

## FAQs specific to development and credentialing of a residency / fellowship program in acute care physical therapy.

Until acute care physical therapy is recognized as a specialty area of physical therapist practice by ABPTS, there are two primary questions that arise when facilities/programs are developing a residency/fellowship program. These answers were developed by the Acute Care Section, and have been reviewed for accuracy by the APTA Residency and Fellowship department.

### 1. There is no Description of Specialty Practice for acute care, how can I create a curriculum?

The Acute Care Physical Therapy Practice Analysis will be published in the October 2010 issue of *Physical Therapy*, a peer reviewed journal ([access it online here](#)). Below are excerpts from the "Application Packet for Credentialing" (available at:

<http://www.apta.org/AM/Template.cfm?Section=Residency&Template=/aptaapps/Education/developResidenceApp.cfm>), emphasis added.

"The Program curriculum must be based on the *Description of Specialty Practice* (DSP); **a valid practice analysis**; or a detailed description of the knowledge, competency expectations, and patient population of a component of the DSP (fellowship only). The Board retains the right to determine if a practice analysis or explanation of a component of a DSP (fellowship only) is sufficient for development of a Program curriculum. Programs completing a practice analysis should follow the "Guidelines for Conducting a Practice Analysis," also available at the web site."

"If the curriculum of the residency or fellowship program is not in an area where ABPTS specialist certification exists, the curriculum must reflect the use of **a reliable and valid practice analysis**. The practice analysis should be validated by the Board prior to establishing the Program curriculum. See "Practice Analysis Guidelines" for requirements related to conducting a practice analysis for the purpose of residency program credentialing."

Our practice analysis conformed to the guidelines published by APTA and the Credentialing Board. When submitting your paperwork to become credentialed, you can submit a copy of the Acute Care Physical Therapy Practice Analysis ([available from PTJ](#)). Additional information required (e.g., copy of pilot and final surveys, copy of raw data, sub-group analysis) will be available from the Acute Care Section *free of charge* by emailing your request to [practiceanalysis@acutept.org](mailto:practiceanalysis@acutept.org). These two documents will be included as an addendum to the application for credentialing (under Section 3: Curriculum).

The Acute Care Section is currently working with the Credentialing Board to obtain validation of our practice analysis to further smooth this process during the application period. We anticipate this process to be completed no later than the fall of 2010, and will keep members update when this process has been successfully completed.

**2. How can my residency/fellowship become credentialed if I need an ABPTS certified specialist on the faculty and acute care doesn't currently have an ABPTS certified specialty in acute care?**

To quote from the "Application Packet for Credentialing" (emphasis added):

**"Where the focus of the Program is within an ABPTS specialty or subspecialty area, the Program will have at least one ABPTS-certified faculty member in that area.** For multi-site Programs there must be a clinical specialist on site unless the resident/fellow will be rotating to other sites where there is a clinical specialist. For orthopedic manual physical therapy programs, the Program will have at least one FAAOMPT on faculty."

"Judgment about faculty competence in a curricular area for which a faculty member is responsible is based on: **1) appropriate past and current involvement in specialist certification and/or advanced-degree courses; 2) experience as a clinician; 3) research experience; and 4) previous teaching experience (e.g., classroom, clinical, in-service and/or continuing education, and presentations to, and attendance at, in-service or continuing education courses).** When determining teaching effectiveness, multiple sources of data are collected, including evaluations by residents or fellows."

Until such time as acute care is recognized by ABPTS and individuals can obtain ABPTS certified status, competence to serve as faculty members will be based on the four criteria listed above. Once ABPTS recognizes acute care as a specialty and has begun the examination process, this will not be required. However, it is *highly encouraged* to have ABPTS certified specialists and other appropriate indicators of specialist practice (e.g., advanced degree holders, certified wound specialists, etc.) on the faculty of the residency/fellowship.

Per correspondence with APTA's Residency/Fellowship and Specialist Certification department in June 2010, Women's Health residencies followed this model and were approved with this level of evidence. "They were recognized for residency development after the practice analysis was completed and began getting their programs credentialed. It was about 3 years later that the exam then came out. Now that ABPTS recognizes this specialty area and has begun certifying Women's Health specialists, the programs will have to begin getting WCSs on faculty."

If you have any other questions or concerns about developing a residency/fellowship in acute care physical therapy, please do not hesitate to contact APTA for assistance:

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