PHYSICAL THERAPIST RESIDENCY AND FELLOWSHIP EDUCATION VIRTUAL SITE VISITS

April 16, 2020

For physical therapist residency and fellowship education programs whose on-site visits have been suspended due to the COVID-19 pandemic, the American Board of Physical Therapy Residency and Fellowship Education voted to provide these programs the option of undergoing a virtual site visit.

To be approved to undergo a virtual site visit, an accredited program must be considered in good standing with ABPTRFE and have no negative accreditation actions (i.e., probation, suspension, show cause) or complaints received against the accredited program for the last two accreditation cycles. For programs seeking initial accreditation, the program must demonstrate that they met 85% of the ABPTRFE Key Elements during the program’s candidacy review and not have previously been denied candidacy.

Unless specified, the purpose, structure, and outcomes of the virtual site visit will be consistent with those of an on-site visit as outlined within ABPTRFE Policy 5.0 (pages 12-14). The following policies have been created specific to the conduction of a virtual site visit.

Technology Requirements
To conduct interviews and tours of facilities, each program must host the visit using a virtual meeting system (e.g., Zoom, Go To Meeting, Microsoft Teams, Ring Central). If the program does not have access to a virtual platform, Residency/Fellowship Accreditation staff will assist in setting up the meetings through its virtual meeting system Zoom.

To conduct the mentoring session observation, the program shall schedule and transmit the session using a platform that meets all applicable local, state, and federal laws. If adequate technology is not available to conduct the mentoring session observation virtually, the visit will be postponed until an on-site visit can be scheduled. The program director and organization administrator must acknowledge in an email to Kendra Harrington, director of residency/fellowship accreditation, the following: “In consideration for APTA allowing [program name] to have a virtual site visit, [sponsoring organization name] takes full legal responsibility for, and holds ABPTRFE harmless against, claims by a third party, participant, faculty or mentoring session attendee that arises or is in any way related to the use of a virtual system, such as those outlined above.”

Programs must conduct a technology test with the virtual (on-site) review team at least three calendar days prior to the scheduled virtual visit. The program is responsible for ensuring that it can accommodate the technology requirements of a virtual site visit.
Recording of the virtual visit is strictly prohibited.

**Required Components of the Virtual Visit**
The agenda of a virtual visit shall be the same as for an on-site visit as outlined under “Required Components of the On-site Agenda With Recommended Time Allocations” within the “Program On-site Visit Guidebook” (enclosed).

**Required Documents for Review during the On-site Visit**
The program must make available to the virtual (on-site) review team all materials listed under “Required Documents for Review during the On-site Visit” within the “Program On-site Visit Guidebook” (enclosed).

Materials must be uploaded within the On-site Visit Documentation instrument within the Accreditation Management System at least 14 calendar days before the virtual visit. We assure you that our virtual (on-site) reviewers will maintain consistent practices that are used for on-site visits, including not printing or downloading copies of any documents submitted into the Onsite Visit Documentation instrument.

Confidential documents (e.g., samples of participant examinations, faculty evaluations) can be shared virtually with the virtual (on-site) review team during the virtual interviews through screen sharing.

**Contacts**
Please reach out to accreditation staff, preferably through email, with questions as well as to inquire about specific program issues not addressed within the guidance above.

Kendra Harrington, PT, DPT, MS: kendraharrington@apta.org, 703-706-8552
Linda Csiza, PT, DSc: lindacsiza@apta.org, 703-706-3152
Program Guide Packet

Required Components of the Onsite Agenda with Recommended Time Allocations

☐ Program Director (2 hours)
☐ Program Coordinator, if applicable (1-2 hours)
☐ Institution’s Administrator, if available (30 minutes)
☐ Faculty (1 hour each but may be scheduled as a joint interview)
☐ Program Participants (1 hour each but may be scheduled as a joint interview). Offsite participants must be included through video or teleconferencing.
☐ Program Graduates, if applicable (1 hour each but may be scheduled as a joint interview). Offsite participants must be included through video or teleconferencing.
☐ Tour of Facilities (15-30 minutes)
☐ Mentoring Session Observation(s) (up to 2 sessions if more than 1 mentor)
☐ Onsite Team private working lunch (45 minutes daily)
☐ Breaks (Two 10-minute breaks daily)
☐ Conclusion Meeting with Program Director (15 minutes)

Required Documents for Review during the Onsite Visit

☐ Updated Exhibit 4 (Primary Health Condition Chart) for every program participant (clinical programs only)
☐ Executed (signed) copies of program contract/agreement/letter of appointment for all participants within recent accreditation cycle.
☐ Participant Handbook
☐ Educational resources available to participants and faculty
☐ Documents describing and/or supporting the program’s curriculum (e.g., Power Point presentations, copies of required readings, course modules, etc.)
☐ Completed copies of program director and program coordinator (if applicable) evaluations
☐ Completed copies of faculty evaluations (if program director and coordinator have faculty roles, completed evaluations of these individuals within their faculty role must be viewed)
☐ Completed and graded copies of participant evaluations and examinations.
☐ Copy of program graduation certificate issued to graduates.
☐ Documentation collected on the post-completion performance of the program graduate used for program evaluation and continuous improvement.