



PT Residency
Education **Dials Up**
Culture of Stronger
Leadership,
Communication,
& Advocacy



It's **bigger** than just
being a PT



Residency: a vehicle for
faster development



ROI outweighs
cons/barriers



Residency changing the
cultural identity of PT



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It's bigger
than just
being a PT...

It's not a
CEU
Program...



Higher perceived clinical competence

(Briggs et al in-peer review; Briggs et al 2019; Whitman et al 2020; Smith et al. 1999)



Different job duties

(Briggs et al in-peer review; Whitman 2020; Smith et al 1999)



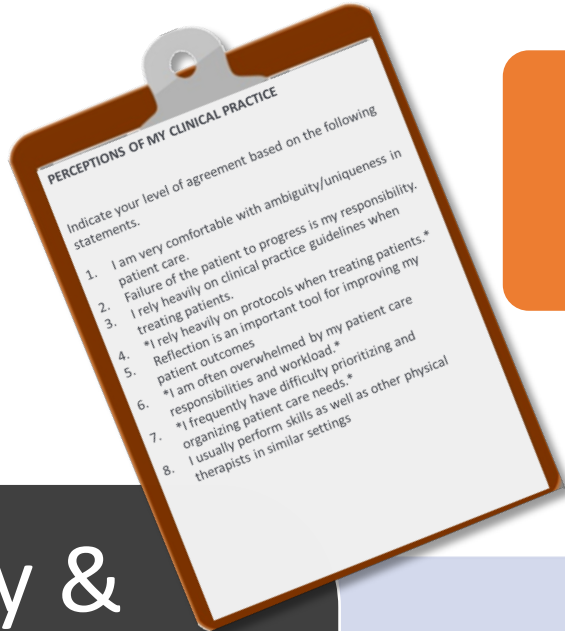
More engagement

(Weber et al. CSM 2020; Jones et al 2008; Whitman et al 2020; Smith et al 1999)



Increased Value

(Briggs et al 2019)



 Higher perceived clinical competence
 (Briggs et al 2023; Briggs et al 2019; Whitman et al 2020; Smith et al. 1999)

Residency & Fellowship Graduates report overall higher self-perceived clinical competency

- Using reflection for improving pt. outcomes
- Being comfortable with ambiguity
- Using clinical practice guidelines
- Not being overwhelmed by pt. care/responsibilities
- Less difficulty prioritizing /organizing pt. care needs
- Performing as well as other PTs

3 to 9% 

Orthopaedic Residency Training: A Survey of the Graduates' Perspective

Kathryn L. Smith, PT, OCS¹
Carol Jo Tichenor, MA, PT²
Mark Schroeder, MS, PT¹

An orthopedic manual physical therapy fellowship training's impact on professional development, involvement, personal lives, and income - A survey study

Julie M. Whitman, Mark Shepherd, Brett Neilson, T. J. Janicky, William J.
Garcia, Seth Peterson & Barbara J. Stevens



Higher perceived clinical competence

(Briggs et al 2023; Briggs et al 2019; Whitman et al 2020; Smith et al. 1999)

Graduates report
Residency &
Fellowship having
“Major Positive”
Influence On:

- Clinical examination performance
- Clinically reasoning process
- Treating efficiently & technical skills
- Diagnosing
- Treating complex patients
- **Communicating** with patients
- **Communicating** with other health care professional

Employer Perceptions of Physical Therapists' Residency and Fellowship Training: Insights for Career Development Planning

Matthew S. Briggs, PT, DPT, PhD, AT, Julie Whitman, PT, DSc, FAAOMPT, Becky Olson-Kellogg, PT, DPT, Joseph Farrell, PT, MAppSci, DPT, FAPTA, Kathryn R. Glaws, PT, DPT, Joann M. Walker, PT, DPT, Jill Clutter, PhD, and Carol Jo Tichenor, PT, MA, FAPTA



Higher perceived clinical competence

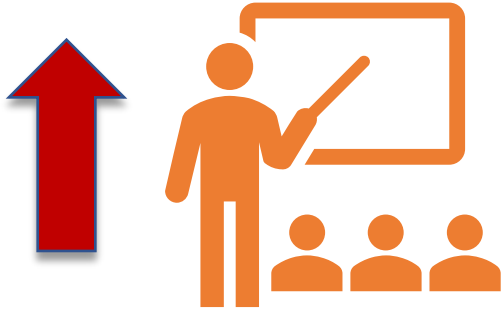
(Briggs et al 2023; Briggs et al 2019; Whitman et al 2020; Smith et al. 1999)

Employers consider Residency & Fellowship trained PTs to have **higher Clinical Aptitude**

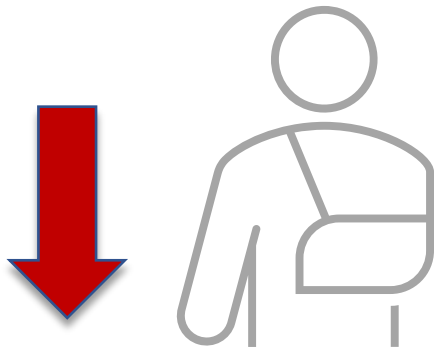
- Provide higher quality of care
- More efficient in achieving positive outcomes
- Process improvement at work
- Higher work productivity

14 to 38%





More teaching,
mentorship, &
research



Less Patient Care



Different job duties (Briggs et al 2023; Whitman 2020; Smith et al 1999)

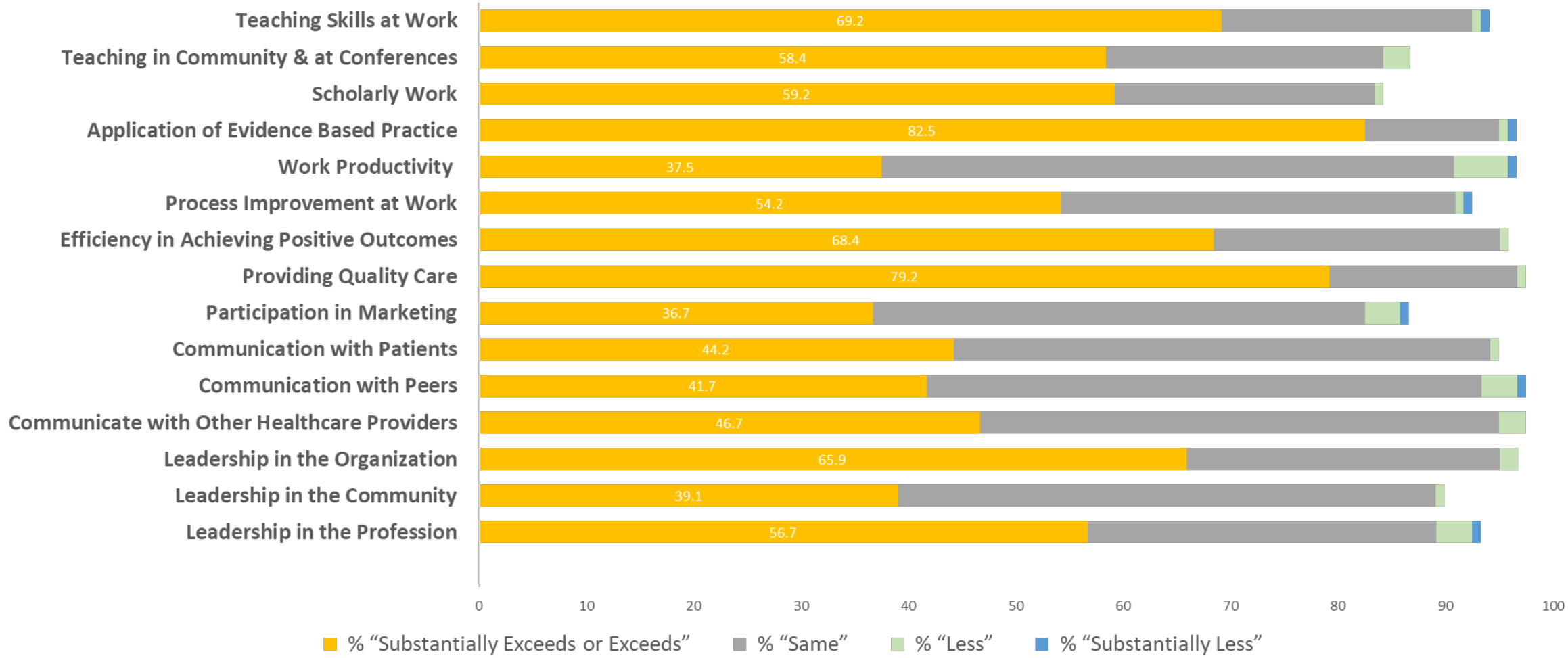
Residency & Fellowship Influences Engagement in Leadership Roles

- High % of
 - professional association involvement
 - Board specialty certification
- “**Positive influence**” on engaging in leadership roles
- Greater odds of:
 - Invited National speaking
 - Education/teaching roles
 - Member of &/or elected to a professional committee
 - Residency involvement
 - Publications, abstracts, posters, platforms



More engagement (Weber et al. CSM 2020; Jones et al 2008; Whitman et al 2020; Smith et al 1999)

2 to 14x  odds



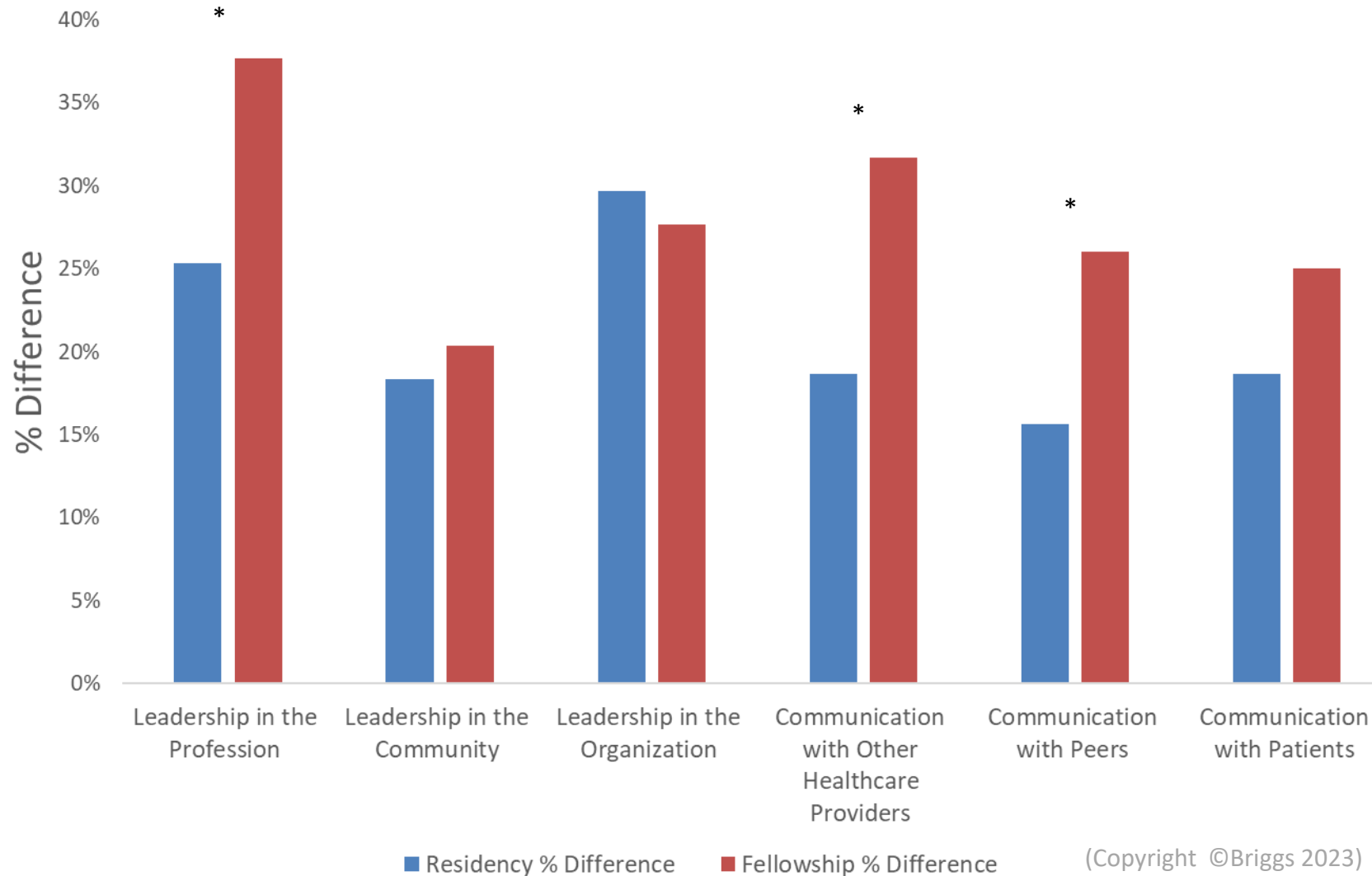
Employers Value Residency & Fellowship Trained PTs More.



Increased Value (Briggs et al 2019)

16 to 38% more

Residency & Fellowship Trained PTs demonstrate more leadership & communication skills.





Strong Leadership Skills

“innovative”

”involvement with APTA”

“keeps professional growth as a focus for our staff”

“increased professionalism and maturity of outlook”

“inspiring others, challenging others”

“raises the bar for the group.”

Strong Communication Skills

“articulate”

“excellent communication skills”

“ability to communicate their intention &
explain interventions”

“better communicators with patients.”

Motivations to Pursue Physical Therapy Residency Training: A Q-Methodology Study of Stakeholder Perspectives

Raine Osborne, Chris Janson, Lisa Black, Gail M. Jensen

Background. Residency training is recognized as a valuable form of professional development and pathway to specialization. Currently residency is voluntary for physical therapists, with less than 12% of DPT students choosing to apply upon graduation. Motivations that drive the decision to pursue residency are currently unknown as is the extent of similarity and difference in perspective among various stakeholders.

Objective. The purpose of this study was to identify the dominant perspectives on motivations to pursue residency held by various stakeholders.

Design. This study was conducted using Q Methodology, which incorporates aspects of quantitative and qualitative techniques into the examination of human subjectivity.

Methods. Program directors, faculty, and current residents from all accredited physical therapy residency programs were invited to complete a forced-choice sorting activity where potential motivations for residency were sorted by perceived level of importance. Principal component analysis was used to identify dominant perspectives, which were interpreted based on emergent themes in the cluster of motivations identified as most important.

Results. Four dominant perspectives were identified: (1) desire to provide better patient care, (2) preparation for specialty practice, (3) fast track to expert practice, and (4) career advancement. These perspectives provided context and utility to 2 broad meta-motivations: improved clinical reasoning and receiving mentoring. Both within- and between-group differences among stakeholders were identified. However, subsets from each role-group population were found to share similar perspectives.

Limitations. Results from this study may not apply to potential residents in all specialty areas, and the implications of having a particular perspective are unknown.

Conclusions. Identification of the dominant perspective on motivations for pursuing residency may aid in promoting participation, program development, matching residents to programs and mentors, and future research.

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4 primary reason for pursuing residency training



Desire to provide better patient care



Preparation for specialty practice



Fast track to expert practice



Career advancement



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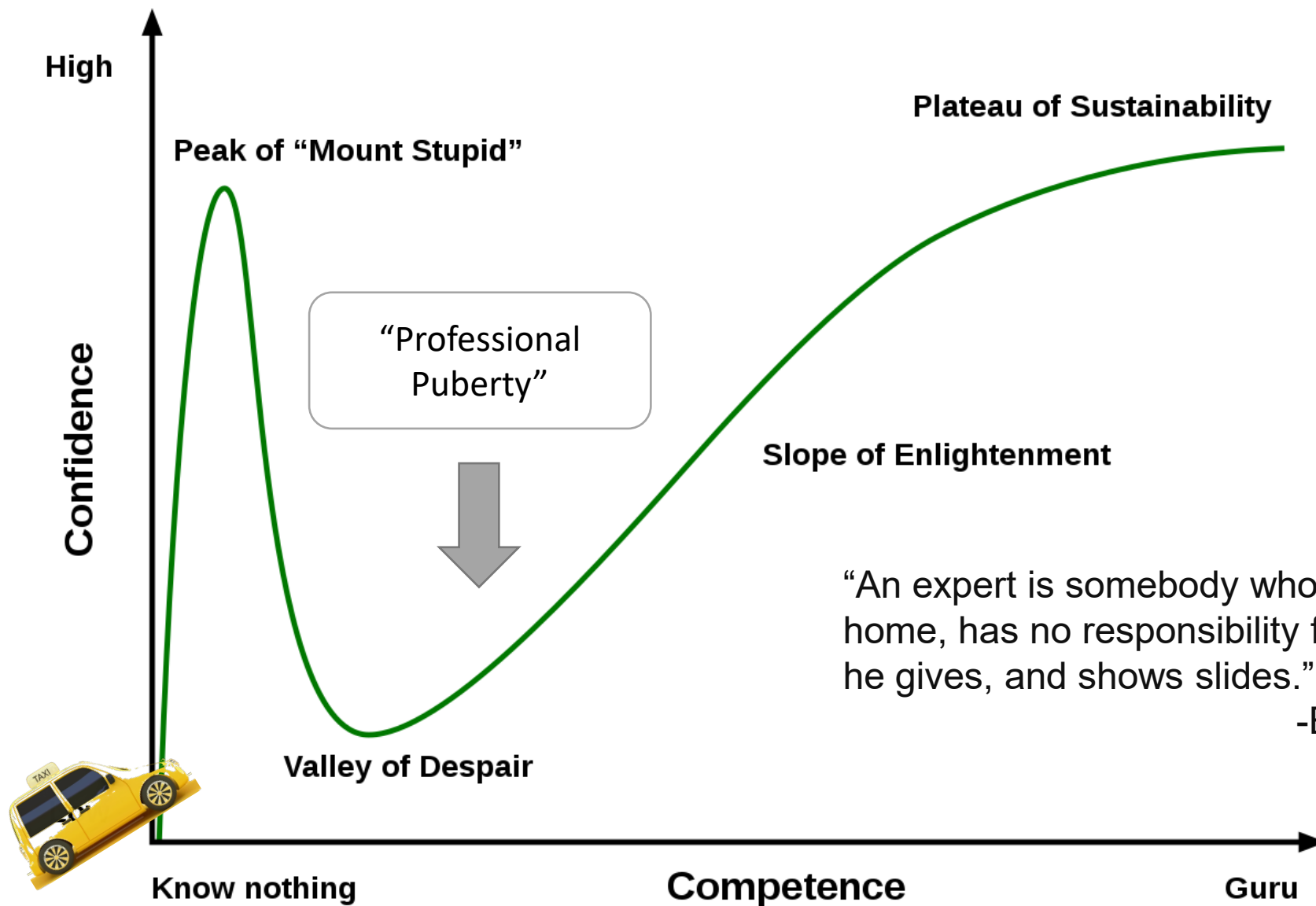


ROI outweighs
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Residency facilitates the slope of enlightenment....



"An expert is somebody who is more than 50 miles from home, has no responsibility for implementing the advice he gives, and shows slides."

-Edwin Meese



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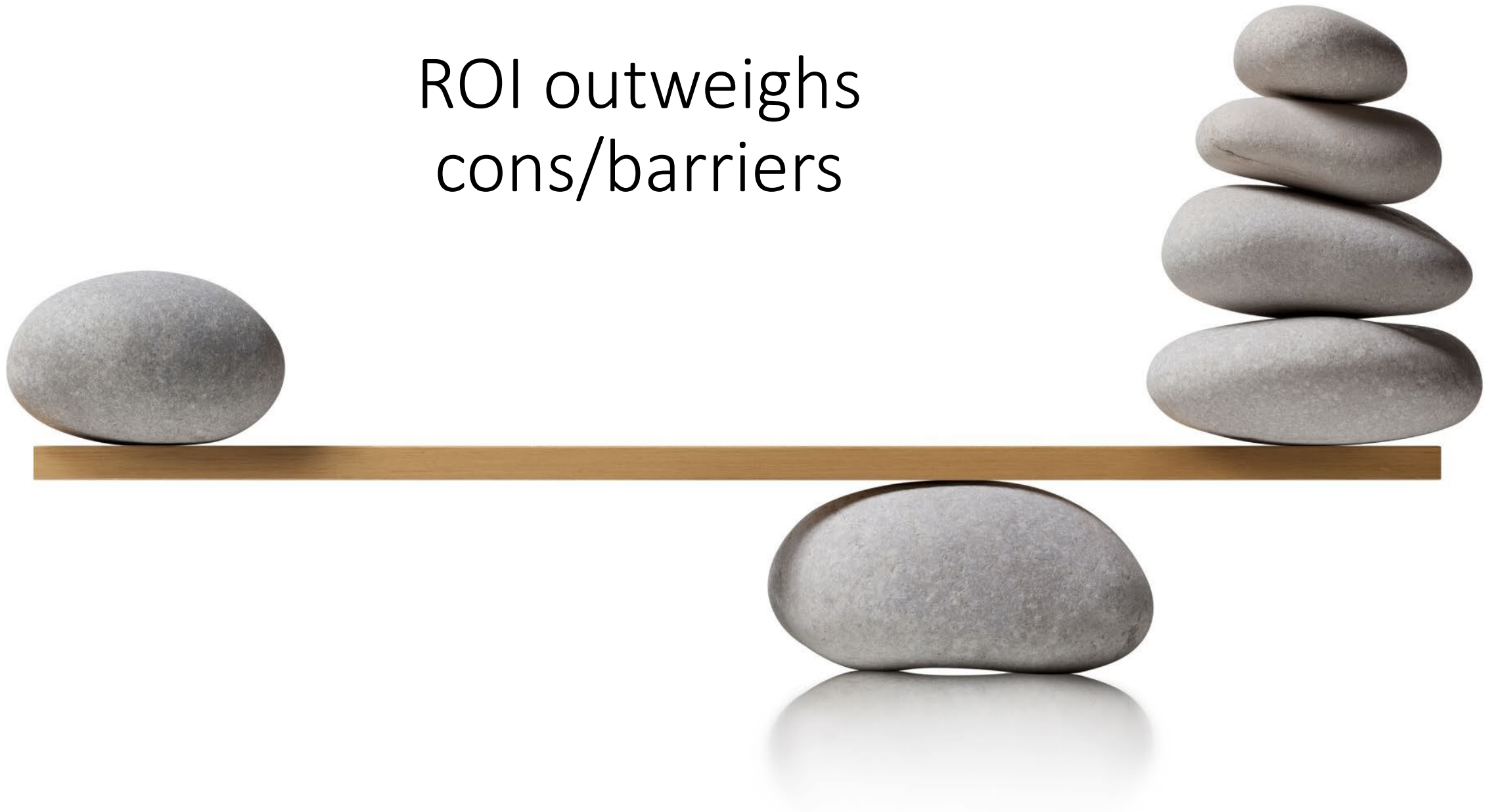


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Anticipated & Realized Outcomes Related to Residency/Fellowship Training

| Themes | Identified Outcomes | Anticipated | Realized |
|----------------|---|-------------|----------|
| Professional | Advanced clinical skills | ✓ | ✓ |
| | Increased utilization of evidence-based practice | ✓ | ✓ |
| | Increased specialty board certification/practice | ✓ | ✓ |
| | Improved clinical decision making/critical reasoning/perception of competency | ✓ | ✓ |
| | Increased involvement and improved clinical research | ✓ | ✓ |
| | Improved leadership skills | ✓ | ✓ |
| | Increased opportunities for professional development | ✓ | ✓ |
| | Increased clinical efficiency | ✓ | |
| | Improved interpersonal and professional skills | ✓ | |
| Personal | Improved self-confidence | ✓ | |
| | Higher income | ✓ | ✓ |
| | Increased job/career satisfaction | ✓ | |
| Organizational | Employer perceived status/value | ✓ | ✓ |
| | Increased number of patient volume/referrals | | ✓ |
| Patient | Improved Patient care | ✓ | ✓ |
| | Improved patient satisfaction | ✓ | ✓ |
| | Improved patient outcomes | ✓ | ✓ |
| Societal | No outcomes identified | | |



Money & Time



Residency & Fellowship Trained PTs Make More Money

Jones et al 2008:

- ~10% increase in salary

2008

2019

Briggs et al 2019:

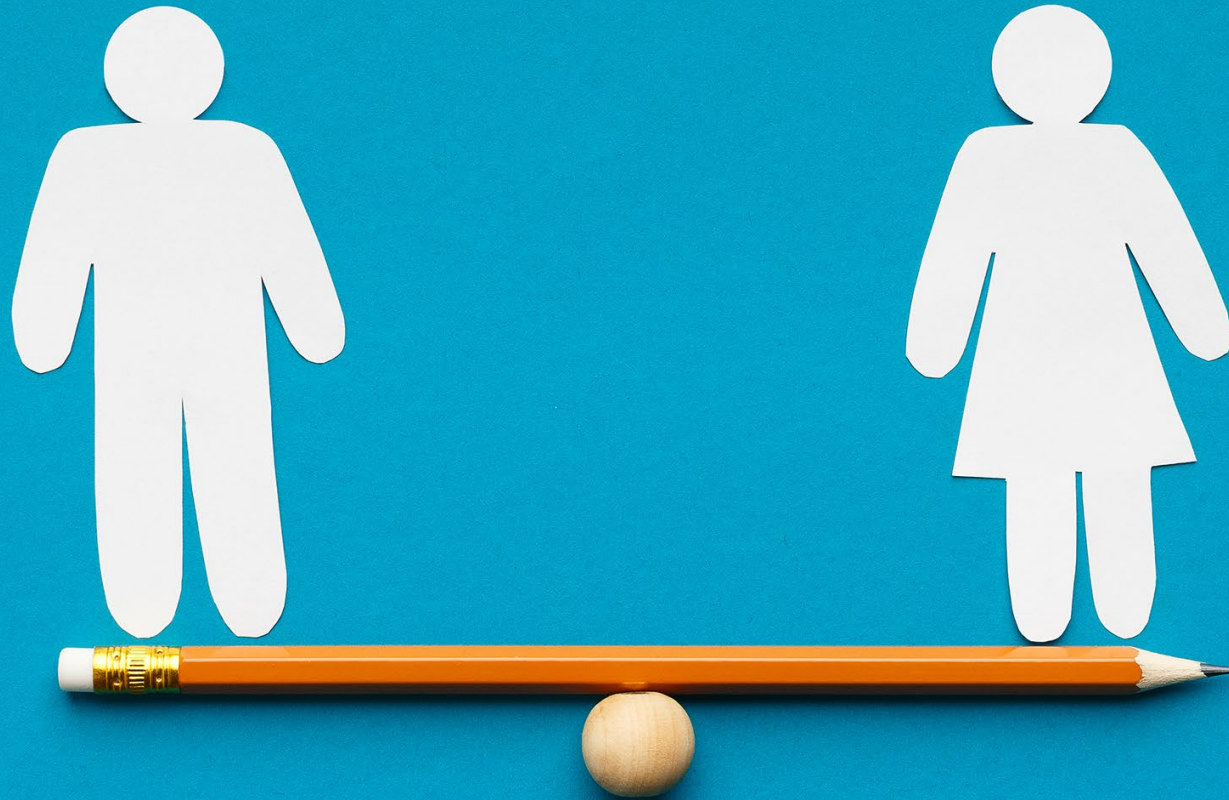
- 20-30% of employers indicated a promotion or increased compensation as a result of residency/fellowship training
- 20-33% of employers indicated financial support to pursue training

Briggs et al 2022:

- ~30% avg. higher salary for fellowship trained despite being ~3 years younger
- No difference between residency trained & non-res/fel trained but residency trained ~11 years younger & 11 years fewer years experience

2022

Life balance, relationships, & family commitments barriers to training





“Above Average”
Job Satisfaction

- | |
|---------------------------------|
| 1. Nurse Practitioner |
| 2. Physician Assistant |
| 3. Physical Therapist |
| 4. Dentist |
| 5. Veterinarian |
| 6. Physician |
| 7. Orthodontist |
| 8. Registered Nurse |
| 9. Oral & Maxillofacial Surgeon |
| 10. Nurse Anesthetist |

#3 in Health Care Jobs

#6 in 100 Best Jobs



3% ↑

Higher job satisfaction
comparing residency trained
vs. non-res/fel trained

5% ↑

Higher job satisfaction
comparing fellowship trained
vs. non-res/fel trained

Higher career satisfaction comparing
residency trained & fellowship trained vs.
non-res/fel trained



Residency & Fellowship trained PTs have a culture of learning & are fulfilled in their work



Job is challenging in a positive sense



Work is interesting



Learning & improving in work



Satisfaction with achieving career goals



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Implementation of a Hospital-Based Orthopaedic Physical Therapy Residency Program: A Case Report Describing Clinical Outcomes, Productivity, and Perceived Benefits

John Winslow, PT, DPT, OCS, MTC, ATC, and Michael Costello, PT, DSc, OCS, MTC

Background and Purpose. Currently, there are 264 credentialed physical therapy residencies across the United States. Most residency programs take a limited number of residents per year, thus the opportunity for the projected 10,721 physical therapy students graduating in 2019 was relatively small. One of the challenges to developing a new physical therapy residency is convincing the host institution that it will be beneficial in the long-term. The purpose of this case report was to describe the effect of implementing a hospital-based orthopaedic physical therapy residency program on clinical outcomes, productivity, and the perceived benefits of the residency program by staff physical therapists and hospital administrators.

Case Description. The Patient-Specific Functional Scale (PSFS) was used to assess treatment outcomes for 2 years before the start of the residency program (2007–2008) and for each of the 4 years after the inauguration of the first resident (2009–2012). A total of 3,717 patient outcome scores were used in the analysis. Productivity, measured in “patient visits” and zip code data, representing the service area, was also collected. In addition, staff

physical therapists and administrators completed a survey to determine their perceived benefits of the residency program.

Outcomes. There was a steady improvement in clinical outcomes from 2007 to 2012. In 2007, the average change in the PSFS was 3.81 and in 2012, 4 years after the start of the residency program, the average change in PSFS increased 37% to 5.21. The number of patient visits increased to 60,983 (+17,071), and patients were travelling from outside the service area (41 additional zip codes) to receive treatment at the hospital from staff physical therapists with specialized training. Survey results indicate that both staff physical therapists and hospital administrators had a very positive view of the impact of the residency program on job satisfaction, professional development, staff retention, and success of the department.

Discussion and Conclusion. The results of this study suggest that hospital-based orthopaedic physical therapy residency programs have the potential to improve clinical outcomes, increase productivity, and create a “culture of excellence.” It provides some justification for hospitals and other physical therapy facilities to invest in residency training.

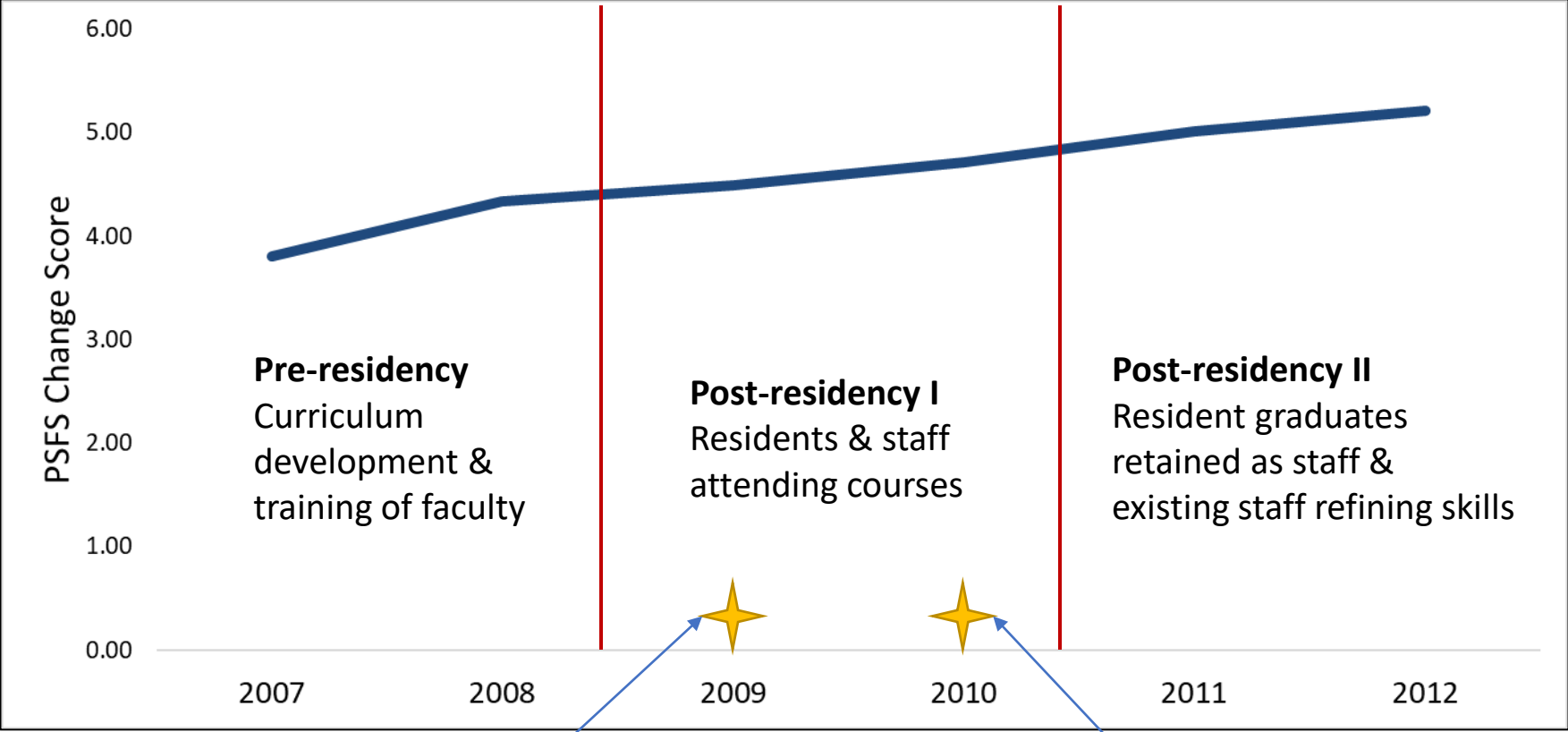
Key Words: Physical therapy, Residency,

of supervised clinical practice and didactic coursework. The capstone for most residency programs is to sit for the American Board of Physical Therapy Specialties (ABPTS) examination and become board certified. Residents have historically been onsite; however, more recently, hybrid distance learning models have been developed to increase opportunity for residency training. The first physical therapy residency program was founded in 1979 at Kaiser Permanente in Hayward, California. The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) is the accrediting body for the American Physical Therapy Association (APTA) for postprofessional residency and fellowship programs in physical therapy. The first residency and fellowship programs were credentialed by the ABPTRFE in 2000.¹ Currently, there are 264 credentialed physical therapy residencies across the country representing 10 specialties: acute care (4), cardiopulmonary (8), clinical electrophysiology (1), faculty (1), geriatrics (18), neurology (49), orthopaedics (105), pediatrics (21), sports (46), woman’s health (10), and wound management (1).² In 2017, there were 1,209 residency positions available across all accredited programs; thus the opportunity for the projected 10,599 physical therapy students graduating in 2018 is relatively small.³

One of the challenges to developing a new residency is convincing the host institution

37% improvement in Patient Outcomes during residency implementation

PSFS exceeded MDC each year



*P < 0.001

1st resident

ABPTRFE accreditation



Residency fosters a culture of excellence

- 39% increase in productivity
- 17,071 increase in patient referrals
- Service area expanded with addition 41 additional zip codes
- Residency program became focal point of strategic vision
- Majority of PTs indicated that the residency program:
 - Contributed to their job satisfaction
 - Made them a better clinician
 - Improved examination skills
 - Improved treatment skills
 - Motivated to become more involved in the profession



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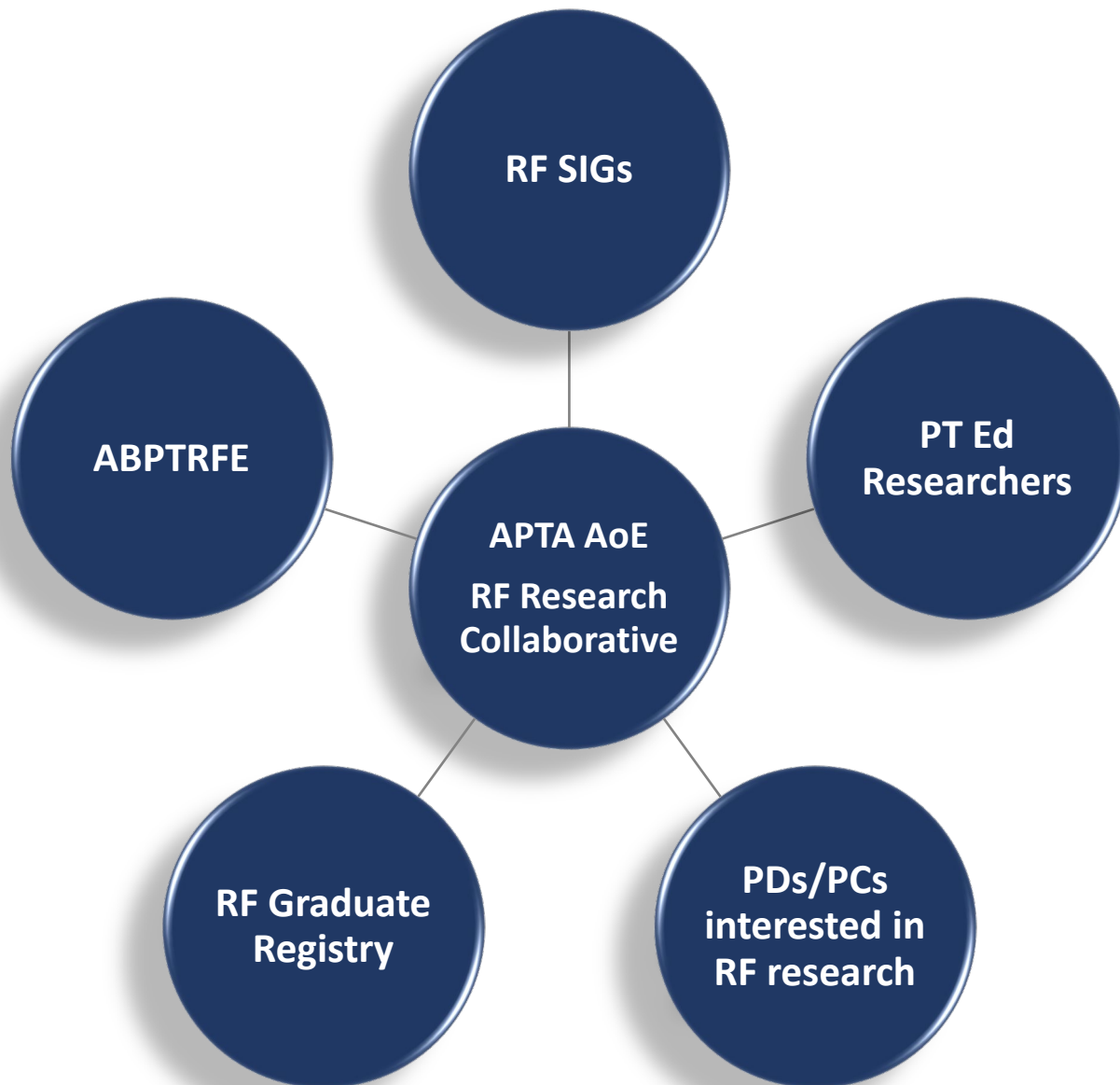


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Residency & Fellowship SIG Research Collaborative



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