



# Core Competencies of a Physical Therapist Resident

January 2020

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# Core Competencies of a Physical Therapist Resident



## I. Background

### Introduction

The American Physical Therapy Association, in collaboration with the American Board of Physical Therapy Residency and Fellowship Education, 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 domains of competence are broad in nature, representing the residency expectations of all specialty areas of practice.

After establishing resident domains of competence, 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 suitable for psychometric testing. Additional expert opinion 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 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 (e.g., Objective Structured Clinical Examinations).

Using and analyzing resources from other health care professional organizations — including the Accreditation Council for Graduate Medical Education (related to its identified residency competencies and milestones) and the [Description of Specialty Practice](#) 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 seven domains of competence, with associated graduation milestones, for physical therapist residents in all areas of specialty practice.

Each competency includes milestones, using Bloom's Revised Taxonomy classifications. The performance of each milestone is assessed independent of other milestones for that domain of competence. At the end of this document is a glossary that defines terms and concepts used throughout. Terms defined in the glossary are **bolded** in this document.

### Special Note

APTA 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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Masaru Teramoto, PhD, MPH (statistician/primary investigator)

In addition, APTA would like to thank the following individuals for their contributions to the work group:

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## II. Terminology Defined

### Domains of Competency

There are seven Domains of Competence for physical therapist residency education with an associated descriptor:

1. **Clinical Reasoning:** Demonstrates the ability to organize, synthesize, integrate, and apply sound clinical rationale for patient management.
2. **Knowledge for Specialty Practice:** Demonstrates the ability to organize, synthesize, integrate, and apply to practice specialty knowledge and skills.
3. **Professionalism:** Conducts self in a manner consistent with the [APTA Code of Ethics](#), inclusive of [APTA's Professionalism in Physical Therapy: Core Values](#), in professional roles and **professional responsibilities**.
4. **Communication:** Uses effective strategies to clearly and accurately disseminate and receive information in a respectful manner that considers situational needs and results in intended outcomes.
5. **Education:** Designs, directs, and implements **learner**-centered instructional activities in clinical, academic, or community settings to advance physical therapist practice.
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.
7. **Patient Management:** Provides comprehensive **value-based service** to patients using a **human movement system** framework, as an integral member of a collaborative **interprofessional** team to optimize outcomes that impact **the human experience** within a defined area of specialty practice.

### Competencies

Each domain of competence has a set of competencies. Competencies are an observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition, as described in a 2010 study, "Competency-based Medical Education: Theory to Practice," published in *Medical Teacher*.

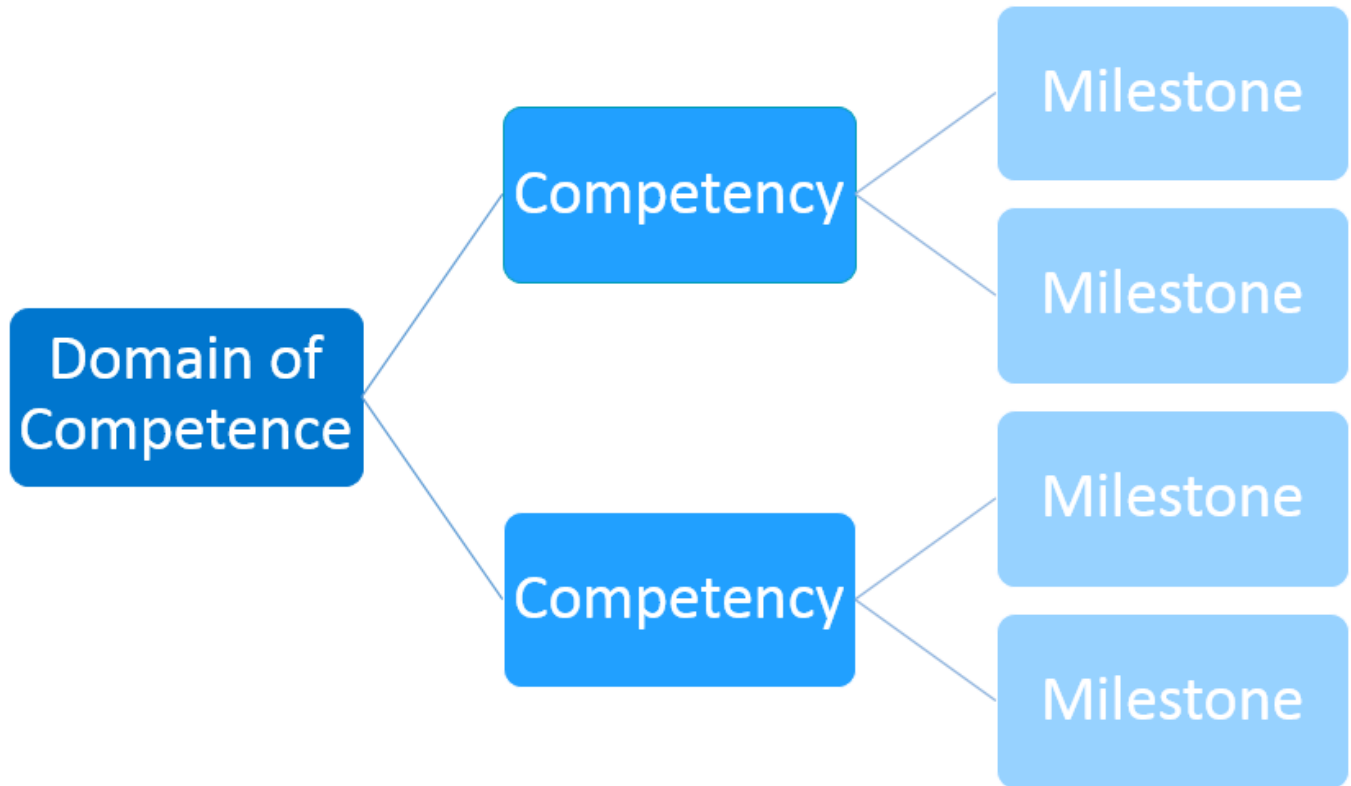
### Milestones

Milestones are knowledge, skills, and behaviors for each competency, organized in a developmental framework from less to more advance. They are descriptors and targets — found in the Accreditation Council for Graduate Medical Education's 2016 "The Milestones Guidebook" and a May 2015 Academic Medicine blog "Understanding Competency-Based Medical Education" — for resident performance as a resident moves from entry into residency through graduation.

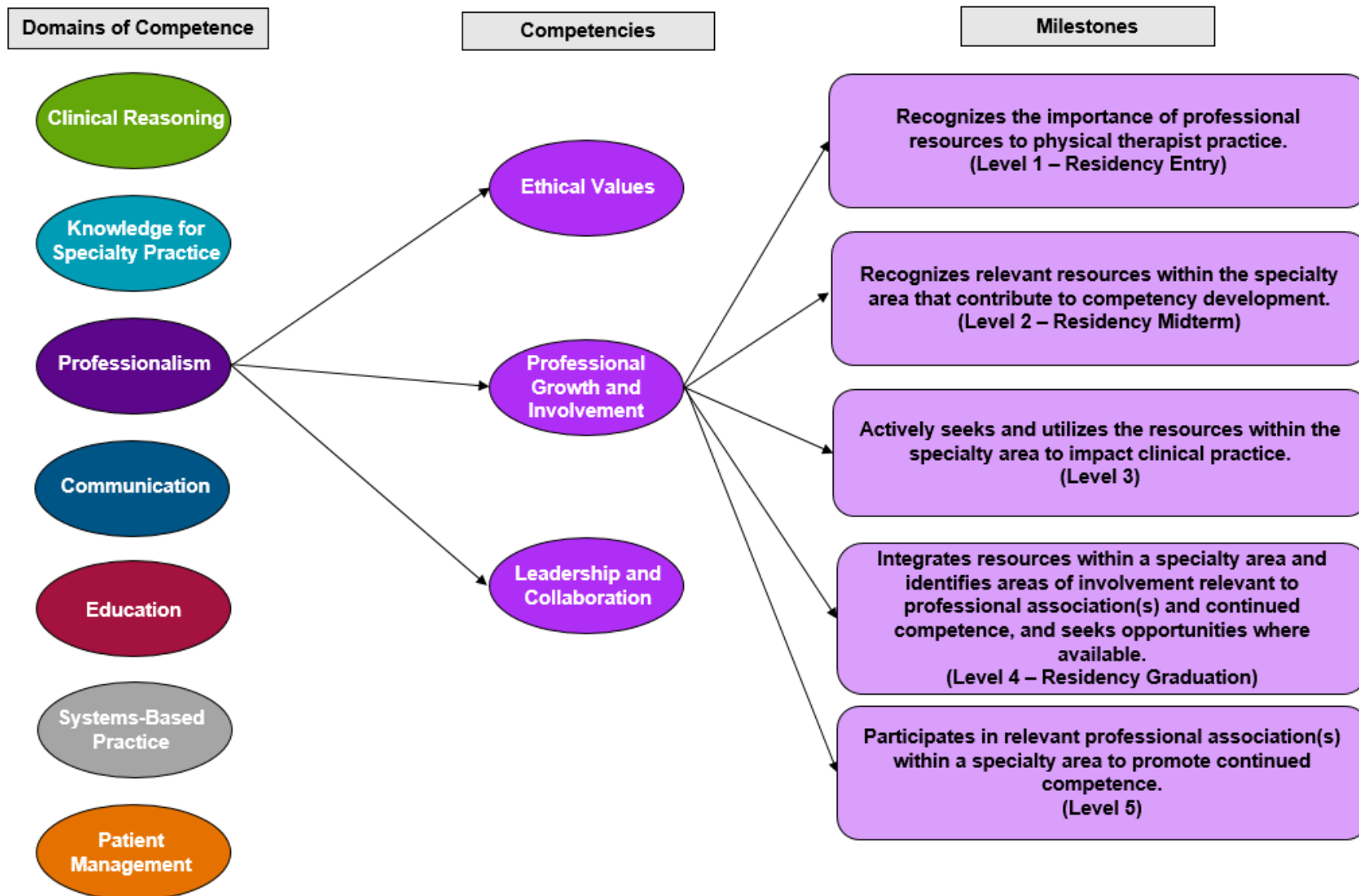
Three performance levels were defined for the physical therapist resident: Milestones expected of a physical therapist upon entry into a residency program (Level 1); milestones expected of a physical therapist midway through the residency program (Level 2); and milestones expected of the graduating resident (Level 4).

### Relationship Between DOC, Competencies, and Milestones

The relationship between domains of competence, competencies, and milestones are depicted in the figure below.



In the example below, milestones are provided for the competency Professional Growth and Involvement, which corresponds to the domain of competency, Professionalism.



### III. Core Competencies of a Physical Therapist Resident

#### Domain of Competence 1: Clinical Reasoning

Demonstrates the ability to organize, synthesize, integrate, and apply sound clinical rationale for patient management.

Competency	Residency Graduation Milestone (Level 4)
1.1 Knowledge Generation	Efficiently and strategically gathers, interprets, and synthesizes essential, accurate, and disconfirming information from multiple resources in order to make more effective clinical judgments.
1.2 Knowledge Application	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.
1.3 Justification of Clinical Decision-Making	Presents a logical rationale for clinical decisions with patients, colleagues, and the <b>interprofessional</b> team, while incorporating patient's needs and values, within the context of ethical clinical practice.
1.4 Anticipating Outcomes	Responds to anticipated and unanticipated outcomes in both simple and complex clinical conditions across varied practice settings or diverse patient populations.

#### Domain of Competence 2: Knowledge for Specialty Practice

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

Competency	Residency Graduation Milestone (Level 4)
2.1 Demonstration of Knowledge for <b>Specialty Area of Practice</b>	Integrates comprehensive knowledge in foundational, behavioral, and clinical sciences within the <u>specialty area of practice</u> across diverse patient populations or practice settings.
2.2 Discrimination of New Knowledge Areas Relative to Specialty Practice	Discriminates the efficiency, efficacy, and value of new technology and skills, and considers the ethical application within the specialty area.



### Domain of Competence 3: Professionalism

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

Competency	Residency Graduation Milestone (Level 4)
3.1 Ethical Values	Develops preventative solutions to ethical issues in clinical situations and their potential impact on patient outcomes, public trust, and patient/therapist safety.
3.2 Professional Growth and Involvement	Integrates resources within a specialty area and identifies areas of involvement relevant to professional association(s) and continued competence, and seeks opportunities where available.
3.3 Leadership and Collaboration	Integrates <b>leadership skills</b> to advance the physical therapy profession.

### Domain of Competence 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.

Competency	Residency Graduation Milestone (Level 4)
4.1 Interprofessional Relationships	Effectively engages in <b>interprofessional</b> communication that positively affects patient outcomes within the <b>specialty area of practice</b> .
4.2 Adaptability	Seamlessly and intuitively adapts to diverse verbal and nonverbal communication styles during anticipated and unanticipated patient and professional interactions.
4.3 Challenging Encounters	Discriminates and incorporates appropriate strategies to engage in challenging encounters with patients and others, and negotiates positive outcomes.

### Domain of Competence 5: Education

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

Competency	Residency Graduation Milestone (Level 4)
5.1 Educational Strategies and Instructional Delivery	Integrates appropriate educational strategies that are congruent with the setting and needs of the <b>learner</b> , 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.
5.2 Instructional Design and Resources	Integrates appropriate resources — including materials, mentors, colleagues, and published literature — to design, deliver, and evaluate instructional activities.

### Domain of Competence 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.

Competency	Residency Graduation Milestone (Level 4)
6.1 Health Care Issues Beyond the Individual Level	Evaluates the impact of health care issues beyond the individual, to the level of institution and society, and advocates for such concerns.
6.2 Community Health and Wellness	Explores, analyzes, and articulates health and wellness needs of community populations at the level of the health care team and system.
6.3 Quality Improvement	Integrates knowledge of systems-related quality improvement and safety initiatives to enhance patient, organizational, or societal outcomes.

### Domain of Competence 7: Patient Management

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

Competency	Residency Graduation Milestone (Level 4)
7.1 Movement System Examination and Reexamination	Accurately, comprehensively, and efficiently performs a specialty-specific <b>examination</b> in simple and complex clinical situations.
7.2 Movement System Evaluation, Diagnosis, and Prognosis	Accurately, comprehensively, and efficiently performs a specialty-specific <b>evaluation</b> in simple and complex clinical situations to establish a <b>diagnosis</b> and <b>prognosis</b> .
7.3 Movement System Interventions and Education	Accurately, comprehensively, and efficiently chooses and modifies interventions and education to guide patient management in clinical situations for successful patient outcomes.

## IV. Physical Therapist Residency Competency Evaluation Instrument

### Instructions for the faculty.

Residents will be assessed on these competencies upon entering the program, at midterm, and at final. This instrument is to be completed by residency faculty. The baseline assessment shall occur at the initiation of the residency program. The final assessment must occur prior to completion of the residency. The timing of the midterm assessment may vary by program. The suggested time points for instrument administration are not dependent on the timing of each rotation (if applicable) in the residency program, but rather 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 (e.g., 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 shall occur to complete one instrument at each administration.

Residency faculty are to formally review the instrument and grading with the resident upon entrance into the program, at midterm, and at final.

### Milestones.

Rating of each milestone is based on observation of resident performance relative to graduation target. At a minimum, residents are expected to demonstrate all Level 1 milestones upon entrance into the program (within 30 days of program start date). However, residents may demonstrate some milestones above Level 1 at the time of program initiation. Residents are expected to be at or above Level 2 at midterm of the residency program. It is recommended that residents achieve Level 4 for all milestones 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 routinely demonstrates the milestone within that level, as well as those at lower levels. If the resident does not routinely demonstrate the milestone within a level, the resident is scored at the level below. The ratings shall reflect a defined level. Half-levels are not permissible.

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

The following Levels have been adapted from ACGME's "The Milestones Guidebook" and "The Family Medicine Milestone Project," for use in physical therapist residency training:

**Level 0:** The resident has not attained milestones expected of an incoming resident (as described in Level 1). If a resident is scored at Level 0, comments shall be provided, including a remediation (action) plan designed to bring the resident to Level 1.

**Level 1:** The resident demonstrates milestones expected of a physical therapist upon entry into a residency program.

**Level 2:** The resident is advancing and reaching additional milestones. This is the target level for the midterm assessment.

**Level 3:** The resident continues to advance and reach additional milestones, consistently demonstrating the majority of milestones targeted for residency.

**Level 4:** The resident now routinely demonstrates the milestones 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 reaching "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 domain of competence. 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 milestone or below the target level for each time frame for any milestone.

#### **Instructions for the resident.**

The resident will perform a self-assessment of their performance on each of the seven competencies at each time point (upon entrance into the program, at midterm, and at final) using the same instrument. The resident and the faculty member should review the completed instrument at each administration.

In scoring each milestone for a particular competency, the resident should demonstrate the milestone within the chosen level as well as for the levels below. At the end of each domain of competence, space has been provided to make specific comments about the resident's performance against the milestones defined within the competency. Additional space has been provided at the end of each domain of competence 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 **Milestones** section above.

## Physical Therapist Residency Competency Evaluation Instrument

Name of Resident:

Name of Residency Program:

DOC 1: Clinical Reasoning: 1.1: Knowledge Generation					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	Level 3	Level 4 (Graduation Target)	Level 5
	Identifies relevant and appropriate information when making clinical judgments.	Identifies information from outside resources with substantial cueing that results in information, which is evidence-based, represents multiple perspectives, and is complete.  Interprets and synthesizes information with substantial cueing to ensure efficiency and timeliness when making clinical judgments.	Analyzes and applies information from evidence-based resources and is able to present multiple perspectives, but requires minimal cueing that results in adequate strength and selection of these resources.  Able to collect resources independently in a timely fashion, but requires minimal cueing 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 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: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

DOC 1: Clinical Reasoning: 1.2: Knowledge Application					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	Level 3	Level 4 (Graduation Target)	Level 5
	<p>Consults evidence-based practice, considers patient perspective and the value of service for simple situations, and intermittently integrates these into practice for more complex situations.</p> <p>Able to critically appraise evidence. Intermittently extrapolates results to patient population or recognizes biases.</p>	<p>Applies evidence-based practice, considers patient perspective and the value of service, and integrates these into practice in simple situations and some complex situations.</p> <p>Critically appraises and interprets evidence. Can identify key elements and biases, and distinguish between association and causation.</p>	<p>Integrates evidence-based practice, physical therapist expertise, and patient's perspective and value into the management of patient's needs in simple and complex situations.</p>	<p>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.</p> <p>Effectively reflects upon the application of evidence and modifies accordingly.</p>	<p>Creates best evidence-based practice and evaluates patient perspective to consistently manage patients in an efficient manner.</p>
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

DOC 1: Clinical Reasoning: 1.3: Justification of Clinical Decision-Making					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	Level 3	Level 4 (Graduation Target)	Level 5
	<p>Presents a rationale for simple clinical decisions and requires cueing to include all interested parties (patients, colleagues, and <b>interprofessional</b> team members) and patient needs or values.</p>	<p>Presents a rationale for simple clinical decisions, includes some of the interested parties (patients, colleagues, and <b>interprofessional</b> team members), and gives consideration to patient needs or values.</p>	<p>Presents a logical rationale for simple clinical decisions and requires cueing for complex clinical decisions, includes most interested parties (patients, colleagues, and <b>interprofessional</b> team members), and considers patient needs and values.</p>	<p>Presents a logical rationale for clinical decisions with patients, colleagues, and the <b>interprofessional</b> team, while incorporating patient's needs and values within the context of ethical clinical practice.</p>	<p>Justifies clinical decision-making through logical decisions and intuition, while influencing others in these processes.</p>
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

DOC 1: Clinical Reasoning: 1.4: Anticipating Outcomes					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes expected outcomes of simple conditions and situations and the need to establish/modify the plan of care to ensure that care is efficient, patient-focused, and value-based.	Responds to both anticipated and unanticipated outcomes of simple conditions and situations to establish/modify the plan of care to ensure care is efficient, patient-focused, and value-based.	Responds to anticipated and unanticipated outcomes of simple conditions, and requires minimal cueing with complex situations.	Responds to anticipated and unanticipated outcomes in both simple and complex clinical conditions across varied practice settings or diverse patient populations.	Evaluates and analyzes anticipated and unanticipated outcomes of the patient's clinical condition in complex situations, and systematically compiles and reports data regarding these outcomes.
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

Clinical Reasoning Comments		
Areas of Strength:	Areas for Development:	Remediation/Performance Optimization Plan:

DOC 2: Knowledge for Specialty Practice: 2.1: Demonstration of Knowledge for Specialty Area of Practice					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes knowledge of foundational, behavioral, and clinical sciences within the <b>specialty area of practice</b> .	Distinguishes components of, and identifies gaps in, advanced knowledge of foundational, behavioral, and clinical sciences for clinical practice, with cueing, within the <b>specialty area of practice</b> .	Applies advanced knowledge and, within a mentoring framework, pursues gaps in foundational, behavioral, and clinical sciences within the <b>specialty area of practice</b> .	Integrates comprehensive knowledge in foundational, behavioral, and clinical sciences within the <b>specialty area of practice</b> 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: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	



DOC 2: Knowledge for Specialty Practice: 2.2: Discrimination of New Knowledge Areas Relative to Specialty Practice					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	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 cueing, 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 and skills, and considers the ethical application within 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: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

Knowledge for Specialty Practice Comments		
Areas of Strength:	Areas for Development:	Remediation/Performance Optimization Plan:

DOC 3: Professionalism: 3.1: Ethical Values					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	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.	Implements, with cueing, possible solutions to ethical issues in clinical practice 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.	Develops preventative solutions to ethical issues in clinical situations and their potential impact on patient outcomes, public trust, and patient-therapist safety.	Influences others in management and resolution of ethical issues.
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

DOC 3: Professionalism: 3.2: Professional Growth and Involvement					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes the importance of professional resources to physical therapist practice.	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, and seeks opportunities where available.	Participates in relevant professional association(s) within a specialty area to promote continued competence.
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

DOC 3: Professionalism: 3.3: Leadership and Collaboration					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	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 <b>leadership skills</b> to advance the physical therapy profession.	Influences others to create opportunities and resources to advance the physical therapy profession.
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

Professionalism Comments		
Areas of Strength:	Areas for Development:	Remediation/Performance Optimization Plan:

DOC 4: Communication: 4.1: Interprofessional Relationships					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	Level 3	Level 4 (Graduation Target)	Level 5
	Utilizes <b>interprofessional</b> communication in routine practice situations.	Modifies <b>interprofessional</b> communication in a variety of situations.	Effectively participates in <b>interprofessional</b> communication that positively affects patient outcomes within the <b>specialty area of practice</b> .	Effectively engages in <b>interprofessional</b> communication that positively affects patient outcomes within the <b>specialty area of practice</b> .	Serves as a role model and facilitates effective <b>interprofessional</b> communication within the clinical setting or beyond.
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

DOC 4: Communication: 4.2: Adaptability					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes diverse verbal and nonverbal communication styles during patient and professional interactions.	Develops strategies to adapt to diverse verbal and nonverbal communication styles during patient and professional interactions.	Applies strategies to adapt to diverse verbal and nonverbal communication styles during anticipated patient and professional interactions.	Seamlessly and intuitively adapts to diverse verbal and nonverbal communication styles during anticipated and unanticipated patient and professional interactions.	Facilitates the development of adaptability in verbal and nonverbal communication styles in others in patient and professional interactions.
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

DOC 4: Communication: 4.3: Challenging Encounters					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	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.	Modifies, with cueing, 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 and negotiates positive outcomes.	Able to mentor others to develop communication strategies to negotiate positive outcomes.
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

Communication Comments		
Areas of Strength:	Areas for Development:	Remediation/Performance Optimization Plan:

DOC 5: Education: 5.1: Educational Strategies and Instructional Delivery					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	Level 3	Level 4 (Graduation Target)	Level 5
	Recognizes that educational strategies and concepts relative to content delivery are situational and differ based on <b>learner</b> and setting characteristics.	Explores and develops educational strategies in consideration of <b>learner</b> and setting characteristics by identifying key objectives for effective content delivery.	Applies and selects, with cueing, a variety of educational strategies for the <b>learner</b> in a defined setting or settings in order to deliver appropriate content, improve knowledge and skills of peers, students, and others in clinical or academic settings.	Integrates appropriate educational strategies that are congruent with the setting and needs of the <b>learner</b> , 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.	Develops innovative educational strategies and approaches to content delivery to address a variety of <b>learners</b> and settings, and improve knowledge and skills of peers, students, and others in clinical or academic settings.
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

<b>DOC 5: Education: 5.2: Instructional Design and Resources</b>					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	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.	Integrates appropriate resources — including materials, mentors, colleagues, and published literature — to design, deliver, and evaluate instructional activities.	Creates new and innovative resources and tools to maximize learning objectives.
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

<b>Education Comments</b>		
<b>Areas of Strength:</b>	<b>Areas for Development:</b>	<b>Remediation/Performance Optimization Plan:</b>

<b>DOC 6: Systems-based Practice: 6.1: Health Care Issues Beyond the Individual Level</b>					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	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: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

<b>DOC 6: Systems-based Practice: 6.2: Community Health and Wellness</b>					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	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 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: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

<b>DOC 6: Systems-based Practice: 6.3: Quality Improvement</b>					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	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, or 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: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

<b>Systems-based Practice Comments</b>		
<b>Areas of Strength:</b>	<b>Areas for Development:</b>	<b>Remediation/Performance Optimization Plan:</b>

DOC 7: Patient Management: 7.1: Movement System Examination and Reexamination					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	Level 3	Level 4 (Graduation Target)	Level 5
	Utilizes a systematic examination sequence for patient management.	Performs a specialty-specific examination, with cueing, 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.	Able to mentor others to perform a specialty-specific examination for patient management.
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

DOC 7: Patient Management: 7.2: Movement System Evaluation, Diagnosis, and Prognosis					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	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 cueing, 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.	Able to mentor others to perform a specialty-specific evaluation to establish a diagnosis and prognosis.
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

<b>DOC 7: Patient Management: 7.3: Movement System Interventions and Education</b>					
Level 0 (Comments Required)	Level 1 (Residency Entry)	Level 2 (Residency Midterm)	Level 3	Level 4 (Graduation Target)	Level 5
	Utilizes evidence-based interventions and education for patient management.	Performs specialty-specific interventions and education, with cueing, 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 clinical situations for successful patient outcomes.	Able to mentor others to perform specialty-specific interventions and education.
Rating at Entry Into Program: 0 1 2 3 4 5		Rating at Midterm: 0 1 2 3 4 5		Rating at Final: 0 1 2 3 4 5	

<b>Patient Management Comments</b>		
<b>Areas of Strength:</b>	<b>Areas for Development:</b>	<b>Remediation/Performance Optimization Plan:</b>



## EVALUATION SIGNATURES

### For the resident.

I, the resident, have read and understood the disclaimer and directions for the Physical Therapist Residency Competency Evaluation Instrument. I have completed the online training prior to using this instrument and completed the Physical Therapist Residency Competency Evaluation Instrument at the specified time frames according to the training and directions. I also have read, reviewed, and discussed my completed performance evaluation with the clinical mentor who evaluated my performance.

### Initial (Entry Into Program) Evaluation:

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

### Midterm Evaluation:

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

### Final Evaluation:

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Date

### For the evaluator(s).

I, the evaluator, have read and understood the disclaimer and directions for the Physical Therapist Residency Competency Evaluation Instrument. I have completed the online training prior to using this instrument. I have completed this instrument, as the evaluator at the specified time frames, according to the training and directions for the Physical Therapist Residency Competency Evaluation Instrument. I have prepared, reviewed, and discussed the completed Physical Therapist Residency Competency Evaluation Instrument with the resident with respect to their performance.

### Initial (Entry Into Program) Evaluation:

\_\_\_\_\_  
Evaluator Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Evaluator

**Midterm Evaluation:**

\_\_\_\_\_  
Evaluator Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Evaluator

**Final Evaluation:**

\_\_\_\_\_  
Evaluator Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Evaluator

## V. Glossary

**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 life span, 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 their 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 four 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 (Oman Medical Journal's "Leadership of Healthcare Professionals: Where Do We Stand"). 3. People: The ability to effectively mobilize a volunteer work force to achieve measureable outcomes. 4. Function: A fundamental knowledge of the structure, function, and organization of the association, as described in APTA's [Core Competencies of Leadership Development](#).

**Learner:** A learner includes any individual or audience to whom or to which instruction is provided (e.g., patient, peer, student, community, stakeholders).

**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.

**Specialty area of practice:** A specific area of physical therapist 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 APTA's Clinical Specialization Program is the American Board of Physical Therapy Specialties. Each area of physical therapist specialty practice is defined within ABPTS' [Description of Specialty Practice](#).

**Systems-based practice:** Integrating and translating evidence-based practice into patient management, including social determinants of health (ABPTRFE's Mentoring Resource Manual). 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 (Journal of Graduate Medical Education's "Systems-based Practice Defined: Taxonomy Development and Role Identification for Competency Assessment of Residents), 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, per APTA's "The Role of the Physical Therapist in National Health Care Reform.

**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 and 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 and clients and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered.