Physical Therapy Residency Program. The components identified are not all-inclusive of elements that will have to be considered, but are provide an overview of several significant aspects to consider when developing a Pediatric Physical Therapy Residency Program.

ORGANIZATIONAL/FACILITY SUPPORT

- Identify sponsoring organization(s); refer to ABPTRFE policies for criteria related to Multi-Facility and Multi-Site Program models.
- Mission of residency should be congruent with mission and values of the sponsoring organization.
- Policies and procedures of the sponsoring organization must support the residency and comply with all accreditation and regulatory requirements.
- Information to be reported is specified within criteria outlined in Clinical Quality Standard 1 of the Self-Evaluation Report for Clinical Physical Therapist Residency and Fellowship Programs.¹

PROGRAM GOALS

- Each program is required to provide goals addressing the defined area of specialty practice that support achievement of the mission statement-
- Each program is required to identify measurable outcomes/behaviors that reflect accomplishment of program goals, as well as identify how achievement of goals will be monitored and measured (key indicators).
- Descriptors for the Mission Statement, Program Goals and methods for reporting achievement of outcomes are provided in the ABPTRFE *Self-Evaluation Report for Clinical Physical Therapist Residency and Fellowship Programs*.²

FACULTY

Each program should have a designated residency director who is a central individual to manage administrative components of the residency. The director serves as the primary liaison between the residency program and the ABPTRFE. If the residency director does not meet specified qualifications² for clinical experience/expertise, the program must also appoint a residency coordinator who is responsible for curriculum oversight. Full descriptions of the roles and responsibilities for the Residency Director and Residency Coordinator should be reviewed to ensure the program has appropriate leadership in place to meet specified criteria.

Additional guidelines regarding program faculty include the following:

- Each residency program is required to have faculty in sufficient quantity with expertise in the specialty practice area to achieve the mission and goals established by the program. Qualified faculty should be in place to ensure that the focus of the resident's time in the residency is learning oriented and to provide opportunities for clinical

mentoring, didactic teaching, administration of the program and fulfillment of any external responsibilities related to the residency.

- At least one residency faculty member must be certified by the American Board of Physical Therapy Specialties (ABPTS). Certification must be current in the designated specialty practice area that is the focus for the residency. Additional criteria exist for multi-site programs.
- At least one ABPTS-certified faculty member with current certification in the designated specialty area for the residency must be involved in all major areas of the residency including curriculum development, as well as clinical supervision, mentoring and advising of residents.
- Residency faculty must include clinical faculty, but may also include academic faculty. The collective faculty must have the qualifications to conduct the activities of the program.

Residency faculty members are expected to demonstrate competence in their assigned curricular area. Evidence of competence may be demonstrated through history of clinical experience, specialist certification, advanced degrees, research experience or teaching experience. Faculty who are designated as mentors must meet the qualifications for mentors outlined in the ABPTRFE Mentoring Resource Manual⁷.

PRACTICE SETTINGS

- Begin by exploring local options for clinical practice opportunities in various practice settings to meet curriculum requirements as described under “Practice Settings” in the Pediatric DRP.³ All potential pediatric PT settings and diagnostic populations do not need to be included, however, learning content must be incorporated in the curriculum and must meet requirements of the Pediatric DRP. For example, if access to a child with a congenital or traumatic amputation is not available, a structured learning module could be developed to cover evaluation, treatment, and outcomes for this condition.
- Assess availability of a diverse patient population across available practice settings to provide sufficient and appropriate practice opportunities necessary to teach advanced clinical skills and meet requirements of the Pediatric DRP.
- Consider collaborating (formally or informally) with other facilities and agencies, in compliance with ABPTRFE standards, in order to provide a diverse experience for the resident.

PATIENT/CLIENT POPULATION

- Each residency program is required to track patients seen by the resident across diagnostic categories specific to the area of specialty practice.
- A required form for reporting primary health conditions associated with the program's practice emphasis is provided as Exhibit 4 of the Self-Evaluation Report.² A list of Pediatric Primary Health Conditions is also available in the Pediatric DRP.³
- Programs will need to describe the patient/client population to show that patient populations are available to address the intent of the Pediatric DRP. Primary Health Conditions identified in the Pediatric DRP, as well as practice settings where residents will have patient/client interaction, should be identified to specify populations to be seen by residents.

RESIDENCY MODELS

- Current Pediatric Residency Models include:
 - University-Based LEND with Hospital and Community collaborations
 - Hospital-Based LEND with an Academic Medical Center with university and/or community collaborations
 - Hospital-Based/Academic Medical Center with community and/or university collaborations (non-LEND)
 - University-Based with hospital and/or community collaborations (non-LEND)
- In the Pediatric Residency Models listed above, the entity listed first in the description is considered to be the sponsoring organization.
- A variety of practice settings may be incorporated into models. Following are examples of current pediatric practice settings used in existing models:
 - Inpatient acute or rehab settings
 - Pediatric hospitals, inpatient and outpatient
 - LEND clinics
 - Schools
 - Community treatment facilities (outpatient clinics, pre-school, etc.)
 - Home health
 - Non-profit or for-profit (e.g. orthotist, pro bono clinic, DME vendor) community settings
 - Labs and research settings

FINANCIAL RESOURCES

- Establish Resident salary and benefits:
 - Many programs provide 70-80% of a new graduate's salary and hire residents at .70-1.0 full-time equivalent (FTE);
 - Other programs hire the resident full-time and residency training is in addition to their patient care activities (which generate revenue to cover residency expenses);
 - One current program hires at .50 FTE and then provides a stipend through LEND;
 - Most programs provide medical benefits and paid time off;
 - Some programs provide continuing education benefits (funding for conferences)

- Determine expenses:
 - Resident's salary and benefits
 - Administrative costs for residency director (administrative time typically runs a minimum of 4 hours/week)
 - Cost of salary and lost productivity of mentor(s)
 - Indirect costs (supplies, equipment, etc.)
 - Continuing Education (if included as a benefit)
 - Tuition (if required for didactic training)
 - Malpractice Insurance (if not covered by facility)
 - Accreditation Application costs; including costs for site visit (check ABPTRFE website² for current fees)
 - Application fee for 1-5 Residents
 - Estimate an additional \$1000-\$2000 for site visit costs
 - Annual Residency Fee submitted with Program Annual Report
 - Additional costs associated with mentor training (APTA online course)

- Determine how much revenue the Resident could/must generate at a specific productivity level in a practice setting(s) in order to cover the residency expenses.
Some residency programs have additional funding (i.e., LEND grant) to supplement salary and other expenses.

- Determine organizational support for financial viability of program. The Program is required to describe financial resources for sustainability including:
 - sponsoring organization support of the program
 - procedures for maintaining financial resources
 - procedures for continuation of quality training for enrolled residents should resources be terminated

MENTORING

Mentoring is a critical component of any residency program. Mentoring in a residency should incorporate professional relationships wherein experienced professionals guide experiences and provide opportunities for both feedback and discussion to facilitate professional growth. Key points for consideration regarding mentoring within a residency program include the following:

- Residency mentoring is individualized and provided at a post-professional level of specialty practice with emphasis on the development of advanced clinical reasoning.
- Residency programs must incorporate a minimum of 150 mentoring hours with at least 100 of the required mentoring hours occurring when the resident is acting as the primary care provider. Refer to ABPTRFE Quality Standards for further details.
- Careful consideration should be given to ensure that mentoring is provided according to ABPTRFE guidelines for mentoring. The ABPTRFE Mentoring Resource Manual⁷ provides definitions for minimum mentoring hours required, as well as acceptable formats for residency/fellowship mentoring. For example, in-person (1:1) mentoring requires the resident to be the primary provider while the mentor is present during the patient encounter.
- The ABPTRFE Mentoring Resource Manual provides specifications for activities that may be counted towards mentoring, as well as components to be included (such as face-to-face, patient, resident and mentor present).
- Developing programs should review the Mentoring Resource Manual carefully to ensure that appropriate mentoring is planned and provided in the program to meet required minimum hours (150 with 100 of those with the resident as the primary provider). Programs must be able to demonstrate how and when these mentoring hours are integrated into the curriculum.
- Because residents are licensed practitioners, they will participate in varied aspects of patient/client management. Developing programs will need to review the Mentoring Resource Manual⁷ to determine which patient/client management activities may be reported as resident mentoring.
- Suggestions to optimize mentoring:
 - Planned mentoring within the residency/fellowship will optimize the resident's advancement of knowledge and clinical reasoning skills in the designated specialty practice area.
 - While mentoring should be provided in an intentional manner, mentors and residents/fellows should be prepared to take advantage of unexpected learning opportunities.

- Mentoring should incorporate feedback and discussion that facilitates development of clinical reasoning *beyond entry level*.
 - Designated residency mentors will benefit from ongoing support and development of advanced clinical teaching and mentoring skills—being a residency mentor is not the same as being a clinical instructor.
 - Successful mentoring incorporates a collaborative relationship with the mentor providing the initial impetus to the resident/fellow to analyze questions regarding patient care and related activities.
 - Programs are required to show evidence of annual mentor/faculty evaluation, including mentoring competence.
- Evaluation of mentoring is required for accredited programs. Guidance for evaluation can be found in the ABPTRFE Mentoring Resource Manual⁷ and can include, but are not limited to components such as:
 - Mentoring session format
 - Ability of the mentor to identify appropriate mentoring opportunities
 - Effectiveness of communication between resident and mentor
 - Opportunity for resident’s input in mentoring objectives
 - Mentor’s ability to model advanced practice
 - Guidance of learning through leading questions or statements for development of critical thinking and problem-solving skills
 - Mentor-resident interaction and partnership
 - Facilitation of resident’s ability to self-reflect
 - Ability of mentor to provide timely and constructive feedback
 - Mentoring session outcomes and use of appropriate tools
 - Mentor knowledge and skill
 - Suggestions for mentor development

RESIDENT QUALIFICATIONS

- Residents must be “eligible to practice based on state requirements” in the state in which the residency exists before beginning the residency program i.e. must have permanent or temporary licensure in the state where the residency exists.
- Consider challenges when the resident is a new graduate and may not have the opportunity to take the licensure exam within the time frame between graduation and the start of the residency program.
- Some residency programs may be challenged by out-of-state tuition costs if the resident is not an official resident of the state.
- Some residency programs require a minimum numbers of years of clinical practice experience for application.

RESIDENT RECRUITMENT

- The first Resident is generally recruited through a local PT program or facility and must be established within the residency program at the time of submission of the accreditation application.
- Programs cannot market themselves as accredited programs (for recruitment) until officially accredited by the APTBRFE.
- Once a residency program has submitted an application (developing program) or is accredited (accredited program), they will be listed on the APTA/APTBRFE website.
- Once accredited, programs are required to use the RFPT-CAS portal for application processing.

REMEDICATION AND DISMISSAL POLICIES

- Specific policies and procedures will need to be defined in the areas of remediation and dismissal to ensure an objective process for residents who do not meet the expectations of the program.
- Many facilities have these policies and procedures in place, which can often be adapted for residency programs.
- The following elements related to remediation and dismissal are included in the Quality Standards and are required in the Self-Evaluation Report:
 - The policies and procedures related to retention within the residency/fellowship program including the necessary academic and clinical requirements (i.e. passing criteria on examinations, timelines for completion/remediation, etc.) for the resident/fellow-in-training to maintain active status within the program through graduation;
 - A policy and procedure related to academic remediation of the resident/fellow-in-training and the criteria for dismissal from the program if remediation efforts are unsuccessful;
 - Nondiscriminatory policies and procedures for the recruitment, admission, retention, and dismissal of students or employees;
 - A grievance policy or mechanism of appeal that ensures due process; all programs must provide residents with a copy of the APTA grievance policy for residents;
 - A probationary period policy, if applicable;
 - A termination policy and procedure that includes termination of the resident or fellow-in-training that becomes ineligible to practice and includes the employment status of a resident/fellow-in-training should termination from the program occur.

III. **ACCREDITATION PROCESS**

- Physical Therapy Residency and Fellowship Accreditation processes and procedures are available in .pdf form on the ABPTRFE website.²
- Developing Programs will need to demonstrate their compliance with the following eligibility criteria:
 - Mission
 - Program Director
 - Curriculum
 - Admissions Criteria
 - Faculty
 - Proposed Participant Practice Sites
- Criteria and procedures for Program Candidacy are well defined in section 2.0 Candidacy of Part II: Process and Procedures in the Accreditation process and procedures document available on the ABPTRFE website.²

IV. **CURRICULUM DEVELOPMENT**

KEY POINTS TO CONSIDER:

All referenced documents are available on the ABPTRFE website² <http://www.abptrfe.org/ForPrograms/Developing/>

- The curriculum must support the content of the June 2017 Description of Residency Practice Pediatrics (DRP).³
- The curriculum must conform to Quality Standard 2: Curriculum Design and Instruction (Part III: Clinical Quality Standards).¹
- The curriculum must demonstrate a systematic integrated approach using a variety of educational methods to advance knowledge, skills and affective professional behaviors of residents.
- The Quality Standards Crosswalk document available on the ABPTRFE website² will guide curriculum development through documents of evidence that are needed to describe curriculum content
- The residency program/curriculum must be consistent with the mission and philosophy of the sponsoring organization(s).

Each residency curriculum will be different due to the unique characteristics of each residency setting. However, for accreditation, each residency will need to describe a plan for clinical and didactic training that supports the content of the Pediatric DRP and that conforms to the Clinical Quality Standards. The curriculum must be defined and systematic to build advanced clinical practice skills. The accreditation application² will require each program to provide documented evidence of the appropriate components of curriculum. Seven Core Competencies (2.1.5 Clinical

Quality Standards)¹ must be integrated into the residency curriculum. These competencies include:

- Clinical reasoning
- Knowledge for specialty practice
- Professionalism
- Communication
- Education
- System-based practice
- Patient management

Sequencing of content will be unique for each residency program based on practice settings, contracts, academic school year, availability of resources etc.

- School-based and EI services may only be available for a segment of the year
- Acute care or hospital outpatient services may be rotations with defined timelines or year-long commitments
- Institution academic calendars may dictate some didactic or educational opportunities
- Teaching responsibilities (if in the curriculum) may follow a specific academic calendar
- Educational presentations and facility educational opportunities are typically integrated into the curriculum when available
- LEND (Leadership Education in Neurodevelopmental and Related Disabilities) curriculum will be available in some residency programs
- A resident's previous clinical/professional experience may determine some aspects of the curriculum

Content of the curriculum may be organized into sections as “units/rotations” or “threads” throughout the year. A unit might be a specific focus or a larger amount of time dedicated to a curricular activity for a shorter period, such as one month, 3 months, etc. A thread might be a curricular activity that spans most of the residency year, such as 9 or 12 months, that is only a few hours/week. For instance, school-based practice might be 3 days/week for 3-6 months in one residency or 4 hours/week for 9 months in another residency. Specific attention should be made to the minimum required practice settings in the Pediatric DRP.³

A description of the sequencing of the content needs to address how the major content areas are related to specific residency activities. A timeline will demonstrate how all of the required components will be sequenced within the resident year.

- Minimum Instructional Requirements (described in Clinical Quality Standards):¹
 - Program completion in no fewer than ten (10) months and no more than sixty (60) months
 - A minimum of 1800 total hours including 300 educational hours and 1500 patient care clinic hours

- 150 hours of 1:1 mentorship throughout the program
- The resident is the primary patient/client care provider for 100 of the minimum 150 mentoring hours

- Instructional Methods may include:
 - Mentored clinical practice
 - Classroom/Academic courses
 - Learning Modules on specific topics or PBL case/ Journal article reviews
 - Independent or group assignments/projects
 - Research activities
 - Teaching assistant activities in a professional DPT program
 - Grand rounds
 - Journal club
 - Continuing education conferences
 - Presentations/in-services
 - Case study development

CURRICULAR ACTIVITIES—ADDRESSING THE PEDIATRIC DRP

Pediatric Residency programs provide access to a variety of learning experiences to address components of the Pediatric Description of Residency Practice (DRP).³ The Pediatric DRP was published in 2017 and reflects the integration of the 2011 Pediatric Description of Specialty Practice with more specific practice setting and patient health condition requirements. The purposes of the DRP are to establish a consistent curriculum expectation for residency programs within the same specialty area and provide consistency in program reporting for accreditation processes.

The Pediatric DRP³ can be downloaded from the ABPTRFE website:

(http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For_Programs/Apply/Forms/DRP_Pediatrics.pdf)

A brief overview of the Pediatric DRP is provided below with specific examples of curricular activities used by current accredited programs to address the DRP criteria.

SECTION I: Identifies pediatrics as the clinical area of practice.

SECTION II: Learning Domain Expectations (from the 2011 Pediatric DSP)

A. Knowledge Areas of Pediatric Practice

Foundation Sciences

- Weekly case conference meetings: patient cases are presented and discussed along with a fairly detailed and rigorous review of their disease, treatments, course, etc.
- Specific patient case discussions using a review of systems approach.
- Regular interaction with physicians and nurse practitioners or specialty teams who manage meds for patients or problem-solve complex issues.
- Exposure to patients across different practice settings with collaboration with related professionals.
- Lectures on the etiology of common developmental disabilities

Behavioral Sciences

- LEND lectures (psychological factors, ethics in developmental disability, family-systems, public health, etc.)
- Teaching assistant responsibilities in a DPT professional program
- Public health didactic information

Clinical Sciences

- Mentored clinical practice across multiple settings and diverse patient populations
- Assigned readings and reflective assignments in identified areas of study

Critical Inquiry Principles and Methods

- Mentored research project (exposure to Institutional Review Board process, data collection, analysis, and presentation)
- Institutional course on regulatory component of research
- Didactic learning through the course, along with evidence based examination and outcomes in pediatric physical therapy." Several courses have specific assignments related to critical analysis of the literature.
- Complete a formal case report (potentially ready for publication) using APTA author guidelines.
- Residents complete a case study of a client on their caseload. They use evidence to guide formulation of a clinical question, collect data over the course of 3-4 months, and prepare a poster presentation regarding their findings. An experienced researcher helps to guide this process.

B. Professional Competencies of Pediatric Physical Therapists

Professional Behaviors

- Participate on interdisciplinary teams
- Didactic and mentored experiences on advocacy
- Scheduled meetings with residency director to discuss progress

Leadership

- LEND leadership curriculum
- Community-based committee participation for issues on local accessibility
- Community-based developmental preschool screenings
- Camp Counselor for population-specific summer camp
- Taking part in developing and leading performance improvement projects in the clinical practice setting
- Interdisciplinary clinic in which residents take the role of coordinator for a client
- Attend faculty development seminars regarding leadership topics (typically involves team dynamics, implementing change, analysis of personality types etc.)

Education

- Teaching assistant responsibilities in a DPT professional program
- Gain experience as a clinical instructor for a PT student
- Attend and complete APTA Clinical Instructor Credentialing and assist with clinical education
- Participate in professional DPT education (guest lecturer) and in continuing education through the development of distance learning and continuing professional development modules
- Participate with professional DPT students to assist with labs/lectures and case studies. Participate in Problem-based learning module acting as a facilitator (for professional DPT students)
- Develop patient/family educational materials
- Develop professional poster presentations for local or national conferences
- Provide lectures and presentations to peers and other professionals

Administration

- The resident is part of the residency council with bi-annual meetings
- They also participate in professional business meetings at national conferences or local groups related to children with disabilities
- Mentored exposure to day to day administration of our department
- Serve as a liaison with third-party payers for physical therapist services and equipment at least once during the year
- Complete performance improvement projects
- Participate in residency faculty meeting to assist with ongoing program development and modification
- Attend LEND interdisciplinary activities/clinics
- Participate in clinical program development
- Participate in formal Continuing Education program development; complete continuing education unit applications
- Develop a policy or procedure for a clinical department

Consultation

- Home-based evaluations for equipment and other needs
- Community-based preschool screenings
- Case based learning in collaboration with other professionals/disciplines
- Consultation teams in school-based settings
- Community based activities such as FUN Fitness (fitness screens for Special Olympic Athletes)
- Serve as a consultant for community-based recreation programs for children with disabilities
- Child-check screenings in the community

Evidence-Based Practice

- Mentored journal clubs, local pediatrics Special Interest Groups, rounds and post-clinic staffing
- Complete didactic courses
- Complete case-based assignments
- Search for articles to support decisions with at least one client/week;
- Complete case study project utilizing evidence
- Participate in a monthly pediatric physical therapy journal club reviewing current publications (clinical bottom line formats),
- Participates in a local pediatric special interest group that reviews evidence to practice topics
- Provides evidence-based presentations to local therapists and other professionals
- Participate on teams to develop evidence-based clinical guidelines or algorithms
- Complete LEND leadership projects, incorporating evidence into project development
- Develop a clinical program using evidence to establish protocols and practice guidelines within the program

Critical Inquiry Methods

- Complete a clinical research project
- Participate in projects with residency faculty or researchers to engage in multiple aspects of the research process (grant writing, IRB, data collection and analysis)
- Complete a case study design with mentor, data collection and presentation of findings in poster format.

C. Psychomotor Skills of Pediatric Physical Therapists in the Patient/Client Management Model

This section encompasses Examination, Evaluation, Diagnosis, Prognosis, Interventions, and Outcomes Assessment, which will all be addressed through the resident's clinical practice curriculum.

SECTION III: Practice Settings

The clinical curriculum must include a variety of pediatric practice settings, with the resident spending a minimum of 5% of their time in each of the following settings:

- Acute care
- Early child intervention
- Inpatient rehabilitation
- Outpatient
- School system

If a residency program is unable to meet the minimum requirements for a specific setting, the program must provide additional learning opportunities related to patient care in that setting to meet curricular requirements.

SECTION IV: Patient Populations

Pediatric residency programs must provide resident learning opportunities for both female and male patients between the ages of 0-21 years. Learning opportunities with patients older than 21 years with pediatric related conditions are appropriate, but not required by ABPTRFE.

SECTION V: Primary Health Conditions

The residency curriculum must include exposure to a variety of health conditions to ensure a broad and comprehensive learning experience representative of pediatric physical therapy practice. If opportunities are limited for specific health conditions, residency programs must provide additional learning experiences to supplement the clinical curriculum (observation, didactic, research, clinical case presentation, etc.).

The Pediatric DRP provides a template to document resident-patient encounters within each of the Primary Health Conditions within the clinical curriculum. The primary systems are listed below, however, programs should refer to the DRP for details of the Primary Health Conditions:

- Cardiovascular
- Pulmonary
- Nervous
- Musculoskeletal
- Involvement of Multiple Systems

Resources:

- 1) American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) Part III: Quality Standards for Clinical Physical Therapist Residency and Fellowship Programs. http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For_Programs/Apply/Forms/ABPTRFEClinicalQualityStandards.pdf Accessed August 30, 2018.
- 2) American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) Information for Developing Programs. <http://www.abptrfe.org/ForPrograms/Developing/> Accessed August 30, 2018.
- 3) American Board of Physical Therapy Residency and Fellowship Education. *Physical Therapy Description of Residency Practice: Pediatrics*. Alexandria, VA: American Physical Therapy Association; June 2017. http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For_Programs/Apply/Forms/DRP_Pediatrics.pdf Accessed August 30, 2018.
- 4) American Board of Physical Therapy Residency and Fellowship Education. About Residencies. . <http://www.abptrfe.org/ForParticipants/AboutResidencies/> Accessed October 3, 2018.
- 5) American Board of Physical Therapy Residency and Fellowship Education. About Fellowships. <http://www.abptrfe.org/ForParticipants/AboutFellowships/> Accessed October 3, 2018.
- 6) Association of University Centers on Disabilities. LENDs. <https://www.aucd.org/template/page.cfm?id=6> Accessed April 5, 2018.
- 7) American Board of Physical Therapy Residency and Fellowship Education. *Mentoring Resource Manual*. August 2014. http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For_Programs/ABPTRFEMentoringResourceManual.pdf Accessed August 30, 2018.