Post Professional Residencies & Fellowships in Acute Care: Getting Started...

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Program Objectives

Upon completion of this course, the participant will be able to:

- Discuss the benefits of post-professional residency and fellowship training in acute care for different stakeholders
- Describe the components of the residency/fellowship accreditation process
- Discuss critical components of residency/fellowship development including financial/administrative considerations and curriculum development
- Analyze available resources for development of residencies & fellowships
- Examine strategies for development of teaching and mentoring skills of clinical faculty
- Identify approaches for addressing potential barriers to the development of acute care residencies and fellowships

Residencies & Fellowships in Acute Care: The Nuts & Bolts

BEVERLY D. FEIN PT, EDD

Residency Outcomes: Professional Development & Leadership (Jones, 2008)

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<th>Comparison of residency trained &amp; non-residency trained Orthopedic PTs</th>
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<td>Achievement of board certification</td>
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<tr>
<td>Participation as head instructor in professional or post-professional PT education program</td>
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Unique Descriptors of Acute Care (Gorman, 2010)

- Frequent medical instability & unpredictability, -> patients are medically fragile
- Multi-system involvement
- High level of acuity
- Multidisciplinary focus
- Set in continuum of hospital based care

"The best preparation for clinical practice is a mentored immersion in patient care. This mentored immersion is broadly known as a residency."

Kornelia Kulig, 18th John H.P. Maley Lecture
Residency vs. Fellowship?

**Residency**

“...a postprofessional planned learning experience in a focused area of clinical practice. Similar to the medical model, a clinical residency is a structured educational experience (both didactic and clinical) for physical therapists following entry-level education and licensure, that is designed to significantly advance the physical therapist’s knowledge, skills, and attributes in a specific area of clinical practice... It combines opportunities for ongoing clinical mentoring, with a theoretical basis for advanced practice and scientific inquiry based on a Description of Specialty Practice (DSP) or valid analysis of practice for that specific area of clinical practice...”

— ABPTRFE Credentialing Handbook, 2014

**Fellowship**

“...a postprofessional planned learning experience in a focused advanced area of clinical practice. Similar to the medical model, a clinical fellowship is a structured educational experience (both didactic and clinical) for physical therapists which combines opportunities for ongoing clinical mentoring with a theoretical basis for advanced practice and scientific inquiry in a defined area of subspecialization beyond that of a defined specialty area of clinical practice. A fellowship candidate has either completed a residency program in a related specialty area or is a board-certified specialist in the related area of specialty. Fellowship training is not appropriate for new physical therapy graduates.”

— ABPTRFE Credentialing Handbook, 2014

Residency ... “hospitalist” PT?

Fellowship... “intensivist” PT?

Institutional Self-Assessment

What do we have to offer?

What are our strengths/weaknesses?

Which would be the best fit for us: residency or fellowship?
Considerations?

- Range of patients/diagnoses
- Availability of qualified mentors and faculty
- Clinical & didactic opportunities
- Curriculum
- Faculty support

What is the best fit for your organization?

Range of patients & diagnoses

For Residency should be based upon
- Description of Specialty Practice (DSP)
- Analysis of Practice

Represent the Continuum of hospital based care:
- Emergency department ➔ Observation unit ➔ ICU/CCU ➔ Step down floor ➔ regular floor

For Fellowship should be based upon
- Analysis of practice leading to Description of Subspecialty Practice

Patients/diagnoses

Diagnostic categories

- How do you meet these categories in your institution?
- What experiences will the resident have?

Faculty

ABPTS certified
Publish/present at conferences frequently
Expertise with instruction

Curriculum

Length of curriculum?
How will resident or fellow spend time in different settings within the hospital?
- Percent of time in each aspect of the continuum
- Percent of time in each diagnostic/patient area
- Match this with DSP/practice analysis

Mentored hours
Hours of class/lab

Clinical & Didactic Opportunities

- Patient care
- On-line or in person didactic coursework
- What is already available in your institution? Investigate collaboration with Department of Medical Education, others
- Consultation with experts
- Reflection
- Journal club
- Teaching
- Research
- Rounds/ grand rounds
Comparison of Residency vs. Fellowship Requirements

<table>
<thead>
<tr>
<th>Category</th>
<th>Residency</th>
<th>Fellowship</th>
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<td>Length</td>
<td>9–36 months</td>
<td>6–36 months</td>
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<tr>
<td>Didactic Classroom/Lab</td>
<td>75 hours</td>
<td>50 hours</td>
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<tr>
<td>Mentorship Hours</td>
<td>150 hours</td>
<td>100 hours</td>
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Resources

- **ABPTRFE website (ABPTRFE.org)**
  Detailed documents to assist in residency/fellowship planning

- **Educational Courses:**
  - Residency and Fellowship 101 (on-line course at APTA)
  - Strategies for Successful Residency & Fellowship Mentoring Workshop

- **Acute Care Section:** Task Force on Development of Residencies and Fellowships

Facility support

- Buy-in of administration
- Financial resources
- Space resources
- Legal implications
- Staff support
- Opportunities
- Potential for collaboration
- Impact on other aspects of practice

Facilities

- Residency & Fellowship 101 Workbook, ABPTRFE, 2013

References


Critical Care PT Fellowship...
Development to Accreditation

CSM, February 6, 2014
Judith M Ragsdale, PT

Why Acute Care?
- We are an acute care teaching hospital
- Medical advances and higher patient acuity
- What we do requires advanced skills
- Training an acute care clinician is much more than just orientation

Initial Planning
- Postprofessional education
- Obstacles
  - No existing residencies or fellowships dealing specifically and exclusively with hospitalized adults
  - No acute care specialization hence no Description of Specialty Practice
  - No template for a curriculum
- Which direction should we go?
  - Residency? Fellowship?
  - In what specialty or subspecialty area?

Initial Planning
- Strengths
  - Board certified specialists on staff
  - Broad exposure to different patient diagnostic categories
  - Teaching hospital
  - Administrative support
- Evidence
  - Evidence demonstrates effectiveness of early mobility in the ICUs
- Needs
  - Well-trained therapists to effectively treat patients in the ICUs
  - Better-defined competencies in critical care

Initial Planning
- Assembled core staff
  - Organizer
  - Content experts
- Studied Acute Care Practice Analysis & Guide to PT Practice
- Brainstorming sessions
  - What did we want the program to look like.
  - What should a critical care specialist look like?
  - What were our limitations?

The Proposal
- Curriculum blueprint
  - Goals of subspecialty
  - Admission requirements
  - Clinical settings required
  - Patient/client population
  - Didactic curriculum
  - Clinical competencies of graduates
- Initially we chose “Complex Decision Making in the ICU” Fellowship which evolved to “Critical Care”
**The Application**

- Organization
- Goals
- Structure...How many hours of mentoring, didactic coursework, clinical practicum?
- Policies and procedures
- Resources
- Faculty
- Existing learning opportunities in-house
- Diagnostic categories/practice settings
- Financial support

**The Application**

- Curriculum
  - Inventoryed existing classes/courses with gap analysis
  - Developed courses with syllabus for each
  - Developed self-study modules
  - Compared curriculum with Practice Analysis – Are we covering all practice dimensions?
- Ongoing Evaluation
  - Developed outcome tools - Utilize resources provided by APTA and ABPTRFE on their websites
  - Set up systematic review of program outcomes

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**Curriculum Design**

- Didactic
  - Classes – foundations of critical care
  - Self-Study Modules – ICU, diagnosis, and treatment-specific information; reference articles
  - Grand rounds, classes offered in-house
  - TWU – class on Teaching and Learning
  - Mentoring – rotation through 5 ICUs
- Teaching
  - ICU Rounds – case presentations
  - Mentoring of HMH PTs in ICU
- Research
  - TWU – mentoring/independent study
- Clinical Practicum

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**The First Year**

- Faculty met regularly & often
- We NEVER quit asking these questions:
  - Are we doing what we need to do in order to achieve our goals?
  - Are we teaching what we need to teach?
  - How effective is our teaching?
  - Are we measuring the correct outcomes?
  - Are there any gaps in our curriculum?
- Coached faculty on how to mentor
- Solicited feedback from fellow throughout
- Kept meticulous paperwork

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**The Accreditation Process**

- Application submission
- Conflict of Interest
- Request for more information
- Site visit

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**The Site Visit**

- ABPTRFE will provide guidelines for site visit
- Make sure your paperwork is organized in binders and includes all required information and anything else you think is necessary to fully explain your program
- Prepare yourself and your staff
- Learn from it...
Accreditation and Graduation!!

Judy Ragsdale, PT
jragsdale@houstonmethodist.org
713-441-1178
OVERVIEW OF UNIVERSITY OF CHICAGO MEDICAL CENTER PHYSICAL THERAPIST CRITICAL CARE FELLOWSHIP

Amy J. Pawlik, PT, DPT, CCS
February 6, 2014

Timeline

• Early 2012-Acute Care Residency vs CC fellowship
• July 2012-Practice Analysis Completed
• August-Oct 2012-Interpretation of results
• Jan-Mar 2013-Medical Center support, information gathering re: availability of supplemental educational opportunities, Goals/Objectives identified
• April 2013-Fellowship proposal submitted
• May 2013-Proposal approved
• June-August 2013-Curriculum Development, Fellow Recruitment, Policies/forms
• August 2013-Fellow enrolled
• December 2013-Credentialing application submitted

Program Components

• Length of Fellowship
  – One Year

• Program Components
  – Clinical Practice = 33 hours/week
  – 40 weeks
  – Clinical Mentoring= 4 hours/week
  – Didactic= 3 hours/week
  – 46 weeks
  – 2 hours of didactic and research through rounds, grand rounds, professional issues, peer reviews, journal clubs, and research = scheduled 92 hours
  – Total education time scheduled = 414 hours

Admission Requirements

• Current PT licensure or eligibility in the state of Illinois
• Two years of practice in acute care
• APTA membership
• APTA Acute Care Section membership
• ACLS certification
• 3 letters of recommendation at least one from a clinical supervisor and one from a colleague working in the acute care setting
• Portfolio demonstrating specialty in acute care

Curriculum Development-UCM Practice Analysis

Why?

• Evident need based on feedback from presentations, publications, discussions
• 2 successful post-graduate education programs at UCMC
• Strong clinical background and history of research/presentation in acute and critical care
Modules and sub-components (Topics)

- Lab Values
- Research
- Nutrition
- Acid-base homeostasis
- Hemodynamic monitoring/support
- O2 delivery/extraction
- Respiratory failure/MV

Modules and sub-components (Service)

- Cardiology/CT Surgery
  - Surgical Procedures
  - Mechanical circulation, ECMO
  - CP resuscitation
  - Bedrest/hemodynamic changes
  - pH/TN, ILD, desaturation
  - Burn/reconstruction
- Trauma
  - Abdominal compartment
  - Fascia
  - Necrotic bowel
  - Complex wound
  - Transplant (non heart/lung)
- Surgery
  - Oncology
  - Neuro/Neurosurgery

Continuum of Care (PICS)

- Observation
  - Physician clinics
  - Acute and subacute rehabilitation facilities
  - Outpatient programs

Positive Developments

- Multidisciplinary collaboration
  - OT Acute Care Residency
- Building relationships
- Discovering existing learning opportunities
- Fellow serving as a consultant
- Faculty improving skills as clinicians and teachers/mentors

Hindsight 20/20

- Gauge interest of potential faculty
- Consider dividing mentoring hours
- Designate patient care focus for each module

Ongoing Changes

- Form revision
- How to manage decision-making mentoring vs. patients who are treated
- Take a step back
  - Communication, patient handling
  - Finer details of intervention in ICU
Ongoing Challenges

• Teaching to the adult learner
  – Bring in a consultant
  – Fellow mentoring vs more familiar student mentoring experience

• Resources
  – Time
  – Flexibility for changes in schedule
Developing & Implementing Curriculum: One Institution’s Experience
Bobby Belarmino, PT, DPT, MA, CCS
CSM 2014 Las Vegas

References:

- Nationwide Acute Care Physical Therapist Practice Analysis Identifies Knowledge, Skills, and Behaviors That Reflect Acute Care Practice

- Physical Therapist Practice in the Acute Care Setting: A Qualitative Study

Educational Framework of HMH’s CRITICAL CARE PT Fellowship Program

Curriculum Instructions:

- Self-study modules (Foundational Knowledge)
  - Discussion with the mentor
- Case-based Integration
  - Specific and purposeful
- ICU Rounds
  - Fellow presents a case
- Mentor presents a topic-lecture format
- Other resources within the hospital
  - Grand rounds, workshops, individual discussion with a resource person
- External resource (TWU- School of PT)
Mentoring:

1. A Tool for Clinical Reasoning and Reflection Using the International Classification of Functioning, Disability and Health (ICF) Framework and Patient Management Model
   Physical Therapy. 2011;91(6): 906-919

2. One minute preceptor model
   Furney SL, Orsini AN, Orsetti KE, et al.
   Teaching the One-minute Preceptor.

Leinster S. Learning in the clinical environment. Medical Teacher. 2009;31:79-81

Mentoring: ICF Model

• A model that provides effective bedside teaching in a short amount of time.
• It engages the learner as the center of the learning process.
• It allows learner to learn best by being a "functioning part of the team."

Mentoring: (One minute preceptor)

• Uses 5 microskills:
  1. Get a commitment
  2. Probe for supporting evidences
  3. Teach general rules
  4. Reinforce what was done
  5. Correct mistakes

Mentoring: (One minute preceptor)

Original work taken from Wendy Schell, MS, PT

Bloom’s Taxonomy

Outcome Expectations:

Fellow will:
1. serve as a practitioner of choice in providing safest, most effective early physical therapy to critically ill adults patients.
2. act as a consultant to peers, physicians, other health team members, patients, and families.
3. be both a consumer and contributor to the body of evidence by utilizing sounds research principles.
4. disseminate information on best practice for critically ill adult patients by utilizing good teaching skills and strong mentorship.
1. Written CCRN Exams on cardiopulmonary (selected)
2. Written Exams (Midterm and Final)
3. Practical Exams on each rotation
   - Two mentors
4. Faculty’s evaluation of Fellow (each rotation)
5. Fellowship Graduate Performance Feedback
6. Fellow’s Assessment of Program
7. Professional Portfolio
8. Fellow’s Research Activities

Outcome Assessments:

Critical Care PT Fellowship
Curriculum Revisions

- Modified Sequence:
  - New Fellow will be oriented to hospital on regular CV unit, then transition to HFU and CCU

Outcomes Chart:

Critical Care PT Fellowship Program

Thank You Judy Ragsdale, PT
ADMINISTRATIVE CONSIDERATIONS for POST GRADUATE TRAINING PROGRAMS

Diane M Davis, PT
February 6, 2014

Staff Commitment
- Survey of interest
- Clear picture of commitment expected
  - Curriculum development
  - Patient care expectations
  - Mentoring expectations
- Clinical specialities within "faculty" for the program
- Benefits and challenges related to the program
- Compensation, hourly vs. salaried.
  - Is this part of the "job" vs. above and beyond
  - Is there a different position description for "faculty"?
- Promotion criteria: board certification and teaching

Mission of the Organization
- Is education part of the mission statement:
  - AT UCM: Our mission is to provide superior health care in a compassionate manner, ever mindful of each patient’s dignity and individuality. To accomplish our mission, we call upon the skills and expertise of all who work together to advance medical innovation, serve the health needs of the community, and further the knowledge of those dedicated to caring.
- Are there other residency program already established, GME, Pharmacy, Nursing
  - Can share the policies and design. Use as models.
  - Especially helpful with deans, medical officers, and senior management. They understand the medical model of residencies and fellowships
- What role/reputation does the PT department have within the organization?

Financial
- Financial Position
  - PT a cost center?
  - Generate revenue IP vs. OP
  - Current standing? Benchmarks favorable?
  - Vacancy rate, hiring time/expense
- Professional Liability, self insured? Are residents/fellows covered even if off site?
- Benefits same as employees?
- Time off, how much can be allocated without missing key curriculum components?
  - Did it ever exist and today?
  - Replacement FTE or Additional FTE
- Productivity: trainee and mentor
  - Trainee salary, how to determine % FTE (% time in didactic vs patient care)
- APTA costs: initial, credentialing visit, annual fee

APTA fees

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Support from other professions

- Physicians
  Observation, didactic sessions, grand rounds, shared GME residency opportunities
- Pharmacy residency
  policies and current practices
- Nursing residencies/ advanced practice training programs
- Nutrition
- Respiratory Care Services

Senior Administrative Support

- Past practice / reputation
- Budget performance
- Business plan, budget neutral
- Presentation, why it is beneficial for the whole organization
- Competition in area, especially for hiring hard to fill specialties

Oversight/ program director

- Responsibilities
  - Trainees as direct reports
  - Recruiting/ hiring/ discipline/evaluating
  - Patient care expectations
  - Regulatory compliance / record keeping
  - Faculty development
  - Faculty meetings
  - Advisory Committee meetings
  - Curriculum development
  - Post program outcomes collection
- Reporting structure
- Compensation for coordinator

Advisory Committee

- Purpose
  liaisons, advisors, participants in teaching, observation
- Membership
  faculty, trainees, administration, medical faculty
- Meetings

Faculty expectations

- Curriculum development
- Didactic education sessions: how much?
- Mentoring, skills
- Mentoring time allocation
- Compensation for teaching
- Productivity expectations related to mentoring

Other considerations

- Effect on student clinical rotation opportunities
- Effect on “new graduate” PT position availability
- Change in requirements for experienced positions(ABPTS)
- The recruiting and interviewing process, time and resources required