The Effect of a Pediatric Specialty Certification in Physical Therapy on Status and Clinical Practice

Kim Chmielewski, SPT; Erin Weniger, SPT; Sharon Irish Bevins, PhD, PT; Ellen Donald, MS, PT
Department of Physical Therapy & Human Performance

ABSTRACT

Background and Purpose:
• The effects a specialty certification have on a physical therapist has not been explored in the literature.
• The purpose of this research is to evaluate the effects on American Board of Physical Therapy Specialties (ABPTS) Pediatric Specialty Certification (PCS) on a physical therapist’s status and clinical practice.

Methods:
• An electronic survey was mailed to 272 physical therapists with an active PCS. The total number of usable survey responses was 111, for a response rate of 44.6%.

Discussion and Conclusion:
The majority of participants did not experience a change in status or clinical practice; however, the majority also reported they were more satisfied with their careers and planned on renewing the PCS.

INTRODUCTION

The American Physical Therapy Association (APTA) is the professional organization representing the profession of physical therapy across the nation.
• Pediatrics was recognized as a specialty area by the APTA House of Delegates in 1978 (Heriza, Lunn, Fischer, & Harris, 1983).
• As of June, 2013, there were 1,271 pediatric specialists in the United States (ABPTS, 2014).
• Achieving a pediatric specialty certification (PCS) requires a significant investment of time and financial resources by the physical therapist:
  • Evidence of 2,000 hours of direct patient care in pediatrics within the past ten years with 25% of those hours needing to be completed within the previous three years
  OR
  • completing an APTA-credentialed post-professional clinical residency in pediatrics.
• Although the process of achieving a PCS is a demanding one there has been no significant research evaluating the impact that a PCS has on the physical therapist’s status and clinical practice after receiving the certification.
• Job status and clinical practice was evaluated to provide a greater understanding of the value of a PCS.

RESULTS

Of the 111 participants, 94.6% were female and 5.4% were male.
• The largest age group represented in the data was 31-40 year old group with 35.1%.
• All participants who were APTA members (88.3%) were also Section on Pediatrics Members
• 33.6% of participants’ employer paid for a percentage of the ABPTS fees.
  • 16.4% had 100% of ABPTS fees paid for
  • 27.3% had > 75% paid for
  • 2.7% had 51%-74 paid for
  • 5.5% had 26-50% paid for, and 6.4% < 25% paid for
• Half of the participants (49.6%) did not change jobs after they received a PCS.
  • 23.4% changed jobs after 3 years of receiving a PCS
  • 3.7% changed jobs between 2-3 years
  • 11.7% between 1-2 years and 9% within 1 year.
• 6.3% reported a title change with the addition of authority while 1.8% reported an increase in authority due to the belief that increased referrals would increase direct contact with pediatric patients.
• 77.5% of participants did not experience a salary increase within one year of receiving a PCS
  • 18.9% reported they had a $1-$5,000 salary increase
  • 3.6% reported having a $5,001-$10,000 salary increase.
• 13 participants (15.9%) reported an increase in hours spent in direct contact with pediatric patients
• 25.6% received more pediatric referrals after obtaining a PCS while 74.4% percent did not.
• 83.8% of participants reported that they would renew their PCS upon expiration, where 16.2% reported they would not.

DISCUSSION

• The majority of participants reported having no increase in salary (77.5%), no increase in responsibility/authority (91.9%), no indication of the PCS certification on their name badge (54.1%), and no reimbursement for the ABPTS fees from their employer (66.7%).
• The majority of participants reported no increase in pediatric referrals or direct patient care. The increase in referrals was reported at 25.6%.
• There was also a 15.9% reported increase in direct contact with pediatric patients.
• It would have been expected that these two numbers would have been closer due to the belief that increased referrals would increase direct contact with pediatric patients.

CONCLUSION

• Overall, participants did not experience a change in job status or clinical practice.
• The majority of participants (76.8%) reported they were more satisfied with their career after earning a PCS and 83.8% of participants were planning on renewing.
• A possible explanation for these high percentages are that PCS therapists gain pride and fulfill their sense of professional duty from earning a PCS.
• This hypothesis would be supported by the findings that the top reasons participants planned on renewing were “distinguishes me/pride,” “professional responsibility,” and “knowledge.”
• Participants in this study have demonstrated a significant investment in their field and the intrinsic satisfaction they receive from having a PCS is enough to justify the process of achieving the certification.