

AUGUST HISTORICAL PERSPECTIVE NEWSLETTER

This issue of the Academy historical perspective highlights the history of Residency in Cardiovascular and Pulmonary Physical Therapy. The very first residency was started at Duke University by Dan Dore, PT and Rebecca Crouch in 2008. The second residency was started at the Ann Arbor VA Medical Center by Alex Sciaky in 2011. Since 2011 there has been a growth in residencies and there are now 14 accredited CV & P Residencies in the United States. After initial accreditation residencies undergo a critical review after 5 years and apply for reaccreditation thereafter every 10 years. This newsletter highlights the beginning of Cardiovascular and Pulmonary Residencies as remembered by Rebecca Crouch and Alex Sciaky, as well as the re-accreditation process by Ethel Frese who has been a key volunteer in the process. Graduates from the very first two residencies are listed below and then, Rebecca Crouch and Alex Sciaky will be highlighted for their contributions to the Academy as well as Haley Bento, who served as the very first Residency Coordinator for all residencies for the Academy. For more information on residencies and how to apply for residents, or to contact residency coordinators re: starting a residency please click on the following link. You will find a very inspiring video on cardiovascular and pulmonary residencies.

<https://www.aptaacvp.org/residencies>

The following are the current Accredited Cardiovascular and Pulmonary Residencies

Brigham and Women's Hospital in Boston, MA
Cedars-Sinai Medical Center in Los Angeles, CA
Duke University in Durham, NC
Mercer University/Piedmont Hospital in Atlanta, GA
UT Southwestern in Dallas, TX
University of Miami in Miami, FL
University of Michigan in Ann Arbor, MI
The Ohio State University-Wexner Medical Center in Columbus, OH
University of Utah, Salt Lake City, UT
VA Ann Arbor, Ann Arbor, MI
VA Cincinnati Medical Center in Cincinnati, OH
VA St. Louis and Maryville University in St Louis, MO
VA Madison in Madison WI
WVU Medicine in collaboration with West Virginia University in Morgantown, WV

The Duke Cardiovascular and Pulmonary Residency

Since Duke created the first residency, Rebecca Crouch was interviewed to discuss how this occurred:



ABPTRFE Chair, Rebecca Crouch and Dan Dore recognized at APTA meeting for initiating first Cardiovascular and Pulmonary Residency

How did the program at Duke get started? Who started the talks to form the Residency and who was involved? How long did it take?

The Duke University Health System started the APTA Cardiovascular and Pulmonary Residency Program in 2008, achieving accreditation in 2009. Daniel Dore, Director of Clinical Services for Duke PT/OT, identified Residencies and Fellowships as an overall goal for our department. Knowing Duke had many specialty services that weren't available throughout the country, Dan felt it was important to focus on developing advanced clinical skill recognition for Duke PTs. Dan was motivated to further develop well known areas of excellence such as the Duke Sports Division I Athletics PT team with our first Sports Medicine APTA Fellowship. He also wanted to foster clinical practices that were under-represented, but equally critical to our profession.

The development of the Cardiovascular and Pulmonary and Women's Health Residencies followed concurrently. Dan felt it was critical for Practitioners to have a clinical home for those who wanted to work toward specialization, and Duke had developed the clinical base and specialty clinicians to serve as Residency and Fellowship faculty.

Dan, Tamara Klintworth-Kirk, and I worked together to gather the documents and complete the proposal to submit to ABPTRFE. Completing the proposal, submitting, and waiting for accreditation took 3-6 months. The Duke CVP Residency is unique in that the one year program offers 6 months with a focus on in-patient specialty areas (thoracic surgery, cardiopulmonary transplantation, medical cardiopulmonary, ICU), followed by 6 months in an out-patient location for research and experience in well-established, inter-disciplinary Cardiac and Pulmonary Rehabilitation programs.

What were some of the barriers?

- Completing clinical and administrative job tasks while gathering resources and completing supporting documents
- Researching other medical provider advanced practitioner accreditation curriculums, testing, and competencies and relating those to a PT scope of practice
- Putting in place assignments, responsibilities, and schedules for team didactic and clinical teaching

Name a few highlights of the residency program?

- First Cardiovascular and Pulmonary Residency Program accredited by APTA
- Residents earned a salary for 30 hours per week of clinical work while participating in the program
- Residents did not pay to participate in the program
- Getting to know the Residents personally and following their careers/lives after leaving Duke
- Watching the excitement emerge once a Resident begins to feel more confident in practicing CVP Physical Therapy and realizing the practice possibilities

Where do you see residency now?

I am very optimistic that CVP Residency is here to stay! Developing and sustaining a CVP Residency program is extra work for every PT on staff but is worth the effort. A Residency Program encourages all involved to become better PTs by stretching one's creativity and development of improved pedagogical skill. I am excited to have played a role in expanding and fostering CVP PT's growth and scope of practice. However, our job isn't over, we must continue to market to the healthcare community and government the need for and competencies of CVP PTs. We bring to the table skills to practice musculoskeletal, neurological, cardiovascular, and pulmonary care, all in one package!

Duke CVP Residents 2008-2025

2008-2009 Katie Sanford, Duke CVP Out-patient rehab
2009-2010 Sean Lowers, Faculty UNC-Chapel Hill PT program
2009-2010 Danielle Fiorello, NYU, New York, Out-Patient CVP

2010-2011 Tara Dickinson, Montana

2011-2012 Courtney Gaddis, Cleveland, Ohio

2012-2013 Carl Fairburn, Chico, California Home Health

2012-2013 Karlyn Schiltgen Green, Faculty CVP Campbell Univ.

2013-2014 Traci Tiemann Betts, Faculty CVP-UT Southwestern

2013-2014 Natalie Moore, Connecticut

2015-2016 Naomi Bauer, Scotland in Private Practice CVP

2015-2016 Cynthia Harrel, Duke CVP Out-patient

2016-2017 Megan Lusby, UAB

2017-2018 Brett Koermer, CVP Medical ICU Duke

2018-2019 Hannah McHugh, Faculty South College

2019-2020 Ben Carrion, prn @ Duke, PA-C

2020-2021 Nicolle Stein, CVP @ Duke In-Patient Pulmonary

2021-2022 Tyler Mullen, CVP @ Duke, Thoracic Surgery

2023-2024 Tyanna Eaddy-Harris, Duke Out-pt CVP Rehab

2024-2025 Catherine Bergeron, present CVP Resident



(Dan Dore, Tamara and Rebecca with Residency Team)

The Ann Arbor VA Cardiovascular and Pulmonary Residency

Alex Sciaky was interviewed to discuss how the Ann Arbor program was started:

How did the program at Ann Arbor get started? Who started the talks, who planned everything, who was involved...how long did it take?

The VA Ann Arbor Healthcare System (VAAHS) Cardiovascular and Pulmonary (CVP) PT Residency Program started in 2012. I was a CVP clinical specialist and the coordinator of clinical education there at that time. The VA national PT leadership, headed by Bill Wenniger, PT was working with the VA Office of Academic Affiliations (OAA) and advocating for the initiation and funding of PT residency programs across the VA system. Healthcare provider education is part of the VA's mission. It was felt that residency programs would significantly enhance the quality of physical therapy care for veterans. In 2011, a Request for Proposals (RFP) for PT residency programs was sent out by OAA across the VA system. I responded with a proposal for a CVP PT residency at the VAAHS in June 2011. I created and gathered the proposal documents on my own. Putting the proposal together involved getting letters of support from the Chief of Staff, Director of Physical Medicine and Rehabilitation, Chief of Physical Therapy, and the facility Designated Education Officer. Eventual accreditation by ABPTRFE was required so I included the proposed curriculum, faculty, resources needed and partnerships with affiliated University of Michigan staff and faculty. The proposal took about 6 weeks to complete. OAA and PT leadership reviewed the proposals. I found out the proposal was accepted about 3 months later in October, 2011. After that, Morgan Johanson, PT, Leslie Westbury PT, and others joined me in setting up the proposed residency program at VAAHS. We welcomed our first resident, Meghan (Lahart) Gusthurst, in July of 2012. Morgan Johanson, PT and I were the primary faculty.

What were some of the barriers with starting the VA program?

- Finding time to complete the proposal and later, the ABPTRFE accreditation application.
- Finding effective ways to recruit candidates for the residency program.
- Keeping everyone informed on how the residency program was progressing.

What are some of the highlights of the Ann Arbor VA residency program?

- We were the first CVP residency program in the VA and the second in the US.
- All of our residency graduates passed the ABPTS board certification for the first 9 years of the residency program (check with Stephanie after that). Many of them have gone on to present at APTA CSM, teach/become faculty in DPT programs

and CVP residency programs, serve as officers in APTA, conduct clinical research/guidelines, and publish papers in peer reviewed journals.

- The VAAHS CVP PT residency program is one of the few programs anywhere that offers residents clinical experiences across all settings (inpatient acute, outpatient, subacute rehab, ICU) and across the lifespan (pediatrics is through our partners).
- Residents are paid a stipend through the VA Office of Academic Affiliations and there are no fees charged to the resident to attend the program.

How did you roll your program out to other VAs?

That was done through further RFP's sent out by OAA as funding for expansion in the VA system became available. Each facility had to submit their own proposal(s) depending on what kind of residency program(s) they wanted to have. By 2019, there were 3 total CVP residencies and 12 more in other specialties (Orthopedic, Neurologic and Geriatric) across 9 VA facilities.

What would you tell others who are thinking about starting a residency?

It's definitely worth the effort. ABPTRFE gives a lot of guidance on accreditation so check their requirements to see what is all involved. Be sure you have a competent director and faculty for the program. Planning is important. Reach out to established programs that are similar to what you have in mind and ask for their advice.

The Ann Arbor Residents:

2013-14 Meghan (Lahart) Gusthurst
2014-15 Rachele Burriesci /Sagan Everett
2015-16 Alysha Walter /Nanette Hannum (now Pfitzenmaier)
2016-17 Amber Vaughn/ Deidre Matt
2017-18 Daniel Sternberg
2018-2019 Crystal Gluch
2019-2020 Lindsey McAlonan
2020-21 Jessica Vogt (now Branch)
2021-22 Josh Pate
2022-23: Justin Stewart
2023-24: No resident
2024-25: Sophie Grossnickle

Ann Arbor CVP Faculty and Residents



(L-R) Sagan Everett PT, CCS, Nanette Hannum, PT, CCS, Morgan Johanson, PT CCS (faculty), Alysha Walter, PT, CCS, Alex Sciaky, PT, CCS (faculty) Rachele Burriesci, PT, CCS (faculty), Meghan Gusthurst, PT, CCS

Re -Accreditation and Site Visits as Reported by Ethel Freese, PT, DPT, MHS, CCS, FAPTA:

I have served as a residency program accreditation site team reviewer since 2010. The American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) accreditation process is based on peer review by a site team. The focus of accreditation is to ensure that programs are providing high quality content that will enhance patient care and advance the profession as well as meeting the program's mission, goals and outcomes.

The site team is responsible for completing a thorough review of a program's submitted self-evaluation report prior to the site visit. Site teams conduct site visits of programs seeking initial accreditation, renewal of accreditation, and focused onsite visits required of programs. The purpose of the site team visit is to ensure that the program meets its mission and goals, and the participant is successfully achieving program requirements via interviews with administration, faculty, staff, program participants and graduates. The team is responsible for documenting whether programs at least minimally meet ABPTRFE Quality Standards by completing the Accreditation Report Rubric.

The site team is comprised of three members, each of whom have a specific role. The team lead is responsible for ensuring that team members complete their tasks during the evaluation visit and submit their completed assigned portions of the Accreditation Report Rubric within two weeks after the site visit. The Team Lead also is responsible

for reviewing the completed rubric prior to submitting the rubric to ABPTRFE within four weeks of the completed site visit. The Program Administration/Outcomes team member reviews the program's administrative operations including the effective implementation and data collection on the achievement of the mission and goals. The Practice Area Expert team member is an expert in the program's content area and is responsible for reviewing the program's curriculum and mentoring practices to verify that quality instruction and learning activities are provided to participants that support the achievement of program outcomes.

The accreditation review process is very thorough and time consuming, but I have enjoyed the opportunity to participate in this process. I have primarily served as the team lead or content expert and I have found it valuable to learn about the variety of residency programs across the country and meeting the dedicated members of each residency program. I have been very impressed with the quality of the programs that I have had the privilege of visiting and I think that residency programs are a valuable asset to our profession.

Highlights of the First Residency Directors

Rebecca H. Crouch, PT, DPT, MS, CCS, MAACVPR



Rebecca Crouch, PT, DPT, MS, CCS, MAACVPR received her Bachelors of Science in Physical Therapy from Georgia State University and her Masters of Science in Exercise Physiology and Adult Education as well as her Doctor of Physical Therapy from the University of North Carolina Chapel Hill. Rebecca is an APTA Board Certified Cardiovascular and Pulmonary Specialist and is also a Master Fellow of the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). Rebecca is the former Co-Director of the first accredited APTA Cardiovascular and Pulmonary Residency program and Director of PR at DUMC where she continues her clinical practice in acute cardiopulmonary PT.

Rebecca was formerly an Assistant Professor in the DPT program at Campbell University where she taught Hospital Based Practice, Pathophysiology, Health and Wellness and Cardiopulmonary Practice. Her research interests cover outcome testing and best practices in CVP patient care. She has presented at Combined Sections Meetings, American Thoracic Society Meetings, and AACVPR meetings. She was the co-editor of the 3rd and 4th editions of the AACVPR Guidelines for Pulmonary Rehabilitation programs and contributor to the 5th edition. She has written the Pulmonary Rehabilitation in the 3rd, 4th and 5th editions of the Hillegass text Essentials of Cardiopulmonary Physical Therapy texts and has co-authored numerous peer reviewed articles and guidelines outlining the practice components of Pulmonary Rehabilitation.

When did you first get involved in the Cardiopulmonary Section/Academy of CV&P?

In my early career, I was asked to assist with the development of an in-patient Cardiac Rehabilitation program at The University of Massachusetts Medical Center in Worcester, MA. With the preparation and study needed to put the program together, I found that in-depth study of the Cardiopulmonary systems was fascinating and challenging. I wanted to learn more from other PT Experts! I soon discovered my path to doing that was through the APTA Cardiopulmonary "Section".

Who were some of your mentors?

I worked as a PT Aide at a large medical center in Atlanta for two summers prior to stating my PT curriculum. My mentor was Norma Yucel, PT. Norma was from England, having attended PT school there. In the English PT curriculum, cardiopulmonary education occupied a large portion of the PT curriculum and extensive practice and experience in the field was common. Even as an Aide, Norma took the time to teach and mentor me in CVP patient care.

How have you practiced cardiopulmonary (what types of settings) and what are your proudest achievements?

My CVP practice has been in in-patient and out-patient Cardiac and Pulmonary Rehabilitation. At Duke University Hospital, I developed and managed a CVP team of PT's who performed the Pulmonary Care (primarily Chest PT) for the entire 1000 bed hospital. I later developed the Out-patient Pulmonary Rehabilitation and Heart Failure program at Duke. The inter-disciplinary programs are vibrant 40 years later.

I consider myself very fortunate to be a part of the team at Duke that developed the first APTA Cardiovascular and Pulmonary Residency. Duke already had several APTA Residency programs, therefore we had tremendous support and encouragement with our effort!

What is your advice to give someone to keep updated in our field, and what worked for you?

Read Journal articles related to Cardiopulmonary research.

Get involved in other organizations, in addition to APTA, whose mission is to discuss and innovate in CVP health care.

What is the most important issue for the CVP Academy to address in the future?

To continue to educate others in health care fields of the importance of PT practice and involvement in the care of CVP patients. There continues to be a large gap in the understanding of the PT's scope of practice with Cardiovascular and Pulmonary patients. The Academy must prioritize the education of other health care providers, but also the public, in the usefulness and necessity of CVP Physical Therapists.

Alexandra (Alex) Sciaky, PT, MS, DPT, CCS



Alex is an American Board of Physical Therapy Specialties (ABPTS) certified clinical specialist in cardiovascular and pulmonary physical therapy (since 1987) with 40 years of clinical experience in acute, critical care, subacute and outpatient settings. She has served as the Chair of the ABPTS Cardiovascular and Pulmonary Specialty Council and practice analysis coordinator for their specialty competency revalidation. She has extensive clinical education experience including serving on the faculty for the APTA Train-the Trainer Program and starting the first Cardiovascular and Pulmonary PT residency program in the U.S. Veterans Affairs Health System. She started the first ICU mobility program at Michigan Medicine in Ann Arbor, has authored 15 peer-reviewed publications, and has made numerous presentations at local, state and national levels in the areas of cardiovascular and pulmonary physical therapy and clinical education. She also held the position of Chief of Physical Therapy and Occupational Therapy at the VA Ann Arbor Healthcare System for 8 years. Her physical therapy degrees are from

Marquette University (BS) and MGH Institute of Health Professions (post professional MS and DPT).

When did you first get involved in the Academy of Cardiovascular and Pulmonary PT?

I got involved after Colleen Kigin took me to a CVP business meeting at CSM in 1986. I was working at Massachusetts General Hospital (MGH) in the Chest Physical Therapy Department and getting a post-professional Master's at the new MGH Institute of Health Professions (MGHIHP). Colleen was my boss at work and my adviser at school. She took me around and introduced me to all the officers and many members that were active in the Section (as it was called back then). She inspired me to get involved and I did!

Who were some of your mentors?

I was very fortunate to have many mentors over the years. In addition to Colleen Kigin, I had Cyndi Zadaï as an adviser at MGHIHP. I also considered Donna Frownfelter (pulmonary care, teaching, writing a book chapter) Mary Massery (pulmonary care, leading in continuing education), Nancy Ciesla (ICU mobility, pulmonary care, clinical research), Meryl Cohen (cardiac rehab), Mica Rie (pulmonary care manual techniques), Leslie Westbury (PT department management, Veterans Affairs Health Care System) Jody Gandy (teaching, clinical instructor education) and Michele Thorman (cardiac rehab, wound care) to be my mentors.

How have you practiced CVP (settings) and what are your proudest achievements?

I am proud to say that I have practiced CVP PT clinically across a full spectrum of settings across 4 different states (WI, MA, PA, MI). These settings include critical care, inpatient acute care, outpatient cardiac and pulmonary rehab programs, subacute rehab and pediatric settings. I have also practiced CVP PT education at multiple levels: patient education (my chapter in Donna Frownfelter's CVP PT textbook was on it), staff education, clinical instructor for PT/PTA students, PT/PTA continuing education provider and CVP residency faculty. I was an assistant professor teaching the CVP content in the DPT Program at Chatham University in Pittsburgh, PA and I co-founded an on line CVP PT continuing education company with Ellen Hillegass and Rebecca Crouch. One of the things I love the most about being a PT is that I'm able to pursue my two greatest passions: cardiopulmonary care and teaching. My proudest achievements are starting and teaching in the first CVP residency program in the Veterans Affairs Healthcare System and improving the lives of so many patients with cardiopulmonary conditions.

What is your advice to give someone to keep updated in our field, and what worked for you?

My advice to keep updated in our field is to become active in the APTA, especially the Academy of CVP PT, read peer-reviewed journals and book chapters related to your practice, find mentors, network with colleagues you respect and teach others what you have learned. Give back by mentoring the next generation of PTs/PTAs who will be providing CVP PT. These activities worked for me. I've also kept my ABPTS CVP PT board certification current for 38 years (and counting) to keep me on my toes!

What is the most important issue for the CVP Academy to address in the future?

I think the Academy needs to find ways for PTs to effectively communicate and validate their value in providing cardiopulmonary care across all settings. Physical therapists have more to offer patients who are recovering from cardiovascular and pulmonary conditions than most healthcare systems and insurance companies realize. If they were more aware of the value, they would have more evidence to choose PT over other professions to provide CVP care.

Haley Bento, PT, DPT, CCS, Chair of Residency Groups



Haley Bento is an assistant professor (clinical) at University of Utah in the Department of Physical Therapy and Athletic Training. Haley was a member of the critical care team at University of Utah Health, mainly on the Cardiovascular ICU where she enjoyed being a part of the care team for these very complex patients and engaging in research and quality improvement as a clinician researcher. Haley's research has focused on early mobility on life support devices such as "Walking While Dialyzing", and interventions such as inspiratory muscle training. In 2021, Haley developed two residency programs, one in Acute Care PT and one in Cardiopulmonary PT and became involved in the Academy as the chair for the residency group. Through this, Haley helps connect all CVP residency programs nationally for campaigns in marketing, showcasing specialized knowledge, and supporting residents and programs alike. Haley

found a true love of teaching through presenting at CSM on topics like patient prioritization and reducing co-treatment, and after several years of adjunct teaching at both University of Utah and Baylor University DPT programs, decided to move into academia full-time in 2022. Haley is working to add to her research skills and hopes to be able to contribute to our shared knowledge surrounding best practice for patients in the cardiopulmonary world, especially those receiving heart and lung transplants and to keep teaching DPT students, residents, and the community about the importance of PT in CVP populations and in acute care settings.

When did you first get involved in the Cardiopulmonary Section/Academy of CV&P?

I joined the academy right out of school as I had accepted a job in the CVICU. It wasn't until I decided to study for the CCS exam, however, that I became an active member, connecting with other members for mentorship, and attended a weekend course where I met other members and clinicians. Meeting the new CCS's at the CSM ceremony the next year felt like I had found my people, and I have been working hard ever since to get to know people within this community and do what I can to help the academy!

Who were some of your mentors?

I was fortunate enough to teach as an adjunct alongside some wonderful mentors including the recently retired Ed Gappmaier at University of Utah and be part of an incredible adjunct group teaching with Rich Severin at Baylor University for several years. That Baylor teaching team was full of incredible clinicians and educators such as Kayla Black and Angie MacCabe who certainly played a role in me being where I am today. In the clinical world, I owe my gratitude to Bryan Lohse, who has always been an exemplary role model for me of a truly patient-centered clinician. And in the residency world, connecting with Ellen Hillegass was instrumental in gaining the confidence to design and start two residency programs where I get to be a mentor to new clinicians coming up in our specialty area.

How have you practiced cardiopulmonary (what types of settings) and what are your proudest achievements?

I thought I was unlucky when I was placed in the CVICU as a student PT. It turned out to be a setting where I thrived, and I was offered a position there afterwards. I never looked back. I loved this clinical setting and the challenges that came with it. Some of my proudest achievements are related to being able to do research and quality improvement as a clinician, and in designing and implementing a series of ICU simulations for our DPT students to improve their readiness to practice in this area.

What is your advice to give someone to keep updated in our field, and what worked for you?

Make time to go to the conferences. The programming is always fantastic, but the networking and learning from those in our field is where the real value is. I also always encourage people to connect with others via email/zoom/phone. I've had so many wonderful conversations with people across the country that have sparked innovation and helped keep us all engaged and excited about our careers.

What is the most important issue for CVP Academy to address in the future?

PT's in more of a primary care role. We have made huge strides with the vitals are vitals campaign, but we still have a long way to go in ensuring ALL PT's – not just those in our specialty area- are capable of managing chronic cardiopulmonary conditions and performing appropriate screening of all patients in these body systems. As heart disease prevalence keeps increasing, we need to find a way to lead the whole profession in this endeavor.



First Residency Case Studies presentation at CSM 2019 ; 2 Mercer Residents presented their cases (from L to R Stephen Ramsey (resident faculty), Liana Geddes, Jenna Floyd Hightower, Ellen Hillegass(resident faculty))



(Left to Right picture on left: Kayla Jones, Yessenia Orozco (resident faculty), Kevin Shay, Meryl Cohen(residency faculty), Sabine Gempel(resident faculty), Larry Cahalin(resident faculty)

(Left to right pic on right: Sabine Gempel(faculty), Lauren McGehee, Larry Cahalin(faculty))



(LEFT TO RIGHT: Lauren McGehee resident, Meryl Cohen(faculty), Sabine Gempel(faculty))

Some pictures from the Ann Arbor VA Residency Program

