## Table of Contents

I. **Background** .................................................................................................................. 3
   - Introduction .................................................................................................................. 3
   - Special Note ................................................................................................................. 4
   - Copyright ...................................................................................................................... 5

II. **Terminology Defined** ................................................................................................. 6
    - Competencies and Behaviors .................................................................................... 6

III. **Core Competencies of a Physical Therapist Resident** ............................................. 7
    - Clinical Reasoning .................................................................................................... 7
    - Knowledge for Specialty Practice ............................................................................. 7
    - Professionalism ......................................................................................................... 7
    - Communication ......................................................................................................... 8
    - Education .................................................................................................................. 8
    - Systems-based Practice ............................................................................................. 8
    - Patient Management ................................................................................................. 9

IV. **Glossary** .................................................................................................................... 10

V. **References** ................................................................................................................ 13
I. Background

Introduction

The American Board of Physical Therapy Residency & Fellowship Education (ABPTRFE) established a work group in 2014 consisting of 10 physical therapists, representing all areas of specialty practice, with various residency roles, including residency directors, didactic and clinical faculty, and graduates.

The purpose of this work group was to create a set of core competencies expected of a physical therapist resident upon graduation from the program. These competencies are broad in nature, representing the residency expectations of all specialty areas of practice.

After establishing core residency competencies, the work group was directed to create an evaluation instrument to measure resident achievement of the competencies.

These competencies and the associated evaluation instrument were forwarded to interested stakeholders through in-person and electronic open-feedback forums to obtain widespread written and verbal feedback prior to refining the draft instrument(s) suitable for psychometric testing. Additional expert option was collected from medicine and other health professions in order to gain insight into positive and negative outcomes experienced in competency-measurement processes.

The reasons for developing this instrument are threefold. First, it defines the expectations of residency education—for individuals undergoing residency training, the program, and society—by providing a consistent set of core competencies. Second, the instrument identifies and measures the capabilities of physical therapist residents using milestones, or benchmarks, as they progress through training, while at the same time identifying their strengths and weaknesses in a timely manner. Finally, the competencies, with their associated evaluation instrument, assure the public that graduates of a physical therapist residency program have the knowledge, skills, and abilities they need to perform their roles in society.

This instrument is not, however, intended to replace programs’ live patient examinations, or specialty specific skill assessments (such as, for example, Objective Structured Clinical Examinations).

Utilizing and analyzing resources from other health care professional organizations—including the Accreditation Council for Graduate Medical Education (ACGME; related to its identified residency competencies, behaviors, and benchmarks) and the Description of Specialty Practice (DSP) documents from the American Board of Physical Therapy Specialties—the work group identified commonalities in knowledge, skills, and attributes for all defined areas of physical therapist specialties.
At the same time, the work group considered the physical therapist education, entry-level competencies, and expected outcomes of residency training. Through continued discussion and refinement, the work group established 7 core competencies, with associated critical behaviors, for physical therapy residents in all areas of specialty practice.

Each competency includes multiple behaviors with associated benchmarks, utilizing Bloom’s Revised Taxonomy’ classifications. The performance of each behavior is assessed independent of other behaviors for that competency. At the end of this document is a glossary that defines terms and concepts used throughout. Terms defined in the glossary are indicated in color in this document.

The Residency Competency Evaluation Instrument began undergoing psychometric testing in March 2017 to determine the instrument’s validity and reliability. Testing of this instrument will conclude in August 2018. At that time, data will be analyzed and interpreted. Results will be published with planned submission to a peer-reviewed journal.

**Special Note**

The ABPTRFE would like to thank the members of the Residency Competency Work Group who dedicated their time and efforts to create these core competencies and the evaluation instrument:

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II. Terminology Defined

Competencies and Behaviors:

1. **Clinical Reasoning:**
   
   **Core Competency:**
   
   Demonstrates the ability to organize, synthesize, integrate, and apply sound clinical rationale for patient management.

   **Behaviors:**
   
   - Efficiently and systematically generates and disconfirms hypotheses to effectively clinical reasoning.
   - Evaluates evidence-based practice, physical therapist expertise, and patient’s perspective and value in management of patient’s needs across varied practice settings or diverse patient populations. Effectively reflects upon the application of evidence and modifies accordingly.
   - Integrates into patient care a comprehensive biopsychosocial model\(^2\) in clinical reasoning.
   - Presents a logical rationale for clinical decisions with patients, colleagues, and the interprofessional\(^3\) team, while incorporating patient’s needs and values, within the context of ethical clinical practice.
   - Responds to anticipated and unanticipated outcomes in both simple and complex clinical conditions across varied practice settings or diverse patient populations.
   - Analyzes data from specialty-specific outcome measures in a manner that supports accurate analysis of patient outcomes across varied practice settings or diverse patient populations.
   - Integrates self-reflection to enhance outcomes across varied practice settings or diverse patient populations.

2. **Knowledge for Specialty Practice:**
   
   Demonstrates the ability to organize, synthesize, integrate, and apply to practice specialty knowledge and skills.

   **Behaviors:**
   
   - Integrates comprehensive knowledge in foundational, behavioral, and clinical sciences within the specialty area of practice\(^4,5\) across diverse patient populations or practice settings.
   - Integrates critical inquiry\(^2\) principles and methods in the management of patients within the specialty area, resulting in the dissemination of scholarly product(s)\(^5\).
   - Discriminates the efficiency, efficacy, and value of new technology and skills, and considers the ethical application within the specialty area.
III. Core Competencies of a Physical Therapist Resident

1. **Clinical Reasoning:**
   Demonstrates the ability to organize, synthesize, integrate, and apply sound clinical rationale for patient management.

   **Behaviors:**
   - Efficiently and strategically gathers, interprets, and synthesizes essential, accurate, and disconfirming information from multiple resources in order to make more effective clinical judgments.
   - Evaluates evidence-based practice, physical therapist expertise, and patient’s perspective and value in management of patient’s needs across varied practice settings or diverse patient populations. Effectively reflects upon the application of evidence and modifies accordingly.
   - Integrates into patient care a comprehensive biopsychosocial model\(^2\) in clinical reasoning.
   - Presents a logical rationale for clinical decisions with patients, colleagues, and the interprofessional\(^3\) team, while incorporating patient’s needs and values, within the context of ethical clinical practice.
   - Responds to anticipated and unanticipated outcomes in both simple and complex clinical conditions across varied practice settings or diverse patient populations.
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   - Discriminates the efficiency, efficacy, and value of new technology and skills, and considers the ethical application within the specialty area.

3. **Professionalism:**
   Conducts self in a manner consistent with the APTA Code of Ethics\(^7\), inclusive of the Core Values\(^9\), in professional roles and professional responsibilities.\(^8,9\)
**Behaviors:**
- Independently manages all aspects of professional responsibilities of a specialty practitioner as they relate to components of a residency program.
- Integrates knowledge of laws and regulations affecting patient care and practice, quality improvement, and compliance issues.
- Develops preventative solutions to ethical issues in clinical situations and their potential impact on patient outcomes, public trust, and patient/therapist safety.
- Integrates resources within a specialty area and identifies areas of involvement relevant to professional association(s) and continued competence, and seeks opportunities where available.
- Integrates leadership skills to advance the physical therapy profession.

4. **Communication:**
Utilizes effective strategies to clearly and accurately disseminate and receive information in a respectful manner that considers situational needs and results in intended outcomes.

**Behaviors:**
- Effectively engages in interprofessional communication that positively affects patient outcomes within the specialty area of practice.
- Seamlessly and intuitively adapts to diverse verbal and nonverbal communication styles during anticipated and unanticipated patient and professional interactions.
- Discriminates and incorporates appropriate strategies to engage in challenging encounters with patients and others and negotiate positive outcomes.

5. **Education:**
Designs, directs, and implements learner-centered instructional activities in clinical, academic, or community settings to advance physical therapist practice.

**Behaviors:**
- Integrates appropriate educational strategies that are congruent with the setting and needs of the learner, inclusive of technologies, in order to effectively deliver comprehensive content to improve knowledge and skills of peers, students, and others in clinical or academic settings.
- Integrates appropriate resources—including materials, mentors, colleagues, and published literature—to design, deliver, and evaluate instructional activities.
- Independently assesses the learner’s comprehension and demonstrates the ability to integrate the findings into future educational activities.

6. **Systems-based Practice:**
Demonstrates an awareness of and responsiveness to the larger context and system of health care in order to provide care that is of optimal value.
Behaviors:
- Analyzes the interdependency of systems of care and its effect on patient management.
- Evaluates the impact of health care issues beyond the individual, to the level of institution and society, and advocates for such concerns.
- Explores, analyzes, and articulates health and wellness needs of community populations at the level of the health care team and system.
- Evaluates, critiques, and articulates suggestions for modifications to policies and procedures to meet the needs of the practice setting or broader system.
- Integrates knowledge of systems-related quality improvement and safety initiatives to enhance patient, organizational, or societal outcomes.

7. Patient Management:
Provides comprehensive value-based service\textsuperscript{14,17} to patients, using a human movement system\textsuperscript{15,16} framework, as an integral member of a collaborative interprofessional\textsuperscript{3} team to optimize outcomes that impact the human experience\textsuperscript{17} within a defined area of specialty practice.

Behaviors:
- Accurately, comprehensively, and efficiently performs a specialty-specific examination\textsuperscript{2} in simple and complex clinical situations.
- Accurately, comprehensively, and efficiently performs a specialty-specific evaluation\textsuperscript{2} in simple and complex clinical situations to establish a diagnosis\textsuperscript{2} and prognosis.\textsuperscript{2}
- Establishes a cost-effective and value-based plan of care\textsuperscript{2} that accurately predicts goal achievement, frequency, and duration of an episode of care\textsuperscript{2} for simple and complex clinical situations within the specialty area of practice.
- Accurately, comprehensively, and efficiently chooses and modifies interventions and education to guide patient management in clinical situations for successful patient outcomes.
- Accurately, comprehensively, and efficiently generates documentation to justify an episode of care\textsuperscript{2} that is cost-effective and value-based.
IV. Glossary

**Biopsychosocial Model:** A theoretical construct that a person’s health status is determined by the interplay of his or her status in the biological, psychological, and social domains. For example, 2 people with the same pathology who have different levels of motivation and socioeconomic resources might have very different outcomes in terms of functional status and level of participation.

**Critical Inquiry:** The process of using the principles of scientific methods to read and interpret professional literature; participate in, plan, and conduct research; evaluate outcome data; and assess new concepts and technologies. Examples of critical inquiry activities in which physical therapists may engage include:
- Analyzing and applying research findings to physical therapist practice and education,
- Disseminating the results of research,
- Evaluating the efficacy and effectiveness of both new and established interventions and technologies, or
- Participating in, planning, and conducting clinical, basic, or applied research.

**Human Movement System:** The human movement system comprises the anatomic structures and physiologic functions that interact to move the body or its component parts. Regarding physical therapist practice and the human movement system:
- Physical therapists provide a unique perspective on purposeful, precise, and efficient movement across the lifespan, based on the synthesis of their distinctive knowledge of the movement system and their expertise in mobility and locomotion.
- Physical therapists examine and evaluate the movement system (including diagnosis and prognosis) to provide a customized and integrated plan of care and achieve the individual’s goal-directed outcomes.
- Physical therapists maximize an individual’s ability to engage with and respond to his or her environment, using movement-related interventions to optimize functional capacity and performance.

**Interprofessional:** A group of health care professionals from diverse fields who work in a coordinated fashion toward a common goal for the patient.

**Leadership Skills:** A process of social influence to guide others toward achievement of specific goals or outcomes. APTA’s Leadership Development Committee has defined 4 core competencies to assist physical therapists who wish to develop their leadership skills: 1) vision: the ability to set a clear direction and move the group forward; 2) self: the personal traits, characteristics, and behaviors that facilitate best leadership practice; 3) people: the ability to effectively mobilize a volunteer work force to achieve measurable outcomes; and 4) function: a fundamental knowledge of the structure, function, and organization of the association.
**Learner:** A learner includes any individual or audience to whom/which instruction is provided (e.g., patient, peer, student, community, stakeholders, etc.)

**Professional Responsibilities:** Accountability for the outcomes of personal and professional actions, and ability to follow through on commitments that encompass the profession within the scope of work, community, and social responsibilities.

**Scholarly Product:** Activities that systematically advance the teaching, research, and practice of physical therapy through rigorous inquiry that (1) is significant to the profession, (2) is creative, (3) is peer-reviewed through various methods, (4) can be replicated or elaborated, and (5) is published, presented, or documented. Examples of scholarly products include, but are not limited to: contributions to the evidence of practice through systematic reviews of evidence, critically appraised topics, written descriptions of practice, empirical research reports, peer-reviewed publications of research, policy analysis, case studies, integrative reviews of the literature, peer-reviewed/invited professional presentations, contributions to clinical practice guidelines, etc. Publication of research is not a requirement of residency training.

**Specialty Area of Practice:** A specific area of physical therapy practice requiring advanced knowledge, skills, and experience exceeding that of the entry-level practitioner and unique to the specific area of practice. The organizational body that guides the American Physical Therapy Association’s Clinical Specialization Program is the American Board of Physical Therapy Specialties (ABPTS). Each area of physical therapy specialty practice is defined within a *Description of Specialty Practice.*

**Systems-Based Practice:** Integrating and translating evidence-based practice into patient management, including social determinants of health. An awareness of and responsiveness to the larger context and system of health care, and the ability to call effectively on other resources in the system in order to provide optimal, cost-effective care to individual patients and populations. APTA’s goal is to ensure that the health care system is affordable, results in high-quality care, and eliminates unnecessary legal and regulatory barriers that limit access to services, thereby providing patients with access to high-quality care provided by physical therapists.

**Systems of Care:** The system of care model is an organizational philosophy and framework that involves collaboration across the continuum of care, inclusive of all health care providers, for the purpose of providing an integrated framework of health care services and improving access to care for patients and their families requiring physical therapy services. Health care providers need to understand how the various elements of care are supposed to work and how they fit into the system. “Knowing if, when, and in what role rehabilitation professionals are involved in the continuum of service is essential for success at a patient, system, and provider level.”

**The Human Experience:** Movement is a key to optimal living and quality of life for all people that extends beyond health to every person's ability to participate in and contribute to society.
**Value-Based Service:** Services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable. In physical therapy, value-based service involves collaborative relationships with a variety of stakeholders and the principles of access, quality, and accountability—each grounded in a patient- and client-centered approach to delivery. Outcomes will be both meaningful to patients/clients and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered.
V. References


