Identifying a Clinical Area of Focus:  
Residency & Fellowship Workshop

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Specialization in Health Care

Specialization

- Specialization to improve patient care is universally predicated on the needs of the patient
- Therefore, the emphasis of education and training is on developing patient-based specialization
- Patient-based specialization is either population or system (disease) focused  
  - Pediatrics, orthopaedics, cardiology, oncology, etc.,
Specialization

- Professionally defined areas of practice specialty
- Residency and fellowship training programs in areas of specialty
- Specialty recognition in the form of advanced credentials (specialty certification)

Medical Specialization

- Post-Professional Specialization
  - American Board of Medical Specialties (ABMS), established in 1933, oversees 24 specialty boards
- Post-Professional Education & Training Programs
  - The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of post-MD medical training programs within the United States
    - Residency training programs in specialty area (over 7,000)
    - Fellowship training programs for sub-specialty area
- Specialty Recognition
  - Specialty certification overseen by ABMS for each of the 24 specialty areas

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Pharmacy Specialization

- Post-Professional Specialization
  - 9 specialty practice areas recognized by the Board of Pharmaceutical Specialties (BPS)

- Post-Professional Education & Training Programs
  - Degree programs in pharmacaceutics, pharmaceutical chemistry, pharmacology, toxicology, pharmacy administration
  - No post-professional accreditation standards
  - Accreditation of pharmacy residencies is currently fragmented by area of training, but stakeholders are seeking to unify accreditation standards
  - Numerous fellowship opportunities after completion of a residency program

- Specialty Recognition
  - Specialty certification overseen by BPS for each of the specialty areas

BPS Specialties

From patient outcomes, the value of the BPS certification board registered throughout the health care continuum. For pharmacy professionals, documentation of specialized experience and skills yields the additional benefits of personal satisfaction, financial remuneration, and job advancement.

Currently there are more than 2,000 pharmacists worldwide who are BPS board certified in 9 specialties: ambulatory care pharmacy, critical care pharmacy, nuclear pharmacy, nuclear support pharmacy, oncology pharmacy, pediatrics pharmacy, pharmaceutical care and practice pharmacy.

Pharmacy ~ 250,000 members
~ 5,500 with specialty certification

\[ \text{2\%} \]
Physical Therapy Specialization

- Post-Professional Specialization
  - 8 post-professional specialty areas recognized by the American Board of Physical Therapy Specialties (ABPTS)
- Post-Professional Education & Training Programs
  - Some specialized MS, PhD programs
  - No post-professional CAPTE degree accreditation standards
  - American Board of Physical Therapy Residency and Fellowship Education approves residency and fellowship programs based on published program standards and guidelines
- Specialty Recognition
  - ABPTS awards specialty certification in each of the specialty areas

Currently, the ABPTS offers board-certification in eight specialty areas of physical therapy:
- Cardiovascular and Pulmonary
- Clinical Electrophysiology
- Geriatrics, Neurology
- Oncology
- Orthopaedics
- Pediatrics
- Sports (sub-specialty of Division 1 sports)
- Women's Health.
Specialization Commonalities

- Specialty areas of practice emerge to address patient care needs and define & develop specialty practice knowledge and skills.
  - These evolve into mature organizations that are overseen by specialty boards.
- Residency and fellowship education & training programs exist to train clinicians in the area of specialty.
  - These are accredited and respected within the profession.
- Credentialing mechanisms exist in the form of specialty board certifications.
  - These serve to validate advanced education & training.

Athletic Training Specialization

- Specialization
  - Recently approved the Board of Athletic Training Specialties.
  - Approved 2 areas: orthopaedics & pediatrics (developing).
- Residency and Fellowship Education & Training Programs
  - Accredited residency training programs (specialty).
  - No fellowship (sub-specialty) training programs.
- Specialty Recognition
  - No areas of athletic training specialty recognition.

Petitioning Process for Specialty Practice Recognition:

- Need = A condition of requiring supply.
- Demand = A willingness and ability to purchase a commodity or service.
- Number = Reasonable number of clinicians who devote most of their time to the specialty practice.
- Specialized Knowledge = greater depth.
- Specialized Functions = special skills.
- Education and/or Training = how does one become a specialist?
- Transmission of knowledge = specialized books, journals, etc.
Athletic Training Specialization

- What would it really look like have an AT specialty in orthopaedics?
  - Significant demand for AT’s with advanced knowledge and skills in orthopaedic patient care
  - Numerous CAATE accredited orthopaedic residency programs producing dozens of graduates
  - Some national member association of 100’s of orthopaedic AT’s
  - A dedicated *Journal of Orthopaedic Athletic Training*
  - Development of a specialty board = Athletic Training Board of Orthopaedics, approved by the Board of Athletic Training Specialties
  - Specialty Certification examination in orthopaedics

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CAATE Approved
Focused Areas

Focused Areas

Focused area of clinical practice within the scope of athletic training: An area of clinical practice that can be clearly denoted as being advanced in depth of knowledge and skills. The purpose of this focused depth is to develop specialists in sub-disciplines within athletic training. Areas of focused practice depth should be developed around the focused patient population (eg. pediatric) or body system (eg. orthopedic/musculoskeletal). Areas of focused clinical practice should NOT be developed based upon practice setting (eg. secondary school, hospital, industrial). Programs are encouraged to examine the residency models of specialization in peer health professions such as medicine, pharmacy, and physical therapy when determining an appropriate focused area of clinical practice.

Programs bear the burden of establishing why their chosen focused area of clinical practice is appropriate to advance the residents depth of knowledge and skills in a specialized area of athletic training practice.
Focused Areas

- Origins of the ‘focused areas’ language
- History of being intentionally vague
- Mistake to have called them focused areas, should have just called them specialty areas

Residency Specialty Areas

- Prevention & Wellness
- Urgent & Emergent Care
- Primary Care
- Orthopaedics
- Rehabilitation
- Behavioral Health
- Pediatrics
- Performance Enhancement
6 Accredited Residencies
6 Seeking Accreditation

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Choosing a Specialty Area

Residency Standards

- Current accreditation standards
- Institutional and personnel resources
Residency Standards

Post-Professional Athletic Training Residency Mission

The mission of a post-professional residency advances preparation of an athletic training practitioner through a planned program of clinical and didactic education in a specialized area, utilizing an evidence-based approach to enhance patient care.

93. The residency program must provide defined, planned and mentored education and training in a focused area of clinical practice within the scope of athletic training.

94. The organization offering the residency program must provide an exemplary clinical practice environment and mentored athletic training experience.

95. The residency program must document that the clinical practice environment involves a defined and planned experience within a focused area of clinical practice within the scope of athletic training.

96. The majority of the clinical experience must be completed within the focused area of clinical practice, and at least 20% of the time must occur with the preceptors in a one-on-one basis within that focused area.

44. A preceptor must function to:
   a. Mentor residents during clinical practice to expand their depth and breadth of knowledge and skills in the programs focused area of clinical practice;
   b. Provide instruction and assessment of the advanced knowledge, skills, and clinical abilities of the focused area of clinical practice designated by the program;
   c. Provide instruction and opportunities for the resident to develop advanced clinical integration proficiencies, communication skills, and clinical decision-making during actual patient/client care;
   d. Provide assessment of athletic training residents' clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care;
   e. Facilitate the clinical integration of advanced skills, knowledge, and evidence regarding the practice of athletic training in the programs focused area of clinical practice.
47. All preceptors must have training and experience in the *focused area* of clinical practice for which they serve as preceptors, must maintain continuity of practice in that *area*, and must be practicing in that *area* at the time residents are being trained.

49. Preceptors must have a record of contribution and commitment to their *focused area* of clinical practice. The record may include, but is not limited to, the following characteristics:
   a. Documented record of improvements in and contributions to their *focused area* of practice.
   b. Formal recognition by peers or supervisors as a model practitioner.
   c. An ongoing record of continued contribution to the total body of knowledge in their specified *area* of practice through publications in professional journals and/or presentations at professional meetings.

52. The residency program must provide defined and planned didactic education experiences in a *focused area* of clinical practice within the scope of athletic training.

53. The residency program must provide a defined and planned scholarly experience within the *focused area* of clinical practice.

62. The residency program must provide opportunities for residents to identify, assimilate, and review research within the *focused area* of clinical practice and disseminate the information that has been compiled.

64. The resident must actively engage in measuring patient-oriented outcomes as part of systematic data collection and ongoing assessments within the *focused area* of clinical practice and disseminate the information that has been compiled.

73. The number and quality of instructional aids must meet the needs of the residency program’s *focused area* of clinical practice.
Discussion / Questions
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