NATIONAL INSTITUTE FOR HEALTH SPECIALITIES

NIHS Program Requirements for Speech and Language Pathology Transition to Practice Program

The Emirati Board in Speech and Language Pathology Transition to Practice Program is expected to define its specific program aims consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves and that its graduates will serve, and the distinctive capabilities of clinicians it intends to graduate. The Program must demonstrate substantial compliance with the Common and specialty-specific Program Requirements.

Where applicable, text in italics describes the underlying philosophy of the requirements in that section. These philosophical statements are not program requirements and are therefore not citable.

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Introduction

Int. A. Preamble

Allied health professional education is crucial to the strength, resilience, and effectiveness of any modern health system. These professionals, including physiotherapists, Speech and Language pathologists, medical laboratory scientists, radiographers, nutritionists, and others, are essential members of the healthcare workforce who provide diagnostic, therapeutic, and support services that complement the roles of physicians and nurses.

Allied health education is foundational to a well-functioning health system. It:

- Empowers professionals to practice safely and effectively.
- Strengthens the workforce across all levels of care.
- Elevates patient care through specialized knowledge and skills.

Investing in allied health education means investing in better health outcomes, stronger systems, and healthier communities.

Int. B. Program Goals

Transition to Practice refers to the process by which newly qualified healthcare professionals move from academic training into real-world clinical practice. It involves gaining practical experience, building confidence, and applying theoretical knowledge in clinical settings under supervision or mentorship.

The program is defined as a planned, comprehensive period during which allied healthcare professional learners can acquire the knowledge and skills to deliver safe, quality care in a specific practice setting.

The program is the entire transition to practice experience, including, but not limited to, orientation, series of learning classroom/didactic lessons, simulation, enculturation, and practice-based learning. Those activities are intended to foster the process of professional role socialization, which involves the acquisition of knowledge, skills, attitudes, values, norms, and roles associated with the practice of a profession, and promote retention of new nurses through successful implementation of the program.

Int. C. Definition of the Program

Speech therapy/Speech and language pathology is a healthcare profession that focuses on the assessment, diagnosis, and treatment of communication, speech, language, voice, fluency, and swallowing disorders across the lifespan.

Speech pathologists work to improve individuals' ability to communicate effectively and swallow safely, enhancing their quality of life and functional independence.

Key areas of speech pathology practice:

- Speech disorders
- Articulation delays

- Phonological disorders
- Motor speech disorders (e.g., apraxia, dysarthria)
- Language disorders
  - Delayed language development
  - Receptive and expressive language difficulties
  - Language-based learning difficulties
  - Aphasia (language loss after brain injury)
- Fluency disorders
  - Stuttering (developmental or acquired)
  - Cluttering
- Voice disorders
  - Vocal cord dysfunction
  - Hoarseness, vocal fatigue
  - Voice changes due to neurological or structural causes
- Swallowing disorders (dysphagia)
  - In infants, children, and adults
  - Often associated with neurological conditions, head and neck cancer, or developmental disabilities
- Social communication (pragmatics)
  - Challenges in using language in socially appropriate ways
  - Common in autism spectrum disorder (ASD) or social communication disorder
- Augmentative and alternative communication (AAC)
  - Use of systems or devices to support or replace spoken communication
- Cognitive-communication disorders
  - Problems with memory, attention, problem-solving, and reasoning
  - Often seen in individuals with brain injury, stroke, or dementia

Int. D. Length of educational program

The program shall occur continuously over a period of no less than 6 months. (Core)

- The length of the program must be designed as not less than 6 months in a healthcare environment specific to the specialty. (Core)
- The program may be extended for an additional 3-6 months to reach specific targets. (Core)

I. Oversight

I.A. Sponsoring Institution

The Sponsoring Institution is the entity that assumes the ultimate financial and academic responsibility for a program of Speech and Language Pathology transition to practice education, consistent with the NIHS Institutional Requirements.

The Sponsoring Institution must be the primary clinical defined as the most utilized rotation site of clinical activity for the program.

I.A.1. The program must be sponsored by one NIHS-accredited Sponsoring Institution or demonstrate consistency with NIHS Institutional requirements, judged acceptable by Central Accreditation Committee. (Core)

I.A.2. At least one site must be assigned for training to assume responsibility for each specialty allied healthcare professional Transition to Practice program. (Core)

I.A.3. A letter of commitment, the need for the program and pledged support must be available. (Core)

I.A.4. Timely and effective internal relationships with all program teams and stakeholders must be evidenced by documentation of meetings and protocols for communication. (Core)

I.A.5. The sponsoring institution must actively pursue strategies centered around mission-driven, continuous, and systematic efforts to attract and retain a diverse and inclusive workforce for the program. (Core)

I.A.5.a) This includes program leadership team, program teaching-learning force and others as required for successful program implementation as per the standards. (Core)

I.B. Participating Sites

A participating site is an entity that provides educational experience or educational assignments/rotations for trainees.

I.B.1. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)

I.B.2. There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)

I.B.2.a) The PLA must:

I.B.2.a)(1) be renewed at least every 5 years; (Core)

I.B.2.a)(2) be approved by the designated institutional official (DIO); (Core)

I.B.2.a)(3) specify the duration and content of the educational experience; (Core)

I.B.2.a)(4) state the policies and procedures that will govern trainee education during the assignment; (Core)

I.B.2.a)(5) identify the faculty members who will assume educational and supervisory responsibility for trainees; (Core)

I.B.2.a)(6) specify the responsibilities for teaching, supervision, and formal evaluation of trainees. (Core)

I.B.3. The program must monitor the clinical learning and working environment at all participating sites. (Core)

I.B.3.a) At each participating site there must be one faculty member, designated by the sponsoring institution as the Associate Program Director, who is accountable for trainee education at that site, in collaboration with the program director. (Core)

I.B.4. Trainees' assignments away from the Sponsoring Institution should not prevent trainees' regular participation in required didactics. (Core)

I.C. Resources

I.C.1. The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for trainee education. including lecture rooms, skills labs, recreation, and gender-sensitive amenities. (Core)

I.C.2. The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote trainee well-being and provide for (Core):

I.C.2.a) access to food while on duty; (Core)

I.C.2.b) security and safety measures appropriate to the participating site. (Core)

I.C.2.c) clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)

I.C.2.d) access to well-equipped simulation lab. (Core)

I.C.3. Trainees must have ready access to updated specific allied healthcare professionals reference material in print or electronic format. This must include access to electronic specialty literature databases with full text capabilities. (Core)

I.C.4. The program's educational and clinical resources must be adequate to support the number of trainees appointed to the program. (Core)

I.C.4.a) A sufficient population of patients with a variety of demographic, socioeconomic backgrounds, and disease patterns to allow for effective and comprehensive training experiences. (Core)

I.C.4.c) The program must provide a positive learning environment in a flexible, compassionate culture promoting teamwork and interdisciplinary and interprofessional learning environment. (Core)

I.C.5. For a transition-to-practice educational program for speech and language pathology, the clinical resources must focus on providing hands-on experience, direct patient care exposure, and opportunities to practice essential skills. (Core)

I.C.6. All sites must have the necessary tools for assessments, evaluations and interventions of the disorders served by the site: (Core)

I.C.6.a) sites serving adult disorders should have the full array of tools for the management of the conditions on the case load of its clinicians; (Core)

I.C.6.b) sites serving pediatric disorders are also to be upheld to the same standards. (Core)

I.D. Other Learners and Other Care Providers

The presence of other learners and other care providers, including, but not limited to, interns from other programs and residents (including nursing and medical) must enrich the appointed interns' education. (Core)

I.D.1. The program must report circumstances when the presence of other learners has interfered with the interns' education to the DIO and to the graduate medical education committee (GMEC). (Core)

II. Personnel

II.A. Program Director

II.A.1. There must be one faculty member appointed as program director for the speech and language pathology transition to practice program with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)

II.A.1.a) The Sponsoring Institution's GMEC must approve a change in program director. (Core)

II.A.1.b) The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)

II.A.1.c) The Program Director position shall be assumed for a minimum of 3 years to ensure continuity. (Core)

II.A.2. At a minimum, the program director must be provided with the salary support required to devote 50 percent FTE of non-clinical time to the administration of the program. (Core)

II.A.2.a) Additionally, the program director must be provided with:

II.A.2.a)(1) Workspace, equipment and technology, administration support, resources. (Core)

II.A.2.a)(2) A stated clear job description defining expectations and accountability and reporting structure. (Core)

II.A.3. Qualifications of the program director:

II.A.3.a) must include knowledge and/or experience in adult learning principles and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Central Accreditation Committee; (Core)

II.A.3.b) must have a graduate degree in speech and language pathology, a valid license and should have educational qualifications or experience in adult learning principles; (Core)

II.A.3.c) must include appropriate staff appointment; (Core)

II.A.3.d) must include ongoing clinical activity. (Core)

II.A.4. Program Director Responsibilities

The program director must have responsibility, authority, and accountability for administration and operations; teaching and scholarly activity; trainee recruitment and selection, evaluation, and promotion and disciplinary action; supervision of trainees; and trainee education in the context of patient care. (Core)

II.A.4.a) The program director must:

II.A.4.a)(1) be a role model of professionalism; (Core)

II.A.4.a)(2) design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)

II.A.4.a)(3) administer and maintain a learning environment conducive to educating the trainees in each of the competency domains; (Core)

II.A.4.a)(4) develop and oversee a process to evaluate preceptors prior to approval as faculty members for participation in the trainees' education and at least annually thereafter; (Core)

II.A.4.a)(5) have the authority to approve and/or remove preceptors for participation in the traineeship program education at all sites; (Core)

II.A.4.a)(6) have the authority to remove trainees from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)

II.A.4.a)(7) submit accurate and complete information required and requested by the DIO, GMEC, and NIHS; (Core)

II.A.4.a)(8) provide a learning and working environment in which trainees can raise concerns and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)

II.A.4.a)(9) ensure the program's compliance with the Sponsoring Institution's policies and procedures for due process when action is taken to suspend or dismiss, not to promote, or not to renew the appointment of a trainee; (Core)

II.A.4.a)(10) ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)

II.A.4.a)(11) document verification of program completion for all graduating inters within 30 days; (Core)

II.A.4.a)(12) obtain review and approval of the Sponsoring Institution's DIO before submitting information, as required in the Institutional Requirements and outlined in the NIHS guidelines to the Program Requirements. (Core)

II.A.4.a)(13) Ensure, for each trainee, the completion of all the program requirements and documentation as per the program curriculum. (Core)

II.A.4.a)(14) Participate, for each trainee, in competency management in collaboration with the preceptor. (Core)

II.A.5. Associate Program Director (APD)

II.A.5.a) The sponsoring institution must appoint in each participating sites, one individual which will function as associate program director to support the PD by actively participating in administrative and educational activities (Core)

II.A.5.b) The associate program director is responsible and accountable to: (Core)

II.A.5.b)(1) Ensure that all components of the program are consistently operationalized within their assigned participating site. (Core)

II.A.5.b)(2) Plan the trainees' distribution within their clinical rotation in assigned participating site. (Core)

II.A.5.b)(3) Support PD in overseeing the clinical and administrative aspects of the program. (Core)

II.A.5.c) The designated APD should possess a valid license in its own specialty and should have educational qualifications or experience in adult learning principles. (Core)

II.A.5.d) At a minimum, the APD must be provided with 0.3 FTE of protected time for education and program administration. (Core)

II.A.5.e) APD should assume the role for a duration suitable for ensuring program continuity and stability. (Core)

II.B. Faculty

Faculty members provide an important bridge allowing trainees to grow, ensuring that patients receive the highest quality of care. They are role models for future generations by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning.

Faculty members ensure that patients receive the level of care expected in the field. They recognize and respond to the needs of the patients, trainees, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the trainees and themselves.

II.B.1. At each participating site, there must be enough faculty members with competence to instruct and supervise all trainees at that location. (Core)

II.B.2. Faculty members must:

II.B.2.a) be role models of professionalism; (Core)

II.B.2.b) demonstrate commitment to the delivery of safe, quality, cost-effective, patient-centered care; (Core)

II.B.2.c) demonstrate a strong interest in the education of trainees; (Core)

II.B.2.d) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)

II.B.2.e) administer and maintain an educational environment conducive to educating trainees; (Core)

II.B.2.f) regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Core)

II.B.3. Faculty members consist of:

II.B.3.a) Preceptors (Core)

A preceptor is an experienced allied healthcare professional with excellent technical/clinical skills and can facilitate learning and build confidence in the learner.

II.B.3.a)(1) The ratio of preceptors to trainees must be 1:1. (Core)

II.B.3.a)(2) Preceptors qualifications:

II.B.3.a)(2)(a) The preceptor should possess a minimum baccalaureate degree in speech and language pathology, a valid license and preferably have educational qualifications or experience in adult learning principles. (Core)

II.B.3.a)(3) Preceptor is responsible and accountable to: (Core)

II.B.3.a)(3)(a) ensure positive trainees' learning experience through competency management, integration into the interprofessional team, provision of guidance in the clinical tasks and responsibilities, identification of learning needs and monitoring their progress. (Core)

II.B.3.a)(3)(b) demonstrate support, advocacy, and accountability toward successful program implementation. (Core)

II.B.3.b) Interprofessional Team

Interprofessional team refers to all other health professionals within the participating site.

II.B.3.b)(1) The interprofessional team must have a supportive and integrated role in the trainee learning process. (Core)

II.B.3.b)(2) Members of the interprofessional team may act as mentors and educators for the trainees to advance their competency and performance for a defined practice area toward achieving program goals and best patient care. (Core)

II.B.3.b)(3) The interprofessional team must document the achievements of the intended objectives as part of their role in the trainees' teaching and learning process. (Core)

II.B.3.b)(4) Collaborative care and interdisciplinary learning must be provided through attendance at multidisciplinary team meetings, case conferences, daily liaison with other professions to include providing handovers, education on treatment programs, joint goal setting. (Core)

II.B.3.b)(4)(a) The trainee must be able to demonstrate understanding of roles of other key professionals e.g. physicians, other allied health professionals, and case management. (Core)

II.B.4. Program Coordinator

II.B.4.a) There must be a program coordinator. (Core)

II.B.4.b) At a minimum, the program coordinator must be provided with adequate time for the administration of the program. (Core)

III. Interns Appointments

III.A. Eligibility Requirements

A trainee is a Speech Therapist or Speech and Language Pathologist, newly graduated from an accredited university and possesses experience in alignment with the UAE Health Regulatory PQR requirements. (Core)

III.A.1. An applicant must meet the following qualifications to be eligible for an appointment to a NIHS-accredited program: (Core)

III.A.1.a) Refer to NIHS criteria included in the Training Bylaw. (Core)

III.A.1.b) Be eligible for a license as Speech Therapist or Speech and Language Pathologist in UAE. (Core)

III.A.1.c) Employed by the Sponsoring Institution as full-time employment. (Core)

III.B. Number of Trainees

III.B.1. The number of trainees appointed to the program must not exceed the program's educational and clinical resources. (Core)

IV. Educational Program

The NIHS accreditation system is designed to encourage excellence and innovation in nursing education regardless of the organizational affiliation, size, or location of the program.

The educational program must support the development of knowledgeable, skillful nurses who provide compassionate care.

IV.A. Core Competencies

Mandatory core competencies shall be integrated into the curriculum and completed within the first 6 months of the program and must be repeated periodically as indicated. (Core)

IV.A.1. Mandatory competency is the minimum level of professional abilities that all trainees must be competent in.

IV.A.1.a) Trainee must demonstrate competent level in all mandatory competencies listed below, as applied to their specialty, within the first 3 months of program start. (Core)

IV.A.1.a)(1) Infection prevention and control

IV.A.1.a)(2) Effective clinical communication using a standardized tool (e.g. SBAR)

IV.A.1.a)(3) Environmental safety

IV.A.1.a)(4) Occupational health and safety

IV.A.1.a)(5) Health education and promotion

IV.A.1.a)(6) Basic disaster management

IV.A.1.a)(7) Pain management

IV.A.1.a)(8) Manual handling and ergonomics

IV.A.1.a)(9) Crash card and code management

IV.A.1.a)(10) Basic life support (BLS)

IV.A.1.a)(11) Early warning scoring system/early clinical deterioration detection

IV.A.1.a)(12) Age specific care

IV.A.1.a)(13) Basic mental health assessment

IV.A.1.a)(14) Behavioral changes

IV.A.1.a)(15) De-escalation

IV.A.2. Core competency is the volume of minimum skills and knowledge that allied healthcare professionals should have to practice. These competencies ensure that allied healthcare professionals can function within their scope of practice.

IV.A.2.a) Patient Care

The speech and language pathologist must demonstrate the ability to accurately diagnose and treat a variety of speech, language, voice, and swallowing disorders and provide appropriate counseling to patients and their families. (Core)

IV.A.2.a)(1) Assessment and Diagnosis:

Speech and language pathologists must demonstrate proficiency in performing comprehensive speech, language, voice, and swallowing assessments, interpreting their results, and arriving at the correct diagnosis. (Core)

IV.A.2.a)(2) Treatment and Management:

Speech and language pathologists must demonstrate the ability to plan and implement treatment interventions, such as language therapy, speech therapy, voice and resonance therapy, and swallowing rehabilitation. (Core)

IV.A.2.a)(3) Patient-Centered Care:

Speech and language pathologists must demonstrate skills to communicate effectively with patients, including tailoring explanations to patient needs and ensuring informed consent for procedures. (Core)

IV.A.2.a)(4) Multidisciplinary Collaboration:

Speech and language pathologists must work effectively within a team (e.g., ENT specialists, audiologists, psychologists) to manage complex cases of voice and swallowing disorders, as well as patients needing rehabilitation after the installation of hearing aids or cochlear implants. (Core)

IV.A.2.b) Medical Knowledge

The speech and language pathologists must demonstrate a thorough understanding of speech and hearing anatomy, pathology, diagnostic techniques, and evidence-based interventions. (Core)

IV.A.2.b)(1) Anatomy and physiology of the speech and hearing system. (Core)

In-depth knowledge of the anatomy and physiology of the Speech and Hearing systems to inform accurate diagnosis and treatment planning.

IV.A.2.b)(2) Hearing disorders and pathology. (Core)

Understanding various speech, language, voice, resonance, and swallowing disorders (including but not limited to speech sound production, resonance, voice, fluency, pre-linguistic communication, language comprehension and expression, pre-literacy and literacy skills, cognitive communication, social pragmatic communication, feeding and swallowing, alternative augmentative communication, and aural rehabilitation) and their differential diagnosis.

IV.A.2.b)(3) Diagnostic technology and techniques. (Core)

Proficiency with gold standard assessment tools for each of the subspecialities of speech and language pathology (e.g., videofluoroscopy to evaluate swallowing physiology).

IV.A.2.b)(4) Evidence-based practice. (Core)

Application of the latest research and evidence to guide clinical decision-making and treatment plans.

IV.A.2.c) Practice-Based Learning and Improvement

The speech and language pathologist must demonstrate engagement in self-assessment, participation in continuing education, and application of evidence-based research into clinical practice. (Core)

IV.A.2.c)(1) Research and evidence-based practice: (Core)

- Evidence of adherence to service guidelines.
- Understanding the departmental policies, procedures and guidelines through practice.
- Participation in case note audit.
- Participating in clinical audits.

IV.A.2.c)(2) Professional autonomy and accountability: (Core)

- Attendance at induction and mandatory training: fire, manual handling, health and safety.
- Understanding of own role in risk management, incident report system and awareness of and adherence to adherence to relevant policies and guidelines.

IV.A.2.c)(3) Prioritisation: (Core)

- Using prioritization system
- Meeting waiting list targets
- Balancing clinical/admin time
- Diary management

IV.A.2.d) Interpersonal and Communication Skills

The speech and language pathologist must communicate effectively with patients, families, and interdisciplinary teams, ensuring clear, compassionate, and culturally competent care. (Core)

IV.A.2.d)(1) Effective communication with patients:

Speech-language pathologists must be able to explain the results of assessments to patients and their families in a clear, empathetic, and culturally sensitive manner. (Core)

IV.A.2.d)(2) Interdisciplinary collaboration:

Speech and language pathologists must communicate effectively with other healthcare professionals (e.g., ENT doctors, neurologists, audiologists) for coordinated care. (Core)

IV.A.2.d)(3) Team-based care:

Speech and language pathologists must develop collaborative relationships with healthcare teams to ensure patients receive holistic care across multiple disciplines (e.g., sharing information and consulting with medical providers about co-morbid conditions). (Core)

IV.A.2.d)(4) Cultural competency:

Speech and language pathologists must show sensitivity to cultural differences and address patients' needs appropriately, taking into account their background, language, and unique needs. (Core)

IV.A.2.e) Professionalism

The speech and language pathologist must demonstrate integrity, ethical behavior, and commitment to providing high-quality, patient-centered care. (Core)

IV.A.2.e)(1) Ethical Practice:

The speech and language pathologist must adhere to professional ethical standards, including maintaining patient confidentiality, obtaining informed consent, and making decisions in the best interest of the patient. (Core)

IV.A.2.e)(2) Advocacy for Patients:

Speech and language pathologists must advocate for patients' communication and swallowing needs, ensuring that they have access to necessary interventions, resources, and technologies. (Core)

IV.A.2.e)(4) Accountability and Responsibility:

Speech and language pathologists must take responsibility for patient outcomes and demonstrate reliability and punctuality in clinical and educational settings. (Core)

IV.A.2.e)(5) Professional Development:

Speech and language pathologists must demonstrate a commitment to advancing the profession of speech and language pathology, participating in professional organizations, and engaging in advocacy, public health, and policy issues related to the profession. (Core)

IV.A.2.f) Systems-Based Practice

The speech and language pathologists demonstrate an understanding of the healthcare system, promotes patient safety, and advocates for access to necessary clinical services. (Core)

IV.A.2.f)(1) Healthcare Systems Understanding:

Demonstrate an understanding of how the healthcare system operates, including the roles of various healthcare providers and how to navigate insurance and reimbursement systems for Speech and language pathology services. (Core)

IV.A.2.f)(2) Cost-Effective Care:

Provide high-quality care while being mindful of cost-effectiveness, including understanding healthcare resource

utilization and prioritizing care based on patient needs. (Core)

IV.A.2.f)(3) Patient Safety:

Adhere to patient safety protocols, including infection control measures and the safe management of patients during procedures such as laryngoscopy and flexible fiberoptic swallowing/ voice assessments. (Core)

IV.A.2.f)(4) Advocacy for Audiology Services:

Advocate for expanding speech and language pathology services within healthcare systems, particularly in underserved or rural areas, to enhance access to hearing and balance care. (Core)

IV.A.3. Trainees must demonstrate a competent level in institutional unit specific competencies in the 6 months of the program as per the assigned clinical practice setting. (Core)

IV.A.4. Trainee must be validated against licensed specialized allied healthcare professionals' clinical leadership competencies. (Core)

IV.B. Curriculum Organization and Interns Experiences

A transition to practice curriculum for speech and language pathology is essential to bridge the gap between academic education and real-world clinical practice. This phase follows completion of an academic program or clinical traineeship and prepares speech and language pathologists to work independently in clinical settings.

The core curriculum must include monthly didactic sessions including ward rounds, clinical meetings, case presentations, and morbidity reviews, lectures, journal clubs and evidence reviews, multidisciplinary meetings, seminars, workshops, videos, demonstrations, simulation, standardized patient activities, reflective and interactive activities. (Core)

IV.B.1. The Educational Curriculum must contain the following educational components: (Core)

IV.B.1.a) A set of programs' aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates. (Core)

IV.B.1.b) Competency-based goals and objectives for each educational experience which are designed to promote efficient competency management and progress from novice to competent speech and language pathology professional. (Core)

IV.B.1.c) The program curriculum must focus on person-centered care; quality and safety; informatics and healthcare technologies; evidence-based practice and quality improvement; and personal, professional, and leadership development. (Core)

IV.B.2. Overall educational goals for the program must exist that are communicated to trainees and faculty. (Core)

IV.B.3. The program curriculum must include a process to demonstrate advancement in the trainees' knowledge of the basic principles of evidence-based practice and its application into clinical practice. (Core)

IV.B.4. Trainees must be provided with increasing responsibility in patient care and management according to the training stage. (Core)

IV.B.5. Trainees must be provided with protected time to participate in structured didactic activities. (Core)

IV.B.5.a) Didactic activities include, but are not limited to, lectures, conferences, courses, labs, asynchronous learning, case discussions, grand rounds, didactic teaching, journal clubs, and education in critical appraisal of medical evidence. (Core)

IV.B.6. Onboarding programs upon the program start for minimum of 5 days in length. (Core)

IV.B.7. The program must include a defined and documented mentorship process integrated within the overall trainees' learning experience toward achieving program goals and best patient care. (Core)

IV.B.8. The training should focus on enhancing technical, clinical, communication, and professional skills while ensuring a smooth integration into healthcare teams and patient care settings and must consist of the following rotations: (Core)

IV.B.8.a) Orientation

Rotation should orient new Speech and language pathologists to the workplace and set the foundation for clinical expectations and professional development. (Core)

- Tour of facilities (clinic rooms, patient care areas, etc.)
- Overview of clinical policies and procedures (e.g., patient flow, documentation, infection control).
- Training in using the EHR system to document patient histories, assessment results, and treatment plans.
- Ensuring familiarity with coding and billing procedures for speech and language pathology services.

- Meet with interdisciplinary team members (e.g., ENT specialists, audiologists, and nurses).
- Participate in team meetings and observe how communication flows in clinical and interprofessional settings.

IV.B.8.b) The clinical skills development phase should refine core Speech and Language pathology skills through direct supervision and gradual introduction to independent practice. (Core)

Training must focus on:

IV.B.8.b)(1) Assessment and diagnosis: (Core)

- Speech sound production
- Resonance
- Voice
- Fluency
- Pre-linguistic communication
- Language comprehension and expression
- Pre-literacy and literacy skills
- Cognitive communication
- Social (pragmatic) communication
- Feeding and swallowing
- Alternative and augmentative communication.

IV.B.8.b)(2) Treatment planning and management: (Core)

- Speech therapy
- Voice and resonance therapy
- Language therapy
- Aural (re)habilitation
- Swallowing rehabilitation

IV.B.8.b)(3) Patient education and counseling: (Core)

- Language therapy counseling
- Fluency counselling:
- Voice hygiene advice:
- Augmentative assistive technology:
- Swallowing counselling: (Core)

IV.B.8.b)(4) Supervised clinical practice: (Core)

- Shadowing
- Gradual increase in autonomy
- Emergency scenarios

IV.B.8.c) Professional development rotation with focus on: (Core)

- Interprofessional education
- Ethical and legal practice
- Cultural competency
- Time management and clinical documentation

IV.B.8.d) Independent practice readiness rotation. (Core)

IV.B.9. The curriculum must be structured to optimize trainees' educational experiences, the length of these experiences, and supervisory continuity. (Core)

IV.B.9.a) Assignment of rotations must be structured with sufficient length to provide quality educational experience, defined by continuity of patient care, ongoing supervision, relationships with faculty members, and high-quality assessment and feedback. (Core)

IV.B.9.b) Clinical experiences should be structured to facilitate learning in a manner that allows trainees to function as part of an effective interprofessional team. (Core)

IV.B.10. Onboarding Program

IV.B.10.a) The program must include a comprehensive and timed onboarding program initiated immediately upon trainee joining. (Core)

IV.B.10.b) The onboarding program must include defined learning objectives outlined in the program curriculum. (Core)

IV.B.10.c) The completion of the onboarding program must be documented with the trainee acknowledgment. (Core)

IV.B.10.d) The onboarding program design must include the following: (Core)

IV.B.10.d)(1) Process to ensure trainee orientation to the transition to the practice program. (Core)

IV.B.10.d)(2) Hospital onboarding module that assists in integrating the trainee into the participating site working place and includes following minimum aspects: (Core)

IV.B.10.d)(2)(i) Introduction to the participating site.

IV.B.10.d)(2)(ii) Human resource regulations and processes.

IV.B.10.d)(2)(iii) Environmental safety standards and processes.

IV.B.10.d)(2)(iv) Quality assurance standards, resources, and processes.

IV.B.10.d)(2)(v) Infection prevention and control standards, resources, and processes.

IV.B.10.d)(2)(vi) Patient experience standards, resources, and processes.

IV.B.10.d)(2)(vii) Disaster management plan.

IV.B.10.d)(2)(viii) Employee health and safety standards, resources, and processes.

IV.B.10.d)(2)(ix) Informatics and healthcare technologies onboarding module.

IV.B.10.e) Onboarding module assists in integrating the trainees into practice model within the participating site and includes following minimum aspects: (Core)

IV.B.10.e)(1) Introduction to department.

IV.B.10.e)(2) Scope of practice.

IV.B.10.e)(3) Scope of service.

IV.B.10.e)(4) Professionalism and code of conduct.

IV.B.10.e)(5) Clinical care model and cultural awareness standards and practices.

IV.B.10.e)(6) Social determinants of health.

IV.C. Scholarship

Scholarly activities must include discovery, integration, application, and teaching.

IV.C.1. Program Responsibilities

IV.C.1.a) The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)

IV.C.1.b) The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate trainees and faculty involvement in scholarly activities. (Core)

IV.C.1.c) The program must advance trainees' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)

IV.C.2. Faculty Scholarly Activity

IV.C.2.a) Among their scholarly activity, programs must demonstrate accomplishments in at least one of the following domains: (Core)

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed journal publications, case-presentation publications
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

IV.C.3. Trainees Scholarly Activity

IV.C.3.a) While in the program, trainees must engage in at least one of the following scholarly activities: participation in grand rounds, posters, workshops, quality improvement presentations or podium presentations. (Core)

IV.C.3.b) Trainees must participate in scholarly projects. (Core)

IV.C.3.b)(1) Participation must include each trainee's presentation of a case report or a presentation to colleagues on a subject of interest, and/or development of a research or quality improvement project. (Core)

V. Evaluation

V.A. Trainees Evaluation

Formative and summative evaluation have distinct definitions.

Formative evaluation is monitoring trainee learning and providing ongoing feedback that can be used by trainees to improve their learning.

More specifically, formative evaluations help:

- trainees identify their strengths and weaknesses and target areas that need work.
- program directors and faculty members recognize where trainees are struggling and address problems immediately.

Summative evaluation is evaluating a trainee's learning by comparing the trainees against the goals and objectives of the rotation and program,

respectively and is utilized to make decisions about promotion to the next level of training, or program completion.

End-of-rotation evaluations have both summative and formative components. Information from a summative evaluation can be used formatively when trainees or faculty members use it to guide their efforts and activities in subsequent rotations and to successfully complete the educational program.

V.A.1. A planned, defined and implemented system of trainee assessment must be in place with clearly defined methods and an identified level of the expected outcomes. (Core)

V.A.2. There must be a system of formative documented evaluation of trainee's performance at the completion of the rotation and assignments. (Core)

V.A.3. The formative evaluator must:

V.A.3.a). Complete the trainee formative and summative evaluations at 0, 3 and 6 months of the program length. (Core)

V.A.3.b) Include a review of case volume to ascertain comprehensive coverage. (Core)

V.A.3.c) Use formal in-service cognitive exams to monitor knowledge when appropriate. (Core)

V.A.3.d) Document progressive trainee performance improvement and include it in trainees' portfolio. (Core)

V.A.3.e) Provide trainees with a documented quarterly evaluation on performance with feedback to guide their learning plans. (Core)

V.A.4. There must be a system of documented summative evaluation of trainee performance at the end of the program to verify that the trainee demonstrated sufficient competence to enter practice without supervision. (Core)

V.A.5. Successful completion of the program must be documented and demonstrate the achievements of following targets: (Core)

V.A.5.a) Successful completion of onboarding program. (Core)

V.A.5.b) Positive validation as competent in all program core and mandatory competencies. (Core)

V.A.5.c) Positive validation as novice in speech and language pathologist professionals' clinical leadership competencies. (Core)

V.A.5.d) Acceptable level of critical thinking skills in provision of speech and language pathology professional care. (Core)

V.A.5.e) Gradual increase in trainee clinical productivity hours up to 100% by end of the program. (Core)

V.A.5.f) As indicated, finalization of all requirements as part of remedial action plan. (Core)

V.A.5.g) Submission of at least 3 reflective practices. (Core)

V.A.6. Feedback and Evaluation

V.A.6.a) Faculty members must directly observe, evaluate, and frequently provide feedback on trainee performance during each rotation or similar educational assignment. (Core)

V.A.6.a)(1) More frequent feedback is strongly encouraged for trainees who have deficiencies that may result in a poor final rotation evaluation. (Core)

V.A.6.b) Evaluation must be documented at the completion of the assignment. (Core)

V.A.6.c) The program must provide an objective performance evaluation based on the Competencies, and must: (Core)

V.A.1.c)(1) use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members) (Core)

V.A.6.c)(2) provide that information to the Clinical Competency Committee for its synthesis of progressive trainee performance and improvement toward unsupervised practice. (Core)

V.A.6.d) The program director or their designee, with input from the Clinical Competency Committee, must:

V.A.6.d)(1) meet with and review with each trainee their documented quarterly evaluation of performance, including progress (Core)

V.A.6.d)(1)(a) review of trainee Case-Logs must be a part of the quarterly review. (Detail)

V.A.6.d)(2) assist trainees in developing individualized learning plans to capitalize on their strengths and identify areas for growth; (Core)

Trainees who are experiencing difficulties with achieving progress may require intervention to address specific deficiencies. Such intervention, documented in an

individual remediation plan developed by the program director or a faculty mentor and the trainee, will take a variety of forms based on the specific learning needs of the trainee. However, the NIHS recognizes that there are situations which require more significant intervention that may alter the time course of trainee progression. To ensure due process, it is essential that the program director follow NIHS and institutional policies and procedures.

V.A.6.e) The evaluations of a trainee's performance must be accessible for review by the trainee. (Core)

V.A.2. Final Evaluation

V.A.2.a) The program director must provide a final evaluation for each trainee upon completion of the program. (Core)

V.A.2.a)(1) The speech and language pathology competencies, and the Case Logs, must be used as tools to ensure trainees are able to engage in autonomous practice upon completion of the program. (Core)

V.A.2.a)(2) The final evaluation must:

V.A.2.a)(2)(a) validate readiness for independent clinical work and reinforce career development; (Core)

V.A.2.a)(2)(b) become part of the trainee's permanent record maintained by the institution, and must be accessible for review by the trainee in accordance with institutional policy; (Core)

V.A.2.a)(2)(c) verify that the trainee has demonstrated the knowledge, skills, and behaviours necessary to enter autonomous practice; (Core)

V.A.2.a)(2)(d) consider recommendations from the Clinical Competency Committee; (Core)

V.A.2.a)(2)(e) be shared with the trainee upon completion of the program. (Core)

V.A.2.b) The program should have defined evaluation methodology with supportive documentation process. (Core)

V.A.2.c) The outcomes of successful allied healthcare professional transition to practice program should reflect the following domains: (Core)

V.A.2.c)(1) Knowledge based practice: consistently demonstrate application of knowledge, skills, and attitudes in alignment with international standards and best practice. (Core)

V.A.2.c)(2) Professional responsibility: consistently demonstrate personal and professional responsibility. (Core)

V.A.2.c)(3) Ethical practice: practices with a caring ethic and acts in accordance with the current code of conduct and ethical practice standards in the United Arab Emirates. (Core)

V.A.2.c)(4) Provision of services to the public, the profession, and the healthcare system: provides effective and well managed allied healthcare in collaboration with client, family, and other health care providers team. (Core)

V.A.3. A Clinical Competency Committee must be appointed by the program director. (Core)

V.A.3.a) The Clinical Competency Committee must include at least three members of the program faculty, at least one of whom is a core faculty member. (Core)

V.A.3.a)(1) Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's trainees. (Core)

V.A.3.a)(2) The Program Director has final responsibility for trainee evaluation and promotion decisions. (Core)

V.A.3.b) The Clinical Competency Committee must:

V.A.3.b)(1) review all trainees evaluation at least quarterly; (Core)

V.A.3.b)(2) determine each trainee's progress on achievement of the specialty-specific Competencies; (Core)

V.A.3.b)(3) meet prior to the trainee's quarterly evaluations and advise the program director regarding each trainee's progress, promotion, remediation, or dismissal; (Core)

V.A.3.b)(4) meet at least quarterly, keep minutes of their meetings and report to the Program Director. (Core)

V.B. Faculty Evaluation

V.B.1. The program must have a process to evaluate each faculty

member's performance as it relates to the educational program at least annually. (Core)

V.B.1.a) This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, review of patient outcomes, professionalism, research, and scholarly activities. (Core)

V.B.1.b) This evaluation must include written, anonymous, and confidential evaluations by the trainees. (Core)

V.B.2. Faculty members must receive feedback on their evaluations at least annually. (Core)

V.B.3. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)

V.B.4. The program has the responsibility to evaluate and improve the program, faculty members' teaching, scholarship, professionalism, and quality care. Therefore, the annual review of the program's faculty members is mandatory and can be used as input into the Annual Program Evaluation. (Core)

V.C. Program Evaluation

V.C.1. The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)

The performance of trainees and faculty members reflects program quality and will use metrics to reflect the program's goals.

The Program Evaluation Committee must present the Annual Program Evaluation Report in a written form to be discussed with all program faculty and trainees as a part of continuous improvement plans.

V.C.1.a) The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least two or more trainees. (Core)

V.C.1.b) Program Evaluation Committee responsibilities must include:

V.C.1.b)(1) acting as an advisor to the program director, through program oversight; (Core)

V.C.1.b)(2) review of the program's requirements, both NIHS Emirati Board required and program self-determined goals, and the progress toward meeting them; (Core)

V.C.1.b)(3) guiding ongoing program improvement, including developing new goals based upon outcomes; (Core)

V.C.1.b)(4) review of the current operating environment to identify strengths, challenges, opportunities, and threats related to the program's mission and aims. (Core)

V.C.1.c) The Program Evaluation Committee should consider the following elements in its assessment of the program:

V.C.1.c)(1) program curriculum individualized for each specialty; (Core)

V.C.1.c)(2) outcomes from prior Annual Program Evaluation(s); (Core)

V.C.1.c)(3) NIHS letters of notification including citations, areas for improvement, and comments; (Core)

V.C.1.c)(4) the quality and safety of patient care; (Core)

V.C.1.c)(5) Aggregate trainees and the faculty:

V.C.1.c)(5)(a) engagement in quality improvement and patient safety; (Core)

V.C.1.c)(5)(b) trainees and faculty surveys; (Core)

V.C.1.c)(5)(c) written evaluations of the program. (Core)

V.C.1.c)(6) Aggregate trainee:

V.C.1.c)(6)(a) certification rates; (Core)

V.C.1.c)(6)(b) graduates' performance. (Core)

V.C.1.c)(6)(c) satisfaction level with the program. (Core)

V.C.1.c)(7) Aggregate faculty:

V.C.1.c)(7)(a) faculty evaluation; (Core)

V.C.1.c)(7)(b) professional development. (Core)

V.C.1.d) The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)

V.C.1.e) The Annual Program Evaluation review, including the action plan, must:

V.C.1.e)(1) be distributed to and discussed with the members of the teaching faculty and the trainees; (Core)

V.C.1.e)(2) be submitted to the DIO. (Core)

V.C.1.d) A process must be in place to incorporate stakeholder perspectives and feedback, ensuring that confidentiality is maintained. (Core)

V.C.2. The program will be accredited and reaccredited by the NIHS in accordance with the NIHS Accreditation Bylaws. (Core)

V.C.2.a) The program must complete a Self-Study before its reaccreditation Site Visit. (Core)

V.C.2.b) The Self-Study is an objective, comprehensive evaluation of the residency program with the aim to improve it. (Core)

V.C.3. The goal of NIHS-accredited education is to train nurses who seek and achieve a board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. (Core)

V.C.4. Under the guidance of the Program Director all eligible program graduates should take the certifying examination conducted by the NIHS Emirati Board to obtain the Board Certification. (Core)

VI. The Learning and Working Environment

Transition to practice education must occur in the context of a learning and working environment that emphasizes the following principles:

- Excellence in the safety and quality of care rendered to patients by trainees today.
- Excellence in the safety and quality of care rendered to patients by today's trainees in their future practice.
- Excellence in professionalism through faculty modeling of:
    - the effacement of self-interest in a humanistic environment.
    - the joy of curiosity, problem-solving, intellectual rigor, and discovery.
- Commitment to the well-being of the students, trainees, faculty members, and all members of the health care team.

VI.A. Patient Safety, Quality Improvement, Supervision and Accountability

VI.A.1. Patient Safety and Quality Improvement

Trainees must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating trainees will apply these skills to critique their future unsupervised practice and effect quality improvement measures.

VI.A.1.a) Patient Safety

VI.A.1.a)(1) Culture of Safety

VI.A.1.a)(1)(a) The program, its faculty and trainees, must actively participate in patient safety systems and contribute to a culture of safety. (Core)

VI.A.1.a)(1)(b) The program must have a structure that promotes safe, interprofessional, team-based care. (Core)

VI.A.1.a)(2) Education on Patient Safety

Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)

VI.A.1.a)(3) Patient Safety Events

VI.A.1.a)(3)(a) Trainees, faculty members, and other clinical staff members must:

- know their responsibilities in reporting patient safety events at the clinical site; (Core)
- know how to report patient safety events, including near misses, at the clinical site; (Core)
- be provided with summary information on their institution's patient safety reports. (Core)

VI.A.1.a)(3)(b) Trainees must participate as team members in real and/or simulated inter-professional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)

VI.A.1.a)(4) Education and Experience in Disclosure of Adverse Events

VI.A.1.a)(4)(a) All trainees must receive training in how to disclose adverse events to patients and families. (Core)

VI.A.1.a)(4)(b) Trainees should have the opportunity to participate in the disclosure of patient safety events, real or simulated. (Detail)

VI.A.1.b) Quality Improvement

VI.A.1.b)(1) Education in Quality Improvement

VI.A.1.b)(1)(a) A system must be in place for internal quality improvements. (Core)

VI.A.1.b)(1)(b) Documentation and reporting systems must be in place, including the production of guidelines, and reports. (Core)

VI.A.1.b)(1)(c) Trainees and faculty must be involved in quality improvement processes as part of interprofessional teams. The results must be used to improve the program. (Core)

VI.A.2. Supervision and Accountability

VI.A.2.a) Supervision in the setting of allied healthcare education provides safe and effective care to patients; ensures each trainee's development of the skills, knowledge, and attitudes required to enter the unsupervised practice and establishes a foundation for continued professional growth. (Core)

VI.A.2.b) Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervisor may be a resident. Other portions of care provided by the trainees can be adequately supervised by the appropriate availability of the supervising faculty members. (Core)

VI.A.2.b)(1) The program must demonstrate that the appropriate level of supervision in place for all trainees is based on each trainee's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)

VI.A.2.b)(2) The program must define when the physical presence of a supervising nurse is required. (Core)

VI.A.2.c) Levels of Supervision

To promote appropriate trainees' supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: (Core)

VI.A.2.c)(1) Direct Supervision: the supervisor is physically present with the trainee during the key portions of the patient interaction. (Core)

VI.A.2.c)(1)(a) The program must have clear guidelines that delineate which competencies must be demonstrated to determine when a trainee can progress to indirect supervision. (Core)

VI.A.2.c)(1)(b) The program director must ensure that clear expectations exist and are communicated to the trainees, and that these expectations outline specific situations in which a trainee would still require direct supervision. (Core)

VI.A.2.c)(2) Indirect Supervision: the supervisor is not providing physical or concurrent visual or audio supervision but is immediately available to the trainee for guidance and is available to provide appropriate direct supervision. (Core)

VI.A.2.c)(3) Oversight: the supervisor is available to provide review of procedures/encounters with feedback provided after care is delivered. (Core)

VI.A.2.d) The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each trainee must be assigned by the program director and faculty members. (Core)

VI.A.2.d)(1) The program director must evaluate each trainee's abilities. (Core)

VI.A.2.d)(2) Faculty members must delegate portions of care to trainees based on the needs of the patient and the skills of each trainee. (Core)

VI.A.2.e) Programs must set guidelines for circumstances and events in which trainees must communicate with the supervising faculty member(s). (Core)

VI.A.2.e)(1) Each trainee must know the limits of their scope of authority, and the circumstances under which the

trainee is permitted to act with conditional independence. (Outcome)

VI.A.2.f) Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each trainee and to delegate to the trainee the appropriate level of patient care authority and responsibility. (Core)

VI.B. Fatigue Mitigation

VI.B.1. Programs must:

VI.B.1.a) educate all faculty members and trainees to recognize the signs of fatigue and sleep deprivation; (Core)

VI.B.1.b) educate all faculty members and trainees in alertness management and fatigue mitigation processes; (Core)

VI.B.1.c) encourage trainees to use fatigue mitigation processes to manage the potential adverse effects of fatigue on patient care and learning. (Detail)

VI.B.2. Each program must ensure continuity of patient care, consistent with the program's policies and procedures, if a trainee may be unable to perform their patient care responsibilities due to excessive fatigue. (Core)

VI.C. Responsibilities, Teamwork and Transitions of Care

VI.C.1. Responsibilities

The responsibilities for each trainee must be based on educational level, patient safety, trainee ability, severity, and complexity of patient illness/condition. (Core)

VI.C.2. Teamwork

Trainees must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system. (Core)

VI.C.3. Transitions of Care

VI.C.3.a) Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)

VI.C.3.b) Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-

over processes to facilitate both continuity of care and patient safety. (Core)

VI.C.3.c) Programs must ensure that trainees are competent in communicating with team members in the handover process. (Outcome)

VI.C.3.d) Each program must ensure continuity of patient care, consistent with the program's policies and procedures, if a trainee may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or a family emergency. (Core)

VI.D. Clinical Experience and Education

VI.D.1. Maximum Hours of Clinical and Educational Work per Week

Clinical and educational work hours must be limited to no more than 48 hours per week, averaged over four weeks, inclusive of all in-house clinical and educational activities as per Human Resource Rules. (Core)

VI.D.2. Mandatory Time Free of Clinical Work and Education

VI.D.2.a) The program must design an effective program structure that is configured to provide trainees with educational opportunities, as well as reasonable opportunities for rest and personal well-being. (Core)

VI.D.2.b) Trainees should have eight hours off between scheduled clinical work and education periods. (Detail)

VI.D.2.b)(1) There may be circumstances when trainees choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 48-hour and the one-day-off-in-seven requirements. (Detail)

VI.D.2.c) Trainees must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). (Core)

VI.D.3. Maximum Clinical Work and Education Period Length

VI.F.3.a) Clinical and educational work periods for trainees must not exceed 12 hours of continuous scheduled clinical assignments. (Core)

VI.F.3.a)(1) Up to four hours of additional time may be used for activities related to patient safety, such as providing

effective transitions of care, and/or trainee's education. (Core)

VI.F.3.a)(1)(a) Additional patient care responsibilities must not be assigned to a trainee during this time. (Core)

VI.F.5. Moonlight

Trainees are not permitted to moonlight. (Core)

*Core Requirements: Statements that define structure, resource, or process elements essential to every graduate medical/nursing educational program.

†Detail Requirements: Statements that describe a specific structure, resource, or process for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

‡Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of interns or fellows at key stages of their graduate medical/nursing education.

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