

American Board of Physical Therapy Residency & Fellowship Education



Core Competencies of a Physical Therapist Resident

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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. Following the establishment of 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 opinion was collected from medicine and other health professions in order to gain insight into the positive and negative outcomes experienced in their competency-measurement processes.

The reasons for the developing this instrument are multifold. 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 the resident progresses through training, while at the same time identifying residents' strength 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 required to perform their roles in society.

Utilizing and analyzing resources from other health care professional organizations—including the Accreditation Council for Graduate Medical Education (ACGME; related to their 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 the 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. The performance of each behavior is assessed independent of the 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.

Special Note

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

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Copyright

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Disclaimer

At this time, the competencies, behaviors and associated evaluation instrument should not be used in making judgments on resident performance. This evaluation instrument will undergo psychometric testing once finalized.

II. Directions for Use

Instructions for the Faculty

Residents will be assessed on these competencies upon entrance into the program, at mid-term, and at final. This instrument is to be completed by residency faculty. The baseline assessment should occur at the initiation of the residency program and the final assessment must occur prior to the completion the residency. The timing of the mid-term assessment may vary by program. The suggested time points for instrument administration are not dependent upon the timing of each rotation (if applicable) in the residency program, but are intended to reflect the resident's performance throughout the duration of the residency program.

Sources of information used to complete this assessment may include, but are not limited to, residency faculty, clinical supervisors, other professionals, and patients. Methods of data collection may include direct observation, electronic assessment (eg, videotape or live video observation), documentation review, role playing, interviews, live patient examinations, portfolios, tests, standardized practical activities, and patient and outcome surveys. In the case of multiple residency faculty per resident, collaboration should occur to complete 1 instrument at each administration.

The residency faculty is to formally review the instrument and grading with the resident upon entrance into the program, at mid-term, and final.

Benchmarks

Rating of each should be based on observation of resident performance relative to graduation target. At a minimum, residents are expected to demonstrate all Level 1 benchmarks upon entrance into the program. However, residents may demonstrate some behaviors above Level 1 at the time of program initiation. Residents are expected to be at or above Level 2 at mid-term. It is recommended that residents achieve Level 4 for all behaviors at the completion of the residency program in order to graduate, but individual programs can establish graduation criteria.

Selection of a level implies that the resident substantially demonstrates the benchmark(s) within that level, as well as those in lower levels. If the resident does not substantially demonstrate the benchmark(s) within a level, the resident is scored at the level below. The ratings should reflect a defined level. Half-levels are not permissible.

Comments are required for residents who are not achieving benchmarks at specified times noted above.

Level 0: The resident does not demonstrate benchmarks expected of an incoming resident (as described in Level 1). If a resident is scored at Level 0, comments should be provided, inclusive of a remediation (action) plan to bring the resident to Level 1.

Level 1: The resident demonstrates benchmarks expected of an incoming resident.

Level 2: The resident is advancing and demonstrates additional benchmarks. This is the target level for the mid-term assessment.

Level 3: The resident continues to advance and demonstrate additional benchmarks, consistently including the majority of benchmarks targeted for residency.

Level 4: The resident has advanced so that he or she now substantially demonstrates the benchmarks targeted for residency training. This is the target level for graduation.

Level 5: The resident has advanced beyond performance targets set for residency training and is demonstrating “aspirational” goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

A comment section is provided at the end of each competency. This includes areas of strength, areas of development, and a remediation or performance-optimization plan. A performance-optimization plan must be included if the resident is marked at Level 0 for any behavior or below the target level for each timeframe for any behavior.

Instructions for the Resident

For the pilot testing of this instrument, the resident will perform a self-assessment of his or her performance on each of the 7 competencies at each time point (upon entrance into the program, at mid-term, and at final) using the same instrument. The resident and the faculty member should review the completed instrument at each administration.

In scoring each behavior for a particular competency, the resident should demonstrate the benchmarks within the chosen level as well as the levels below. At the end of each behavior, space has been provided to make specific comments about the resident’s performance against the benchmarks defined within the behavior. Additional space has been provided at the end of each competency for comments including, but not limited to, areas of strength, areas of development, and a remediation or performance-optimization plan.

For a description of the rating scale, refer to the *Benchmarks* section within “Instructions to the Faculty” above.

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:

- Evaluates evidence-based practice, physical therapist expertise, and patient's perspective and value in the management of patient's needs for all simple and complex situations, and effectively reflects upon the application of evidence across all situations and modifies accordingly.
- Efficiently and strategically gathers, interprets, and synthesizes essential, accurate, and disconfirming information from multiple resources to make more effective clinical judgments.
- Integrates into patient care a comprehensive **biopsychosocial model**¹ in clinical reasoning.
- Presents a logical rationale for all clinical decisions with patients, colleagues, and the **interprofessional**² team, while incorporating patient's needs and values, within the context of ethical clinical practice.
- Anticipates expected and unexpected outcomes of the patient's current clinical condition across varied practice settings or diverse patient populations.
- Analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes in all clinical situations.

2. Knowledge for Specialty Practice:

Demonstrates the ability to organize, synthesize, integrate, and apply advanced specialty knowledge and skills to practice.

Behaviors:

- Integrates comprehensive knowledge in foundational, behavioral, and clinical sciences, within the **specialty area of practice**^{3,4} across diverse patient populations or practice settings.
- Integrates **critical inquiry**¹ 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, skills, and understanding of the art, science, and ethics applicable to the specialty area.

3. Professionalism:

Conducts self in a manner consistent with the APTA Code of Ethics⁶, inclusive of the Core Values⁸, in all **professional responsibilities**^{7,8} and roles.

Behaviors:

- Exhibits **professional responsibilities** of a specialty practitioner, which include personal well-being as it relates to components of a residency program.
- Integrates knowledge of laws and regulations to optimize broad patient outcomes and advocate for patients, when appropriate, to provide comprehensive level of care.
- Seeks optimal resolution of ethical issues in clinical situations to promote positive outcomes and public trust.
- Integrates resources within a specialty area and identifies areas of involvement relevant to professional association(s) and continued competence.
- Integrates **leadership skills**^{9,10} 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:

- Communicates effectively within **interprofessional** relationships in both simple and complex clinical situations.
- Seamlessly and intuitively adapts to diverse communication styles during both anticipated and unanticipated patient and professional interactions.
- Integrates active listening and effective nonverbal skills to facilitate open and reciprocal communication patterns during both anticipated and unanticipated situations.
- Integrates self-reflection to enhance communication strategies and facilitate expected outcomes across multiple settings and in complex situations.
- Discriminates and incorporates appropriate strategies to engage in challenging encounters with patients and others to negotiate positive outcomes.

5. Education:

Designs, directs, and implements learner-centered instructional activities in academic, community, or clinical 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.
- Adapts appropriate resources to design, deliver, and evaluate instructional activities—including materials, mentors, colleagues, and published literature.
- Effectively delivers comprehensive content to improve knowledge and skills of peers, students, and others in clinical or academic settings.
- Assesses the learner's comprehension and demonstrates the ability to integrate the findings into future educational activities.

6. Systems-based Practice:^{11,12}

Demonstrates an awareness of and responsiveness to the larger context and system of health care to provide care that is of optimal value.

Behaviors:

- Analyzes the interdependency of systems of care and its effect on patient management.
- Analyzes societal and patient needs to consistently provide cost-effective and efficient patient care.
- 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 and other unmet 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, and societal outcomes.

7. Patient Management:

Provides comprehensive **value-based service**^{13,16} to patients, using a **human movement system**^{14,15} framework, as an integral member of a collaborative **interprofessional**² team to optimize outcomes that impact **the human experience**¹⁶ within a defined area of specialty practice.

Behaviors:

- Accurately, comprehensively, and efficiently performs a specialty-specific examination in simple and complex clinical situations.
- Accurately, comprehensively, and efficiently performs a specialty-specific evaluation in simple and complex clinical situations to establish a diagnosis and prognosis.
- Establishes a cost-effective and value-based plan of care that accurately predicts goal achievement, frequency, and duration of an episode of care 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 all clinical situations for successful patient outcomes.
- Accurately, comprehensively, and efficiently generates documentation to justify an episode of care that is cost-effective and value-based.

IV. Residency Competency Evaluation Instrument

Clinical Reasoning: Knowledge application					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Consults evidence-based practice, considers patient perspective and the value of service for simple situations, and infrequently integrates these into practice for more complex situations. Able to critically appraise evidence, but infrequently extrapolates results to patient population or recognizes biases.	Applies evidence-based practice, considers patient perspective and the value of service, and integrates these into practice in all simple situations and some complex situations. Critically appraises and interprets evidence, with the ability to identify key elements and biases, and to distinguish between association and causation.	Integrates evidence-based practice, physical therapist expertise, and patient's perspective and value in the management of patient's needs for all simple and complex situations.	Evaluates evidence-based practice, physical therapist expertise, and patient's perspective and value in the management of patient's needs for all simple and complex situations, and effectively reflects upon the application of evidence across all situations and modifies accordingly.	Creates best evidence-based practice and evaluates patient perspective to consistently manage patients in an efficient manner.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Clinical Reasoning: Knowledge generation and integration					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes the importance of gathering information when making clinical judgments; information from resources may be irrelevant or obsolete. Infrequently seeks evidence from resources in making clinical judgments.	Identifies relevant and appropriate information when making clinical judgments. Information from outside resources may not be peer-reviewed, may lack multiple perspectives, or be incomplete. May require substantial time to collect resources, and/or is unable to interpret and synthesize information in making clinical judgments.	Analyzes and applies information from peer-reviewed sources and presents multiple perspectives, however, may be limited in the selection and strength of the resources. Able to collect resources independently in a timely fashion, but requires feedback in interpreting and synthesizing information when making clinical judgments.	Efficiently and strategically gathers, interprets, and synthesizes essential, accurate, and disconfirming information from multiple resources to make more effective clinical judgments.	Knowledge integration and synthesis in clinical decision making is seamless, efficient, tacit, and confident. Evaluates the information gathered and creates innovative and varied approaches for making clinical judgments.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Clinical Reasoning: Use of a biopsychosocial model					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes the need to consider and use a biopsychosocial model in clinical reasoning.	Identifies components of a biopsychosocial model in clinical reasoning.	Consistently applies a biopsychosocial model of clinical reasoning.	Integrates into patient care a comprehensive biopsychosocial model in clinical reasoning.	Evaluates a comprehensive biopsychosocial model in clinical reasoning and facilitates others in its application.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Clinical Reasoning: Justification of clinical decision making					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Presents a rationale for simple clinical decisions and requires feedback to include all interested parties (patients, colleagues, and interprofessional team) and patient needs or values.	Presents a rationale for simple clinical decisions, includes some of the interested parties (patients, colleagues, and inter-professional team members), and gives consideration to patient needs or values.	Presents a sound rationale for simple clinical decisions and requires feedback for complex clinical decisions, includes most interested parties (patients, colleagues, and interprofessional team members), and considers patient needs and values.	Presents a logical rationale for all clinical decisions with patients, colleagues, and the interprofessional team, while incorporating patient's needs and values, within the context of ethical clinical practice.	Justifies clinical decision making through logical decisions and intuition, while influencing others in these processes.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Clinical Reasoning: Anticipating outcomes					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes expected outcomes of simple conditions and situations, and to need to establish/modify the plan of care to ensure that care is efficient, patient-focused, and value based.	Identifies and anticipates expected and unexpected outcomes of simple conditions and situations to establish/modify the plan of care to ensure care is efficient, patient-focused and value based.	Anticipates expected and unexpected outcomes of simple conditions and requires minimal feedback with complex situations.	Anticipates expected and unexpected outcomes of the patient's current clinical condition across varied practice settings or diverse patient populations.	Evaluates expected and unexpected outcomes of the patient's current clinical condition and consistently responds appropriately to complex situations and systematically compiles and reports data regarding these outcomes.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Clinical Reasoning: Patient data analysis and interpretation					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Requires significant feedback to analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes in simple clinical situations.	Requires minimal feedback to analyze data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes in simple clinical situations.	Consistently analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes in simple and some complex clinical situations.	Analyzes data from selected outcome measures in a manner that supports accurate analysis of individual patient and group outcomes in all clinical situations.	Analyzes and interprets data from outcome measures in innovative ways that alters patient interventions or program outcomes.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Clinical Reasoning Comments

Areas of Strengths:

Areas of Development:

Remediation/Performance Optimization Plan:

DRAFT

Knowledge for Specialty Practice: Demonstration of specialty knowledge areas					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Applies entry-level knowledge to clinical practice. Recognizes knowledge of foundational, behavioral, and clinical sciences within the specialty area of practice .	Distinguishes components of, and identifies gaps in, advanced knowledge of foundational, behavioral, and clinical sciences for clinical practice, with feedback within the specialty area of practice .	Applies advanced knowledge and, within a mentoring framework, pursues gaps in foundational, behavioral, and clinical sciences within the specialty area of practice .	Integrates comprehensive knowledge in foundational, behavioral, and clinical sciences, within the specialty area of practice across diverse patient populations or practice settings.	Creates novel and innovative ways to organize, synthesize, integrate, and apply advanced specialty knowledge and skills—not only to clinical practice, but also at a systems and community level.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Knowledge for Specialty Practice: Integration and application of specialty knowledge areas for critical inquiry					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes critical inquiry principles and methods in the management of patients.	Demonstrates the process of critical inquiry principles and methods with feedback in the management of patients within the specialty area.	Applies principles and methods of critical inquiry with feedback in the management of patients within the specialty area.	Integrates critical inquiry principles and methods in the management of patients within the specialty area, resulting in the dissemination of scholarly product(s) .	Creates a publishable peer-reviewed product. or is able to mentor others in the principles and methods of critical inquiry in the management of patients.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Knowledge for Specialty Practice: Discrimination of new knowledge areas relative to specialty practice					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes new technology, skills, and understanding of the art, science and ethics, applicable to the specialty area.	Incorporates, with feedback, new technology, skills, and understanding of the art, science and ethics, applicable to the specialty area.	Selects and applies appropriate new technology, skills, and understanding of the art, science and ethics, applicable to the specialty practice.	Discriminates the efficiency, efficacy, and value of new technology, skills, and understanding of the art, science, and ethics applicable to the specialty area.	Develops new technology, skills, and understanding of the art, science and ethics, applicable to the specialty area.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Knowledge for Specialty Practice Comments

Areas of Strengths:

Areas of Development:

Remediation/Performance Optimization Plan:

Professionalism: Accountability					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Exhibits professional responsibilities of an entry-level clinician, which include personal well-being as it relates to performance of work duties.	Requires minimal guidance for management of professional responsibilities of a specialty practitioner, which include personal well-being as it relates to components of a residency program.	Applies aspects of professional responsibilities of a specialty practitioner, which include personal well-being as it relates to components of a residency program.	Exhibits professional responsibilities of a specialty practitioner, which include personal well-being as it relates to components of a residency program.	Exhibits professional responsibilities of an advanced specialty practitioner, which include personal well-being.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Professionalism: Knowledge of law and regulation					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Adheres to all practice setting-specific regulatory laws and rules.	Describes rationale for the intent of local, regional, and national regulations.	Identifies and discusses emerging regulatory issues affecting patient care and practice, quality improvement, and compliance.	Integrates knowledge of laws and regulations to optimize broad patient outcomes and advocate for patients, when appropriate, to provide comprehensive level of care.	Influences current or emerging regulatory issues affecting patient care and practice, quality improvement, and compliance issues.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Professionalism: Ethical values					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Identifies ethical issues in clinical practice and seeks guidance, when appropriate, to identify resolutions that promote public trust of the physical therapy profession.	Recognize possible solutions to ethical issues in clinical practice and their potential impact on patient outcomes, public trust, and patient/therapist safety.	Evaluates, with guidance, solutions to ethical issues in clinical situations and their potential impact on patient outcomes, public trust, and patient/therapist safety.	Seeks optimal resolution of ethical issues in clinical situations to promote positive outcomes and public trust.	Influences others in management and resolution of ethical issues.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Professionalism: Professional growth and involvement					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes the importance to the physical therapy profession of professional resources.	Recognizes relevant resources within the specialty area that contribute to competency development.	Actively seeks and utilizes the resources within the specialty area to impact clinical practice.	Integrates resources within a specialty area and identifies areas of involvement relevant to professional association(s) and continued competence.	Participates in relevant professional association(s) within a specialty area to promote continued competence.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Professionalism: Leadership and collaboration					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes the characteristics of an effective leader and collaborator.	Demonstrates emerging characteristics of an effective leader and collaborator.	Identifies individual strengths and areas for growth to become an effective leader and collaborator.	Integrates leadership skills to advance the physical therapy profession.	Influences others to create opportunities and resources to advance the physical therapy profession.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Professionalism Comments

Areas of Strengths:

Areas of Development:

Remediation/Performance Optimization Plan:

Communication: Interprofessional relationships					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes the importance of communication within interprofessional relationships.	Demonstrates emerging effective communication strategies within interprofessional relationships in simple clinical situations.	Consistently communicates effectively within interprofessional relationships in simple clinical situations.	Communicates effectively within interprofessional relationships in both simple and complex clinical situations.	Serves as a role model and facilitates effective communication within interprofessional relationships within the clinical setting or beyond.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Communication: Adaptability					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes diverse communication styles during patient and professional interactions.	Develops strategies to adapt to diverse communication styles during patient and professional interactions.	Applies strategies to adapt to diverse communication styles during anticipated patient and professional interactions.	Seamlessly and intuitively adapts to diverse communication styles during both anticipated and unanticipated patient and professional interactions.	Facilitates the development of adaptability in communication styles in others in patient and professional interactions.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Communication: Nonverbal skills					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes that active listening and nonverbal skills are important for effective communication.	Develops active listening and nonverbal skills with minimal feedback during anticipated situations.	Utilizes active listening and effective nonverbal skills to facilitate open and reciprocal communication patterns during anticipated situations.	Integrates active listening and effective nonverbal skills to facilitate open and reciprocal communication patterns during both anticipated and unanticipated situations.	Serves as a role model and is able to mentor others in the use of active listening and nonverbal skills during communication.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Communication: Self-reflection					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Identifies need for self-reflection to enhance communication and facilitate expected outcomes.	Develops strategies for self-reflection to enhance communication and facilitate expected outcomes.	Utilizes strategies for self-reflection to enhance communication and facilitate expected outcomes during simple situations.	Integrates self-reflection to enhance communication strategies and facilitate expected outcomes across multiple settings and in complex situations.	Serves as a role model and is able to mentor others in the development of self-reflection strategies to enhance communication.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Communication: Challenging encounters					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes that respectful communication is critical for effective information exchange during challenging encounters.	Explores and develops strategies for engaging in challenging encounters to negotiate positive outcomes.	Selects and applies strategies to engage in challenging encounters with patients and others to negotiate positive outcomes.	Discriminates and incorporates appropriate strategies to engage in challenging encounters with patients and others to negotiate positive outcomes.	Is able to mentor others to develop communication strategies to negotiate positive outcomes.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Communication Comments

Areas of Strengths:

Areas of Development:

Remediation/Performance Optimization Plan:

Education: Educational strategies					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes that educational strategies are situational and differ based on learner and setting characteristics.	Explores and develops educational strategies in consideration of learner and setting characteristics.	Applies and selects a variety of educational strategies for the learner in a defined setting or settings.	Integrates appropriate educational strategies that are congruent with the setting and needs of the learner, inclusive of technologies.	Develops innovative educational strategies to address a variety of learners and settings.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Education: Instructional design and resources					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes available resources to design and implement effective educational programs.	Explores available resources to design and implement effective educational programs.	Applies appropriate resources— including mentors, colleagues, and published literature—to design and implement effective educational programs.	Adapts appropriate resources to design, deliver, and evaluate instructional activities—including materials, mentors, colleagues, and published literature.	Creates new and innovative resources and tools to maximize learning objectives.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Education: Instructional delivery					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes broad concepts relative to content delivery.	Identifies key objectives for effective content delivery.	Delivers appropriate content, with feedback to improve knowledge and skills of peers, students, and others in clinical or academic settings.	Effectively delivers comprehensive content to improve knowledge and skills of peers, students, and others in clinical or academic settings.	Creates innovative approaches to content delivery to improve knowledge and skills of peers, students, and others in clinical or academic settings.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Education: Learner comprehension					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes the value of assessing learner comprehension.	Identifies various methods to effectively assess the learner's level of comprehension.	Applies methods, with feedback to effectively assess the learner's level of comprehension.	Assesses the learner's comprehension and demonstrates the ability to integrate the findings into future educational activities.	Is able to mentor others in effective assessment methods for learner comprehension.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Education Comments

Areas of Strengths:

Areas of Development:

Remediation/Performance Optimization Plan:

DRAFT

Systems-based Practice: Interdependency of systems of care					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Navigates the interdependent components within systems of care to optimize patient management.	Incorporates components of interdependency of systems of care to optimize patient management.	Integrates components of interdependency of systems of care to optimize patient management.	Analyzes the interdependency of systems of care and its effect on patient management.	Contributes to the development or modification of systems of care to affect patient management.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Systems-based Practice: Cost/benefit analysis					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Effectively coordinates patient care that is sensitive to the patient's needs and available resources.	Modifies treatment based on emerging data within the cost-versus-risk benefit framework for patient care.	Integrates evidence-based practice and utilizes a variety of resources for cost-effective care.	Analyzes societal and patient needs to consistently provide cost-effective and efficient patient care.	Advocates for fair and reasonable, cost-effective care at a state and national level.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Systems-based Practice: Health care issues beyond the individual level					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Discusses specific patient health care issues beyond the individual to the level of institution and society.	Incorporates knowledge of health care issues beyond the individual to the level of institution and society.	Analyzes the impact of health care issues beyond the individual to the level of institution and society.	Evaluates the impact of health care issues beyond the individual to the level of institution and society, and advocates for such concerns.	Anticipates potential health care issues beyond the individual to the level of institution and society, and advocates for such concerns.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Systems-based Practice: Community health and wellness					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Identifies key components of community health and wellness programs and needs.	Participates in programs designed to address community health and wellness needs.	Incorporates community health and wellness programs into practice.	Explores, analyzes, and articulates health and wellness and other unmet needs of community populations at the level of the health care team and system.	Creates and promotes health and wellness programs within and external to the health system.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Systems-based Practice: Policies and procedures					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Identifies policies and procedures critical to meet the needs of the practice setting or broader system.	Incorporates policies and procedures critical to meet the needs of the practice setting or broader system.	Analyzes the impact of specific policies or procedures on patient care in a particular practice setting or broader system.	Evaluates, critiques, and articulates suggestions for modifications to policies and procedures to meet the needs of the practice setting or broader system.	Participates in the development of new policies and procedures to meet the needs of the practice setting or broader system.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Systems-based Practice: Quality improvement					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Identifies systems-related quality improvement and safety initiatives critical to meeting the needs of the practice setting.	Participates in systems-related quality improvement and safety initiatives critical to meeting the needs of the practice setting.	Analyzes the impact of specific quality improvement and safety initiatives on patient care to meet the needs of the practice setting.	Integrates knowledge of systems-related quality improvement and safety initiatives to enhance patient, organizational, and societal outcomes.	Participates in the development of new systems-related quality improvement and safety initiatives to enhance patient, organizational, and societal outcomes.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Systems-based Practice Comments

Areas of Strengths:

Areas of Development:

Remediation/Performance Optimization Plan:

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Patient Management: Movement system examination and reexamination					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Utilizes a systematic examination sequence for patient management.	Performs a specialty-specific examination with feedback in simple and complex clinical situations.	Performs a specialty-specific examination independently in simple and complex clinical situations.	Accurately, comprehensively, and efficiently performs a specialty-specific examination in simple and complex clinical situations.	Is able to mentor others to perform a specialty-specific examination for patient management.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Patient Management: Movement system evaluation, diagnosis and prognosis					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Utilizes a systematic evaluation to establish a diagnosis and prognosis for patient management.	Performs a specialty-specific evaluation with feedback in simple and complex clinical situations to establish a diagnosis and prognosis.	Performs a specialty-specific evaluation independently in simple and complex clinical situations to establish a diagnosis and prognosis.	Accurately, comprehensively, and efficiently performs a specialty-specific evaluation in simple and complex clinical situations to establish a diagnosis and prognosis.	Is able to mentor others to perform a specialty-specific evaluation to establish a diagnosis and prognosis.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Patient Management: Movement system plan of care inclusive of goals, frequency and duration					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Establishes a plan of care consistent with findings from the examination, evaluation, diagnosis, and prognosis.	Establishes a plan of care that accurately predicts goal achievement, frequency, and duration of an episode of care for simple clinical situations within the specialty area of practice .	Establishes a plan of care that accurately predicts goal achievement, frequency, and duration of an episode of care for simple and complex clinical situations within the specialty area of practice .	Establishes a cost-effective and value-based plan of care that accurately predicts goal achievement, frequency, and duration of an episode of care for simple and complex clinical situations within the specialty area of practice .	Is able to mentor others in establishing a cost-effective and value-based plan of care that accurately predicts goal achievement, frequency, and duration of an episode of care for simple and complex clinical situations.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Patient Management: Movement system interventions and education					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Utilizes evidence-based interventions and education for patient management.	Performs specialty-specific interventions and education with feedback in simple and complex clinical situations.	Performs specialty-specific interventions and education independently in simple and complex clinical situations.	Accurately, comprehensively, and efficiently chooses and modifies interventions and education to guide patient management in all clinical situations for successful patient outcomes.	Is able to mentor others to perform specialty-specific interventions and education.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Patient Management: Documentation and financial management					
Level 0 (Comments Required)	Level 1	Level 2	Level 3	Level 4 (Graduation Target)	Level 5
	Generates sufficient documentation to justify the episode of care.	Requires feedback to generate documentation to justify an episode of care that is cost-effective and value-based.	Independently generates documentation to justify an episode of care that is cost-effective and value-based.	Accurately, comprehensively, and efficiently generates documentation to justify an episode of care that is cost-effective and value-based.	Is able to mentor others in documentation to justify an episode of care that is cost-effective and value-based.
Rating at Entry Into Program:		Rating at Mid-term:		Rating at Final:	

Patient Management Comments

Areas of Strengths:

Areas of Development:

Remediation/Performance Optimization Plan:

V. 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, and
- 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 practice¹⁰; 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.⁹

Professional Responsibility: 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 can be viewed in the table on pages 9 and 10 of the Evaluative Criteria for PT Programs published by the Commission on Accreditation in Physical Therapy Education (August 2014 version).⁵

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*.³

Systems-Based Practice: Integrating and translating evidence-based practice into patient management, including social determinants of health.¹¹ 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 health care.

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.

VI. References

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- ² *Core competencies for interprofessional collaborative practice: report of an expert panel*. Interprofessional Education Collaborative Expert Panel. (2011). Washington, DC; 2011. Available at: https://www.aamc.org/download/186750/data/core_competencies.pdf. Accessed May 3, 2016.
- ³ *Clinical Specialization in Physical Therapy HOD P06-06-22-15*. Alexandria, VA: American Physical Therapy Association; 2012. Accessible at: http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Specialization/ClinicalSpecialization.pdf. Accessed May 3, 2016.
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¹¹ *Mentoring Resource Manual*. Alexandria, VA: American Board of Physical Therapy Residency and Fellowship Education; 2014. Available at: http://www.abptrfe.org/uploadedFiles/ABPTRFEorg/For_Programs/ABPTRFEMentoringResourceManual.pdf. Accessed May 3, 2016.

¹² *A Practical Guide to Teaching and Assessing the ACGME Core Competencies*. 2nd ed. Danvers, MA: HCPro, Inc.; 2010.

¹³ *Delivery of value-based physical therapist services HOD P06-15-17-09*. Alexandria, VA: American Physical Therapy Association; 2015. Accessible at: [http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/DeliveryValueBasedPTServices.pdf#search=%22value based service%22](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/DeliveryValueBasedPTServices.pdf#search=%22value%20based%20service%22). Accessed May 3, 2016.

¹⁴ *Physical Therapist Practice and the Human Movement System*. Alexandria, VA: American Physical Therapy Association. Available at: <http://www.apta.org/MovementSystem/>. Accessed May 3, 2016.

¹⁵ *International Classification of Functioning, Disability and Health*. Available at: <http://www.who.int/classifications/icf/en/>. Accessed May 3, 2016.

¹⁶ Vision Statement for the Physical Therapy Profession and guiding principles to achieve the vision. Alexandria, VA: American Physical Therapy Association; 2013. Available at: <http://www.apta.org/Vision/>. Accessed May 3, 2016.