



Frequently Asked Questions

What is a clinical residency?

A clinical residency is a planned program of postprofessional 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 postprofessional 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.

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*.

What is the acceptable duration of clinical residency or clinical fellowship?

A clinical residency program should be completed within a minimum of 1500 hours in no fewer than nine (9) months and no more than 36 months. A clinical fellowship should be completed within a minimum of 1000 hours in no fewer than six (6) months in duration and no more than 36 months. Programs whose timeframe falls outside of these parameters will be reviewed on a case-by-case basis.

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 postprofessional 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 website at: <http://www.apta.org/AM/Template.cfm?Section=ABPTS1&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=42&ContentID=14391>.

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 resource catalog at http://www.apta.org/AM/Template.cfm?Section=Specialty_Areas&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=137&ContentID=17729.

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 or online at: <http://www.apta.org/AM/Template.cfm?Section=Residency&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=118&ContentID=15371>.

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