

Academy of Neurologic Communication Disorders and Sciences Board of Residency Education Program Standards

The Academy of Neurologic Communication Disorders and Sciences (ANCDS) has established Standards for the ANCDS Board of Residency Education Program (ANCDS BRE) as necessary conditions for approval of a clinical residency program in neurogenic communication disorders. Compliance with all standards is required for initial and continuing approval of a residency program.

Standard 1.0 Mission, Goals, and Outcomes

The residency program will develop a mission statement, goals to support achieving the mission, and outcome measures that demonstrate the success of the program.

- 1.1 *Mission Statement.* The residency program's mission statement aligns with the sponsoring organization's mission statement. The residency program must develop and publish a mission statement that communicates the program's purpose and commitment to providing quality advanced education to speech-language pathologists in neurologic communication disorders that results in enhanced patient care.
- 1.2 *Goals.* The program goals support the achievement of the mission.
 - 1.2.1 The program must establish a clear set of goals and objectives that must be met for residents to acquire the knowledge and skills needed for advanced specialty practice in the area of neurologic communication disorders.
 - 1.2.2 The program must establish a goal for residents to apply for ANCDS Board Certification. Residents who complete the program are able to apply for Board Certification after 3 years of experience, including the Clinical Fellowship Year.
- 1.3 *Outcome Measures.* The program must develop outcome measures that identify measurable behaviors which describe the knowledge, skills, and affective behaviors residents gain upon completion of the program and beyond.

Standard 2.0 Curriculum

The residency program will include didactic education in neurogenic communication disorders. The resident will complete a minimum of 750 hours of mentored, direct speech-language pathology services and present at least one case study following guidelines for ANCDS Board Certification.

- 2.1 *Curriculum Development and Regular Review.* The residency program's curriculum is characterized by planning and organization, is reviewed systematically and on a regular basis, and is consistent with current knowledge and practice guidelines of the profession.
- 2.2 *Didactic and Clinical Components.* The residency program's curriculum organization ensures congruence between didactic and clinical components. The curriculum provides a structure for the designation of types, lengths, and sequencing of learning experiences that ensures the achievement of the program's outcomes.
- 2.3 *Program Plan.* The residency program is planned and delivered in an organized, sequential, and integrated manner to allow each resident to meet the program's established learning goals and objectives and develop into a competent speech-language pathologist specializing in neurologic communication disorders.
- 2.4 *Clinical Experiences.* The residency program must provide sufficient breadth and depth of opportunities for residents to obtain a variety of clinical experiences with a wide range of neurologic communication disorders, with individuals varying in complexity, and with appropriate equipment and resources to acquire and demonstrate skills sufficient for specialized practice in neurologic communication disorders.
- 2.5 *Formative and Summative Evaluation.* The residency program must formatively and summatively evaluate each resident's mastery of curriculum content based on performance measures and feedback. Summative evaluations must be administered at least 2 times per year. Formative assessments will occur at regular intervals throughout the residency to provide ongoing feedback to residents regarding clinical knowledge and skills, and to provide a basis for summative assessments. Feedback provided to the resident must be documented.
 - 2.5.1 The residency program has policies and procedures to provide remediation for each resident who does not meet program expectations for the acquisition of knowledge and skills.
 - 2.5.2 The residency program has policies and procedures for non-continuance in the residency program for underperformance or unsuccessful remediation.
- 2.6 *Competencies.* The residency program offers a plan of study that encompasses the following competency areas:
 - 2.6.1 Foundations of practice in neurologic communication disorders
 - 2.6.2 Assessment of individuals with neurologic communication disorders
 - 2.6.3 Interventions/treatment for individuals with neurologic communication disorders

2.6.4 Professional practice responsibilities for neurologic communication disorders
Residency programs may offer or require additional or elective competency areas.

2.7 *Program Structure.* The residency program is a post-graduate (master's degree minimum) structured learning experience focused on practice involving individuals with neurologic speech, language, and cognitive communicative disorders.

2.7.1 The program must include planned clinical and didactic educational experiences, as well as on-going clinical mentoring by experienced speech-language pathologists

2.7.1.1 Key Learning Activities/Program Content must include 750 hours of clinical contact with neurologic cases, 300 hours of didactic educational experiences, and 50 hours of independent projects involving neurologic communication disorders.

2.7.1.2 The program requires 12 months full-time equivalency with a minimum of 1100 hours of direct program activities dedicated to neurologic communication disorders distributed over no more than 24 months

2.7.2 The program must be designed to advance the resident's knowledge and skills in evidence-based management of persons with neurologic communication disorders.

2.7.3 The program should prepare residents to practice in a culturally competent way within a diverse society.

2.7.4 Upon completion, the resident is expected to demonstrate competencies required for employment as a speech-language pathologist holding the ASHA CCC-SLP, in practices focusing on serving individuals with neurologic communication disorders.

2.7.5 After 3 years of full-time employment as a speech-language pathologist focusing on neurologic communication disorders, the resident is expected, but not required, to apply for and earn ANCDS board certification.

2.8 *Completion Requirements.* At the end of the program, the residency program must verify that residents met completion requirements. The organization's Program Director awards a certificate of completion to residents who successfully complete the program and demonstrate all the required competencies.

2.8.1 For residents who do not hold Certificate of Clinical Competence from the American Speech-Language-Hearing Association (ASHA), the program must assure that they will be eligible to apply for the Certificate of Clinical Competence from the American Speech-Language-Hearing Association, whether or not they have met the residency requirements.

Standard 3.0 Program Administration

The residency program will have and implement policies and procedures to ensure ongoing success of the program.

- 3.1 *Admission Criteria.* The residency program must develop and publish its admission criteria. Residents must be admitted to the program based on the published admission criteria. Documentation of admission criteria must be maintained, including procedures and admission practices.
- 3.2 *Compliance.* The residency program must comply with all applicable federal, state, and local laws and regulations including those pertaining to nondiscrimination, privacy and confidentiality.
- 3.3 *Resident Termination Policy.* The residency program must develop and implement termination policies and procedures for residents who become ineligible to practice (e.g., due to loss of license).
- 3.4 *Resident Grievance Policy.* The residency program must develop and implement grievance policies and procedures that are available to residents for filing a complaint against the program.
- 3.5 *Resident Appeal Policy.* The residency program must develop and implement policies and procedures allowing residents to appeal adverse decisions made by the program.
- 3.6 *Resident Leave Policy.* The residency program must establish appropriate professional, family, and sick leave policies including how these leaves could impact the resident's ability to complete the program.
- 3.7 *Resident Transition Policy.* The residency program must establish a policy and procedures that enable the program to commit to completion of the residency program for current residents should the organization deem it necessary to discontinue the program, the program fails to achieve accreditation, or ANCDS Board of Residency Education withdraws accreditation for the program.

Standard 4.0 Program Resources

The residency program will demonstrate that it has the human, physical, and fiscal resources needed to achieve the program's goals.

4.1 *Personnel Resources.* The residency program and sponsoring organization must provide personnel that encourage and promote the resident's successful completion of the program.

4.1.1 *Program Director.* The residency program must designate a Program Director who is responsible for the residency program. The Program Director must hold a graduate degree with a major emphasis in speech-language pathology and hold a full-time appointment in the organization.

4.1.1.1 The residency program must provide the Program Director with adequate time and resources to meet the mission and goals of the residency program.

4.1.2 *Mentors.* The residency program must engage a sufficient number of mentors who possess demonstrated expertise in neurologic communication disorders including the appropriate credentials to support the program's mission, goals, and outcomes.

4.1.2.1 At least one mentor must demonstrate evidence of substantial experience (minimum of 3 years) and expertise in the assessment and treatment of individuals with neurologic communication disorders (e.g., BC-ANCDS, PhD, SLP-D, record of professional accomplishment). This mentor must be involved in all major areas of the program including curriculum development, clinical experience supervision, mentoring, and resident advising.

4.1.2.2 Collectively, residency program mentors must have the qualifications necessary to oversee and provide the learning experiences of the residency program.

4.1.2.3 The residency program must provide mentors with adequate time and resources for mentors to meet the mission and goals of the residency program.

4.1.2.4 The residency program must provide ongoing professional development experiences for mentors to ensure maintenance of competence and to support their role(s) within the program.

4.1.3 *Supervising Practitioner.* The supervising practitioner is responsible for all trainee activities occurring under supervision

4.1.4 *ANCDS Board Certification.* The residency program must have at least one staff member who holds BC-ANCDS.

4.1.4.1 If a program does not have a staff member with BC-ANCDS, the program must demonstrate that at least one staff member has significant expertise in the assessment and treatment of individuals with neurologic communication disorders (e.g., a minimum of three years' experience post CFY, doctoral degree [PhD, CSD, SLP-D], or record of professional publication or accomplishment).

4.1.4.2 If the site does not have a staff member with BC-ANCDS, the site has 5 years to engage a staff member with BC-ANCDS or demonstrate that an existing staff member has attained BC-ANCDS.

4.2 *Patient Population.* The residency program's patient population must be sufficient in number and variety to meet the program's mission, goals, and outcomes. The program

must provide sufficient mentored clinical practice experiences with the populations to allow residents to develop the expected competencies delineated in Standard 2.6.

4.2.1 The residency program must provide sufficient representation of the neurologic communication disorders specified in Standard 2.6.

4.2.2 The residency program must provide sufficient mentored, hands-on clinical experiences across patient categories specified in Standard 2.6.

4.2.3 For low incidence disorders, the residency program may provide simulation and/or supplemental experiences using combinations of methods such as observation, case study, Interprofessional Education (IPE) observation, rounds, and surgical observation.

4.3 *Publications and Media.* The residency program must provide access to current publications and other relevant materials and media to support the curriculum.

4.4 *Facilities, Materials and Equipment.* The residency program must provide adequate facilities and access to sufficient, current, and high-quality materials and equipment to meet the mission and goals of the residency program.

4.4.1 The residency program must have a policy and procedures to review, maintain, and update materials consistent with standards of practice and equipment maintenance (e.g., American National Standards Institute [ANSI]).

4.5 *Financial Resources.* The residency program must have financial resources that are adequate to achieve the program's mission, goals, and outcomes and which support program integrity and sustainability including personnel, equipment, educational materials, and clinical materials.

4.5.1 The residency program ensures that residents are protected from liability claims related to the performance of their clinical duties.

Standard 5.0 Program Evaluation

The residency program will have and implement a program evaluation plan that includes competency-based evaluation of skills and content knowledge of the resident, as well as evaluation of the effectiveness of the site in meeting its mission and goals.

- 5.1 *Evaluation Required.* The program develops a process and systematically collects data from multiple sources (e.g., residents, employers, VA Office of Academic Affiliations [OAA], medical facility data) to measure achievement of mission goals and outcomes.
- 5.2 *Continuous Improvement.* The program analyzes outcomes data and adjusts program content and process to provide continuous improvement for the program.
- 5.3 *Leadership Evaluation.* The program develops a process and systematically evaluates the program director's leadership.
- 5.4 *Key Indicators.* The program uses key indicators to annually monitor and measure achievements of the program.
- 5.5 *Reporting.* The program publishes outcomes data that relates to resident's achievements that are accessible to stakeholders.