To: ABHES-Accredited Institutions and Programs  
Recognized Accrediting Agencies  
State Departments of Education  
U.S. Department of Education  
Interested Parties

From: India Y. Tips, Executive Director

Date: August 28, 2020

Subject: Proposed Revisions to ABHES Accreditation Manual – Call for Comment

The Accrediting Bureau of Health Education Schools (ABHES) regularly reviews its accreditation policies, procedures, and standards and invites your comments regarding the proposed revisions to the Accreditation Manual based upon review of Chapters II and VIII (DAI, DAII, DMS, MTB, PHT, RT) as part of its five-year cycle, Chapter V related to compliance deficiencies, and Chapter I updates to the complaints process. In the attached proposed revisions, note that the new language is underlined, and the deleted language is struck.

ABHES requests that you carefully read the proposed revisions, which can be found following this bulletin, and submit any comments and/or recommendations using the following link:

Call for Comment on Proposed Revisions to the Accreditation Manual – September 2020

Upon receipt and review of any written comments, the Commission may adopt the revision as proposed, adopt the revision with further changes, defer action for additional consideration, or reject the proposed revision. For adopted revisions, ABHES will establish an effective date and announce the revisions prior to that date.

Comments will be considered at an October 2020 Commission meeting. Please submit comments via the Survey Monkey link above by Monday, September 28, 2020, for Commission consideration.

Thank you in advance for your participation.
CHAPTER I – GENERAL INFORMATION

SECTION B – Policies Affecting Institutions and Programs

Subsection 5 – Complaints

ABHES reviews complaints against an accredited institution or program that relate to the accreditation requirements set forth in the Accreditation Manual. If a complaint raises a question of possible violation of these requirements, the institution or program will be given the opportunity to respond to the complaint, in accordance with the procedural requirements below. If a violation is found, ABHES will take enforcement appropriate action as necessary. The Commission, ABHES, maintains all records of complaints received against institutions or programs.

The complaint process against an accredited institution or program is as follows:

Complaint Requirements:

1. All complaints must be submitted in writing using the ABHES online complaint system at https://complaintsabhes.com/Complaint Form. This form is available from ABHES or at www.abhes.org. The written complaint should include a narrative section filled out for each complaint type. Additionally and any supporting documentation must be uploaded into the system mailed to complaints@abhes.org, or mailed to, 7777 Leesburg Pike, Suite 314 North, Falls Church, Virginia 22043. Complaints must be in sufficient detail and clarity to permit the institution or program to respond effectively and to permit ABHES to make a determination of the facts relating to the complaint. The complaint should identify the accreditation requirements and standards of the Accreditation Manual associated with the submitted complaint details and supporting documentation.

2. The complaint should include evidence of efforts to resolve the complaint through the institution or program’s internal grievance procedures, or alternatively indicate that such efforts would be unproductive.

3. ABHES will not intervene on behalf of individuals in cases of a personnel action, and will not review an institution or program’s internal administrative decisions in such matters as admissions decisions, academic dishonesty, assignment of grades, or similar matters unless the context of an allegation suggests that unethical or unprofessional conduct or action may have occurred that may raise questions about the institution or program’s compliance with an ABHES standard or accreditation requirement.

2.4 Timing of Complaints: Complaints must be made submitted to ABHES within 90 days of the last event that is material to the complaint.

5. Anonymous complaints: ABHES accepts anonymous complaints but will require the institution or program to respond only if in the absence of the identity of the complainant it can be determined that the allegations constitute a possible violation of accreditation requirements. When the identity of the complaint is a material fact necessary to permit the institution or program a full and fair opportunity to respond or the lack of identity of the complainant makes it impossible to determine with reasonable certainty that a violation of accreditation requirements may have occurred, then the anonymity of the complainant may be a basis for dismissing a complaint. Anonymity will prevent notifications to complainants and requests to
complainants for additional information set forth in this section which are therefore not applicable to anonymous complaints.

6. Requests for Confidentiality: Complainants may request that ABHES withhold their identity from an institution or program named in the complaint. ABHES will review the complaint but, in its discretion, may not be able to process the complaint where the identity of the complainant is a material fact necessary to determining whether a violation has occurred or is needed to permit the institution or program a full and fair opportunity to respond to the complaint allegations.

7. Referrals to Other Agencies: ABHES may refer complaints and/or complainants to appropriate federal, state or private agencies with jurisdiction or special expertise that is relevant to the complaint where compliance with ABHES standards or other accreditation requirements is not central to the complaint. In ABHES’ discretion a copy of the complaint may be provided to the institution or program.

8. Conflict of Interest: ABHES’s conflict of interest policies apply to the investigation and resolution of complaints.

Complaint Procedure

1. Within 15 days of receipt of the complaint, ABHES will make an initial assessment whether the complaint relates to states a possible violation of accreditation requirements. For the purposes only of this initial assessment of the complaint, ABHES will accept facts alleged in the complaint as true. A complaint must be in sufficient detail to permit the institution or program to respond effectively and to permit ABHES to make a determination of the facts relating to the complaint. A complaint that lacks sufficient detail will be dismissed and the complainant so notified. If the facts as alleged appear incomplete and it appears that further information is needed to assess the complaint, ABHES will request it from the complainant, who must then provide the information requested in order for ABHES to continue the complaint process. A complaint that lacks sufficient detail to permit an institution or program to respond effectively will be dismissed and the complainant so notified.

2. If the allegation(s) of complaint does not constitute a violation of accreditation requirements, ABHES will inform the complainant and the file will be closed. The complainant may request in writing that a decision to close the complaint at this stage be reviewed by the Executive Committee. The Executive Committee will consider such request within 30 days and will either affirm the decision to close the complaint or reopen the case and direct the institution or program to respond. The complainant will be notified of this decision.

3. If ABHES will forward the complaint to the institution or program for a response if the allegation(s) could potentially constitute a violation of accreditation requirements, then ABHES will forward the complaint to the institution or program for response. In forwarding the complaint, ABHES will provide a summary of possible violations of accreditation requirements associated with its analysis of the complaint. This list is to assist the institution or program in responding and is not to be taken as comprehensive or conclusive, since ABHES may determine, during the course of the investigation, that there is evidence of noncompliance with other accreditation requirements not set forth included in the list.

3.4. The institution or program will be provided no more than 30 days from the date of the ABHES letter to respond to the complaint. The institution’s or program’s response must include a sufficient response directly to the complaint and provide any specific information or documentation and/or evidence relevant to the complaint requested by ABHES. The response may be structured as follows: (a) deny the allegations
of the complaint and present evidence to the contrary, (b) acknowledge the allegations of the complaint and demonstrate the allegation(s) do not constitute violation(s) of the listed accreditation requirement(s), and/or (c) accept the allegation(s) and document the actions taken to assure that the violation has been corrected, and will not occur in the future. The institution or program will be provided no more than 30 days from the date of the ABHES letter to respond to the complaint.

4.5. Within 15 days of receipt of the response, ABHES will determine whether there is sufficient information upon which to determine whether it appears more likely than not that there is a violation of an accreditation requirement. ABHES may request additional information from either the complainant or respondent if it believes such information is necessary to the resolution of the case and will reevaluate the response after the institution or program has had an opportunity to submit such additional information.

1. If it appears more likely than not that there is no violation of accreditation requirements ABHES will inform both the complainant and the respondent that the case has been closed. If it appears there was a violation of an accreditation requirement and the institution has demonstrated correction and has taken sufficient corrective action to come into compliance, then ABHES will inform both the complainant and the respondent that the case has been closed. If it appears more likely than not that there may be a violation of an accreditation requirement and the institution or program, has not provided documentation to demonstrate it has taken sufficient corrective action, or if the case review reveals noncompliance of a more systemic nature, the matter will be referred to the Executive Committee for action.

5.6. and the institution or program will be notified of the referral. Within 30 days of receipt of a referral, the Executive Committee will (a) determine that there is no violation and dismiss the case, (b) request additional information, (c) order the institution or program to take specific actions to bring it into compliance, (d) issue a show cause order, or (e) refer the case to the Commission for action up to and including withdrawal of accreditation. In all cases, the complainant and the respondent will be notified of the disposition of the complaint once it becomes final.

2. ABHES’s conflict of interest provisions apply to the investigation and resolution of complaints.

3. Anonymous complaints: ABHES accepts anonymous complaints but will require the institution or program to respond only if in the absence of the identity of the complainant it can be determined that the allegations constitute a possible violation of accreditation requirements. Complainants are cautioned that every complaint must be in sufficient detail to permit the institution or program to respond effectively and to permit ABHES to make a determination of the facts relating to the complaint. When the identity of the complainant is a material fact necessary to permit the institution or program a full and fair opportunity to respond or the lack of identity of the complainant makes it impossible to determine with reasonable certainty that a violation of accreditation requirements may have occurred, then the anonymity of the complainant may be a basis for dismissing a complaint. Notifications to complainants and requests to complainants for additional information otherwise set forth in this section are not applicable to anonymous complaints.

4. Requests for complainant confidentiality: ABHES will consider requests from complainants that their identity be withheld from the institution or program named in the complaint. ABHES will in its discretion attempt to honor such requests but in no case can ABHES guarantee that the identity of a complainant will remain confidential after a written complaint is made to ABHES. If ABHES determines that it is more likely than not that an accreditation violation occurred if the allegations of the complaint are taken to be true and that the individual identity of the complainant is a material fact necessary to determining whether a violation occurred
Complaints against ABHES:

ABHES reviews complaints against ABHES in a timely, fair, and equitable manner, and applies unbiased judgment to take follow-up action, as appropriate, based on the results of its review.

The Commission maintains all records of complaint received against ABHES.

The process for complaints against ABHES is as follows:

All complaints against ABHES must be submitted using the ABHES on-line complaint system at https://complaintsabhes.com in writing. The written complaint and supporting documentation must be emailed to complaints@abhes.org, or mailed to 7777 Leesburg Pike, Suite 314 North, Falls Church, Virginia 22043. The complaint must state in narrative format the specific allegations in sufficient detail and with sufficient supporting documentation to permit understanding of the nature of the complaint and its factual support. If the complaint pertains to ABHES staff or any ABHES representative, the written complaint may be addressed to the Executive Director directly at complaints@abhes.org or directly mailed to the ABHES office located at 7777 Leesburg Pike, Suite 314 North, Falls Church, Virginia 22043. If the complaint pertains to the Executive Director, the written complaint must be addressed to the ABHES Commission.

1. ABHES’s conflict of interest provisions apply to the investigation and resolution of complaints.

2. The complaint and its supporting documentation will be reviewed within 30 days of receipt by ABHES. Thereafter, the reviewer(s) will act to gather any additional information deemed relevant to the disposition of the complaint.

3. The reviewer(s) will issue a decision on the complaint. Notice of the decision will be provided to the complainant.

4. Anonymous complaints: When anonymous complaints are received, ABHES determines the facts alleged in the complaint to the extent possible in the absence of the complainant’s identity. When the identity of the complainant is a material fact necessary to permit a full and fair understanding of the facts, then the anonymity of the complainant may be a basis for dismissing a complaint. Notifications to complainants and requests to complainants for additional information otherwise set forth in this section are not applicable to anonymous complaints.

Complaint Reports

A Complaint Report is provided to the Commission at each Commission meeting.
CHAPTER II – ELIGIBILITY AND CLASSIFICATIONS

SECTION A – Eligibility for Application

Prior to consideration for accreditation, the Commission will determine preliminarily whether an institution or program meets the requirements for accreditation.

Subsection 1 – Basic requirements

a) Institutional Eligibility

In order for a postsecondary institution to apply for accreditation by the Commission and to remain accredited, it must meet the following minimum criteria:

(1) It is either (a) an institution in the private sector whose principal activity is education, (b) a hospital or laboratory-based training school, (c) a vocational training institution, or (d) a federally-sponsored training program.

(2) It is an educational institution that offers programs predominantly in the health education field. An institution meets this requirement if either (a) 70 percent or greater of its students are enrolled in active programs in the health education field, or (b) 70 percent or greater of its active programs are in the health education field and at least 50% of the institution's students are enrolled in those programs. A program is active if it has a current student enrollment and is seeking to enroll students.

(3) All of its programs are career focused and designed to lead to employment or advancement in career field.

(4) It is located in the United States or its territories.

(5) It is properly licensed, chartered, or approved to provide education beyond the secondary level under the laws and regulations of the state(s) or territories or other regulatory agencies in which it operates, including from any regulatory oversight body approval required to operate specific programs.

(6) It must have been legally operating continuously and continuously providing instruction as an institution for at least the prior two years prior to application.

(7) It has active student enrollment in the program(s) to be included in the grant of accreditation to allow evaluation of student outcomes. (Applicable only to initial applicants for accreditation. Does not apply to current-institutionally-accredited members)

(8) It has at least one graduating class from at least one currently offered program(s) currently offered to determine overall educational effectiveness of the program(s) of study offered.

Commented [KC1]: Rationale for change: Strike the sentence as the stem sentences below provide enough instruction.

Commented [KC2]: Rationale for change: Reworded to be consistent in a and b by adding education to a. Also matches first sentence of (2).

Commented [KC3]: Rationale for change: Clarity of meaning and interpretation.

Commented [KC4]: Rationale for change: Clear up institution and program oversight bodies/approvals

Commented [KC5]: Rationale for change: Intent is to have students receiving instruction for the 24 months leading up to application without closure. Changed language to clarify and distinguish between 365 days of students and continuous operation.

Commented [KC6]: Rationale for change: Clarifies enrollment type required. Some institutions maintain inactive enrollment in programs.

Commented [KC7]: Rationale for change: to be positive instead of negative notation.

Commented [KC8]: Rationale for change: Clarity.
b) **Programmatic Eligibility**

An organization offering a program in medical assisting, medical laboratory technology, or surgical technology education is eligible to apply for and be considered for programmatic accreditation, and to remain programmatically accredited, if it meets the following criteria:

1. At the time of the initial application and visit, it has active student enrollment in the program to allow evaluation of student outcomes. (Applicable only to initial applicants for programmatic accreditation except current institutionally accredited schools applying for initial programmatic accreditation. Does not apply to currently accredited programmatic schools or those institutionally-accredited members seeking initial programmatic accreditation).

2. It is (a) a public or private institution at the postsecondary level institutionally accredited by an agency recognized by the U.S. Department of Education or Council on Higher Education Accreditation (CHEA) whose principal activity is education, (b) a hospital or laboratory-based training school, or (c) a federally-sponsored training program.

3. Its program is career focused and designed to lead to employment or advancement in the career field.

4. It is located in the United States or its territories.

5. At the time of the initial visit, the program will have (or have had within the past twelve months) student participation in clinical experience activities, if applicable, to permit evaluation of program operations and of student progress, satisfaction, and retention. In addition, the program will have enrolled students who have completed at least 50 percent of the program, or at least 25 percent of the core coursework. (Note: Does not apply to those institutionally-accredited members seeking initial programmatic accreditation; however, an additional on-site evaluation may be required.)

6. The coursework required for graduation, including didactic instruction and externship clinical experience, provides the following:

   a) **Medical Assisting**
      - Attainment of entry-level competencies (see MA.A.1. in Chapter VII-MA), and consists of at least a 24-week full-time program of training.

   b) **Medical Laboratory Technology**
      - Attainment of entry-level competencies (see MLT.A.1. in Chapter VII-MLT), and at least 60-semester credit hours, 90 quarter credit hours, or its recognized clock-hour equivalent (normally two academic years) of training.

   c) **Surgical Technology**
      - Consistency with the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technologists (www.ast.org). Note: Currently accredited institutional members must adhere to the requirements for programmatic eligibility when adding a surgical technology program, which includes submission of the Application for Programmatic Accreditation. At a minimum, all graduates must complete the surgical technology program with an associate degree.
Subsection 2 – Advanced requirements

**ae) Master’s Degree Eligibility**

An institution must be or program currently accredited by ABHES that wishes to offer a master’s degree level program is eligible to apply for and be considered for approval if it meets the following criteria:

1. currently approved to award a baccalaureate degree;
2. have current enrollment in a baccalaureate degree program; and
3. have graduated at least one baccalaureate degree cohort to offer a master’s degree level program.

**bd) Eligibility Outside of ABHES Scope of Recognition**

ABHES may accredit institutions and programs outside the scope of recognition by the Secretary of the United States Department of Education (Secretary). The principal difference between participation in accreditation activities within the ABHES scope of recognition is that accreditation under this section, and outside that scope, does not provide successful applicants with accreditation recognized by the Secretary.

An institution or program that participates in accreditation activities outside the ABHES scope of recognition may expect to benefit from objective assessment and feedback according to ABHES standards of accreditation.

The Commission, acting through its Executive Committee, may from time to time consider eligible applications for accreditation that are outside the ABHES scope of recognition by the Secretary. The Executive Committee shall determine and publish the specific policies and procedures for applications for accreditation that are outside the ABHES scope of recognition, including specific limits on eligibility and fees for accreditation.

An institution or program that is accredited pursuant to this section may truthfully represent that it is accredited by ABHES only when it makes clear that the grant of accreditation under this section is not recognized by the Secretary.

Any institution or program submitting an application for accreditation pursuant to this section and outside the scope of recognition by the Secretary does so with the understanding that the accreditation to be awarded is not recognized by the Secretary, and further that it may not be eligible to participate in any program such as federal Title IV funding that requires accreditation by an agency recognized by the Secretary.

Any institution or program submitting an application for accreditation pursuant to this section and outside the scope of recognition by the Secretary must demonstrate that it has the financial capability to ensure continuity of operation and to fulfill its obligations to students and employees. An institution or program that is accredited pursuant to this section may truthfully represent that it is accredited by ABHES only when it makes clear that the grant of accreditation under this section is not recognized by the Secretary.
Subsection 2—Application process

If an institution or program believes it meets the applicable eligibility criteria, and it desires to be accredited, it may begin the process by completing the required application, including the submission of necessary documents outlined in the application and explained in the application submission instructions.

Also, refer to Chapter III, Section A., Application, Evaluation, Approval Process, and Recordkeeping, for additional information on the application process.

An applicant must disclose any current, previous, or final action of which it is the subject, including probationary status, by a recognized accrediting agency or state agency potentially leading to the withdrawal, suspension, revocation, or termination of accreditation or licensure. Action on the application may be stayed until the action by the other accrediting agency or state agency is final. A copy of the action letter from the agency must be included with the application. Further, the institution or program must provide evidence of compliance with ABHES requirements and standards relative to the action.

SECTION B – Classifications of Facilities

The following definitions apply to facilities accredited institutionally by ABHES. Institutions holding programmatic accreditation are considered main campuses but may operate an approved separate educational center. It is important to note that other regulatory bodies may have different designations. Please note that an ABHES Annual Report is required to be completed by all main and non-main campuses. Students enrolled at separate educational center(s) are counted as students enrolled at either the main campus or non-main campus to which the separate educational center is assigned for purposes of compiling the Annual Report for ABHES and for computing its annual sustaining fee.

Subsection 1 – Main campus

The main campus of an institution holds the accreditation for all of the facilities where education is offered. An institution’s grant of accreditation may include its main, non-main(s), and separate educational center(s) as applicable. A non-main campus has its educational offerings included in the grant of accreditation of the main campus. A separate educational center has its educational offerings included in the main or non-main campus to which it is assigned.

Students enrolled at separate educational center(s) are counted as students enrolled at either the main campus or non-main campus to which the separate educational center is assigned for purposes of compiling the Annual Report for ABHES and for computing its annual sustaining fee.

Subsection 2 – Non-main campus

A non-main campus meets the following requirements:

a) It is within the same ownership as the accredited main campus.

b) It offers at least one complete program leading to an occupational objective. It may offer programs not offered at the main campus.

c) It has documented legal authorization to operate from the appropriate state regulatory body in the state where the non-main campus is located.

d) It is described as a non-main campus in a common catalog.
Subsection 3 – Separate educational center

A separate educational center is an extension of an approved main or non-main campus and meets the following requirements:

a) The purpose of the separate educational center is delivery of instruction.

b) It is licensed, approved, or otherwise exempted by the appropriate state regulatory or other applicable oversight body.

c) It is located at a different address not within reasonable walking distance from the main or non-main campus. (If the educational center is within reasonable walking distance, it is considered a part of the main or non-main campus and is not recognized separately.)

d) The main or non-main campus ensures that all educational and student services are provided and readily accessible to students at the separate educational center.

e) Student records are electronically and readily accessible to the separate educational center and students.

f) All administrative and enrollment services are delivered by the main or non-main campus.

g) The purpose of the facility is delivery of instruction.

h) If a complete program of study is offered, then the majority of programs offered must be conducted at the main or non-main campus. (Note: Programmatic members may not offer a complete program of study at an approved Separate Educational Center.)

Facilities used to provide distance education methods of delivery are exempt from meeting the requirements for a separate educational center. If no instruction is provided at the separate facility, then it is not considered a separate educational center.
CHAPTER III – GENERAL PROCEDURES
(APPLIES TO INSTITUTIONS AND PROGRAMS)

SECTION A – Application, Evaluation, Approval Process, and Recordkeeping

Each accredited institution and program undergoes a comprehensive evaluation in accordance with prescribed procedures. All new and continued grants of accreditation expire February 28 of the given year. Non-accredited institutions and programs must apply for accreditation in accordance with Subsection 1 below. The remaining subsections apply both to new applicants and to currently accredited institutions and programs.

The Commission provides public notice that an institution or program is being considered for accreditation. Third parties are provided the opportunity to comment on any institution's or program's qualification for accreditation.

Subsection 1 – Requests for information and initial accreditation

Written materials concerning accreditation, policies, general and appeal procedures, standards, and the accreditation status of ABHES-accredited institutions and programs are maintained by the Commission and are available on its website and upon request.

Institutions desiring accreditation should view the application instructions posted at www.abhes.org. Once an institution or program is able to demonstrate that it meets the basic eligibility criteria (per Chapter II), it must complete the Application for Institutional or Programmatic Accreditation and submit it along with the other required documents outlines per the published instructions. The Application must be signed by an authorized institutional representative. The institution or program must also remit payment of the required application fee (see Appendix G, Fees) which is non-refundable.

An applicant must disclose, on its application, any current, previous, or final action of which it is the subject, including probationary status or equivalent, by a recognized accrediting agency, state, or regulatory agency potentially leading to the withdrawal, suspension, revocation, or termination of accreditation or licensure. Action on the application may be stayed until the action by the other accrediting agency or state agency is final. A copy of the action letter from the agency must be included with the application. Further, the institution or program must provide evidence of compliance with ABHES requirements and standards relative to the action to receive ABHES accreditation.

Upon acceptance of the application, the institution or program will be directed to attend an Accreditation Workshop and submit a Self-Evaluation Report.

A preliminary visit is conducted as a means of ensuring that an initial institutional applicant complies with all eligibility criteria and is in substantial compliance with the accreditation standards. It is also a time for the institution to address any questions or concerns with staff in a consultative manner.

Should it be determined on the preliminary visit that an institution is not in substantial compliance with the accreditation standards, submission of the final Self-Evaluation Report will be postponed, and the institution may be required to undergo a second preliminary visit; thus, delaying the accreditation process. If an institution is deemed not to be in substantial compliance following a second preliminary visitation, the institution will not be permitted to continue in the accreditation process and must then reapply after a period of at least twelve months, at which time a new application must be submitted with the appropriate fee.
Upon successful completion of the preliminary visit, the initial institutional applicant will be directed to submit a final Self-Evaluation Report in preparation to undergo the on-site team visitation for review and consideration by the Commission at one of its biannual scheduled meetings.

Initial programmatic applicants must follow the same procedures as initial institutional applicants, with the following exception that a preliminary visit is optional and would not be predictive of where the program is permitted to continue in the accreditation process.
CHAPTER V – EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS

SECTION A – Goals and Oversight

V.A.5.a. A program has an active advisory board of in-field specialists, current in the applicable specialty, representing its communities of interest, to assist administration and faculty in fulfilling stated educational objectives and improving program effectiveness.

At a minimum, the institution has an advisory board comprised of at least three community representatives, not employed by the institution, for each discipline or group of related programs (e.g., medical assisting and medical administrative assisting). These individuals collectively provide a reasonable sampling of the community and are knowledgeable about the current state of the field.

Institutions offering master’s degrees have a minimum of one representative, not affiliated with the institution, who possesses a terminal degree, i.e. earned doctorate, or professional degree such as J.D. or M.D.

Programs with blended or full distance education method of delivery have a minimum of one representative, not affiliated with the institution, specializing in this method of delivery. The distance education specialist’s role is, at a minimum, to review and comment on the method of delivery, process and infrastructure in the context of the courses or programs.

The board convenes a minimum of once per 12-month period and addresses a broad range of topics that may include the program’s mission and objectives, curriculum, outcomes, program strength and weaknesses in preparing graduates, current and projected community needs for graduates in the field, annual evaluation of program effectiveness, and student, graduate, clinical externship, and employer feedback.

V.A.5.b. Prepared meeting minutes are maintained and distributed and used to improve program effectiveness.

Meeting minutes are detailed and include:

i. The role of each board member.
ii. Record of member participation.
iii. Topics discussed.
iv. Summary of significant outcomes and activities.

v. Areas of unfinished business with projection for completion.
vi. A list of recommendations made by the advisory board.

vii. The program’s or institution’s response to the advisory board recommendations.

Timely distribution of meeting minutes. The minutes are distributed to the advisory board, program personnel, and interested parties in a timely manner; is documented.

SECTION E – Program Management and Faculty

V.E.2.d. Faculty meetings are held, and the minutes are recorded.

Minutes of these meetings are recorded and include:

i. Topics discussed.
ii. Resolution of outstanding issues.

iii. Record of faculty participation.
iv. Record of and attendance. The minutes are distributed to program personnel and interested parties in a timely manner. Timely distribution of meeting minutes to program personnel and other stakeholders is documented.

SECTION I – Student Achievement and Program Effectiveness

Subsection 1 – Student achievement indicators

V.I.1.e. A program demonstrates that its required constituencies participate in completing program surveys.

A program must evidence that it has a systematic process for regularly surveying the following constituencies: students, clinical extern affiliates, graduates, and employers. The purpose of the surveys is to collect data regarding a perception of a program’s strengths and weaknesses. Results of the constituency surveys are shared with the administration, faculty, and advisory board. Accordingly, a program must document that at a minimum the survey data included in its effectiveness assessment include the following:

Student:
Student surveys provide insight regarding student satisfaction relative to all aspects of the program, including the following:

a. Instruction
b. Educational resources
c. Student services
d. Clinical experience

Clinical extern affiliate:
Clinical extern affiliate surveys provide insight regarding affiliates’ satisfaction relative to program training, including the following:

a. A critique of students’ knowledge and skills upon completion of their in-school training and reflect how well the students are trained to perform their required tasks.
b. An assessment of the strengths and weaknesses, and proposed changes, in the instructional activities for currently enrolled students.
c. Evaluate the responsiveness and support provided by the designated school representative, who visited the site and remained in contact with the site throughout the duration of the students’ externship.

Graduate:
Graduate surveys provide insight regarding graduates’ satisfaction with the following:

a. Preparedness for entry into the program field
b. Training and education
c. Career services
Employer surveys provide insight regarding employers’ satisfaction with the following:

a. Skill level of employees

b. Would hire another graduate from the program

The survey participation rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows:

Survey Participation Rate = SP/NS

SP = Survey Participation (those who actually filled out the survey)
NS = Number Surveyed (total number of surveys sent out)

SECTION J – Student Record Management

V.J.I. A program maintains academic transcripts indefinitely, and other academic records that comply with Appendix E, Section A (Records Maintenance).

Academic transcripts must include:

i. The program in which the student is/was enrolled.
ii. The student’s start date and date of graduation, termination or withdrawal.
iii. The student’s academic achievement in terms of clock hours or units of credits for courses attempted and earned.
iv. The credential conferred to a program graduate.

An explanation of the grading system. This grading scale used must be explained on the transcript and must be consistent with that appearing in the institutional catalog.

Documentation to support compliance with recordkeeping maintenance is easily accessible and readily available.
Summary of Distinctions Between Dental Assisting I and Dental Assisting II Programs

Institutions offering basic dental assisting programs (designated by ABHES as DAI) may choose to offer a more advanced level of dental assisting program (designated by ABHES as DAII). The substantive additional requirements for DAII programs are outlined below.

DESCRIPTION OF THE PROFESSION

[Dental assistants] expose and/or process dental radiographs (images and prepare dental materials and injections. (Preparing injections is beyond DAI)

Clinical Sciences

DAII programs are required to offer instruction in:

DAII.A.1. 1.g.
Graduates will compare and contrast the state laws and regulations that affect the practice of the dental assistant

DAII.A.1. 1.h.
Graduates will compare and contrast how state laws and regulations affect the delegation of duties by the dentist to the dental assistant.

DAII.A.1. 1.i.
Graduates will list and describe the various print and electronic resources that the dental assistant can utilize to stay current for practice.

Infection and hazard control

DAII programs are required to offer instruction in:

Evidence-based techniques

DAII.A.1. 3.cb.
Graduates will comprehend and employ evidence-based techniques for workplace decisions, perform placement of personal protective barriers.

Self-assessment

DAII.A.1. 3.dg.
Graduates will practice perform procedures for soaking of instruments, the ability for self-assessment and correct problems that are identified.

DAII.A.1. 3.i.
Graduates will perform gloving techniques according to established protocols.

DAII.A.1. 3.n.
Graduates will handle all sharps (needles and blades) according to established procedures.

Isolation Methods-Ergonomics for the dental setting

DAII programs are required to offer instruction in:

Dental dams
Graduates will understand the importance of ergonomic positioning for the dental team and remove dental dams.

Cotton rolls
DAII.A.1.12.d.
Graduates will place and remove cotton rolls.

Armamentarium assembly
DAII.A.1.12.f.
Graduates will assemble an armamentarium for placement of a dental dam.

Pain Management/ Medical/dental histories and vital signs
DAII programs are required to offer instruction in:

Topical anesthetics
DAII.A.1.15.e.
Graduates will apply the relevance of medical and dental histories to treatment and explain the method for placement of topical anesthetics in accordance with state law.

Maxillary and mandibular arch injections
DAII.A.1.15.g.
Graduates will locate and describe the sites for maxillary and mandibular arch injections.

Supplemental anesthesia techniques
DAII.A.1.15.h.
Graduates will compare and contrast the supplemental techniques for anesthetic administration.

Nitrous oxide administration
DAII.A.1.15.i.
Graduates will explain the need and method for nitrous oxide administration, and methods for monitoring its administration.

Anesthesia complications
DAII.A.1.15.j.
Graduates will list and describe the treatment for and recognition of complications arising from anesthesia administration.

Patient Management and Care Procedures
Tissue retraction and oral evacuation
DAII programs are required to offer instruction in:

Administration of fluoride
DAII.A.1.169.d.
Graduates will assess the need for protection of the patient’s oral tissues, and apply methods to prevent damage, recognize the indications for fluoride use and proper placement in accordance with state law, and administer to the patient when necessary.

DAII.A.1.9.d.
Graduates will assess the dangers of aspiration during dental procedures, and apply methods to prevent aspiration of objects.

Chairside instrumentation and materials for restorative procedures

DAII programs are required to offer instruction in:

DAII.A.1.1911.b.
In addition to the following DAI standard: Courses emphasize drugs relevant to the practice of dentistry, DAII programs must also provide instruction in the following: Modes of administration, mechanisms of action, biotransformation, excretion, drug interactions, and side effects. Graduates will comprehend the function of abrasive rotary instruments.

DAII.A.1.11.f.
Graduates will comprehend the function of preset trays and tubs.

DAII.A.1.11.i.
Graduates will assess and recognize the indications for fluoride use and proper placement in accordance with state law and administer to the patient when necessary.

DAII.A.1.11.k.
Graduates will research and describe the uses of laser and air-abrasion techniques in dentistry.

Professionalism

DAII programs are required to offer instruction in:

DAII.A.1.17.g.
Graduates will describe small-group dynamics and how they affect dental assisting practice.

DAII.A.1.17.h.
Graduates will use techniques for quality assurance to enhance patient care.

DAII.A.1.17.i.
Graduates will list and describe potential ethical scenarios that may arise during dental assisting practice.

DAII.A.1.17.j.
Graduates will define the term ethics and explain its importance for dental assisting practice.

DAII.A.1.17.k.
Graduates will safeguard patient confidentiality through ethical and legal practices, and identify and apply all HIPAA guidelines for dental assisting practice.

DAII.A.1.19.e.
In addition to the following DAI standard: Courses in nutrition consist of concepts for diet assessment, DAII programs must also provide instruction in the following: Concepts for patient management for developing a comprehensive disease program to treat individual patients.

Dental Sciences: Oral Pathology of the Oral Cavity
DAII.A.1.198.f.
In addition to the following DAI standard:
Pathology competencies integrate both basic and clinical sciences and applies the knowledge gained to the recognition and understanding of deviation from normal.
The components of oral and general pathology may be addressed in one core course or integrated into several courses throughout the curriculum. The depth and scope of the curriculum may vary based upon the influences of the program level and academic setting.

DAII courses must provide instruction in the following:
An emphasis on clinical application includes an understanding of personal health and disease and its relation to optimal function. The components of oral and general pathology may be addressed in one core course or integrated into several courses throughout the curriculum. The depth and scope of the curriculum may vary based upon the influences of the program level and academic setting Personal health and disease and its relation to optimal function.

Further, under 1) DAII adds: “together with associated alterations of structure and function.”

Dental Sciences: Interpret Diagnosis

DAII programs must offer instruction in:
DAIA.A.1-19.f.(3).
The identification of a specific disease, including dental caries. Interpreting the diagnostics includes:
clinical identification, radiographic interpretation, historical data (medical and dental), laboratory studies,
surgical intervention, therapeutic application, and the differential diagnosis (Note: only a dentist can diagnose.)

Externship and/or Internal Clinical Experiences

DAII.A.2. (a).
DAII programs are required to offer a minimum of 300 clock hours for externships. (DAI programs are requires to offer a minimum of 160 clock hours for externships.)

DAII.A.2.(c).
DAII programs are required to ensure that a clinical externship employ a qualified preceptor who meets the program supervision requirements described in Section B of the DAII standards if the program does not employ a supervisor on site.

DAII.A.2.(d).
In addition to the following DAI standard: Upon completion of the clinical externship, students demonstrate entry-level proficiency in all areas of the curriculum. DAII programs must require students to:
Fulfill requirements in accordance with distributions for general and specialty areas and level of complexity.

Program Supervision, Faculty, and Consultation

DAII programs are required to employ a program supervisor who:

DAII.B.1.(b) ii.
Possesses a baccalaureate degree or is currently enrolled and making satisfactory progress toward completion of a baccalaureate program (by January 1, 2014, the program supervisor will have earned at least a baccalaureate degree).
DAII.B.1.(c).
Has a background in educational methods, testing and evaluation.

DAII.B.1.(d) iii.
Has experience in the field as an educator, including administrative functions, of a dental assisting program.

The responsibilities of the program supervisor include participation in:
  (a) Budget preparation
  (b) Fiscal administration
  (g) Determining admissions criteria and procedures

DAII programs are required to employ core faculty who possess:

DAII.B.2.a.(d) i.
Current dental assistant registration or certification through a nationally recognized and accredited certifying agency are Certified Dental Assistants or Registered Dental Assistants (CDA or RDA). Faculty members who are dentists are not required to hold a current dental assistant registration or certification through a nationally recognized and accredited certifying agency. Have an earned baccalaureate degree or will be working toward completing a baccalaureate degree program in a timely manner.

DAII.B.2.a. ii.
State license, if required.

DAII.B.2.a. iv.
An earned baccalaureate degree or be working toward completing a baccalaureate degree program in a timely manner.
CHAPTER VIII – DA I
EVALUATION STANDARDS FOR DENTAL ASSISTING

The Accrediting Bureau of Health Education Schools (ABHES) does not programmatically accredit any dental assisting program, whether at a basic level or at a more advanced level of practice, but, as an institutional accrediting agency, includes this program within an institution’s grant of accreditation. The dental assisting program offered at an ABHES-accredited institution must comply with all policies, procedures, and standards described throughout the Accreditation Manual, including the general evaluation standards applicable to all institutions (Chapter IV) and the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific accreditation requirements for a dental assisting program.

ABHES may include either a basic level dental assisting program (identified as “Dental Assisting I”), a dental assisting curriculum with additional academic and clinical training more expanded level dental assisting program (identified as “Dental Assisting II”), or both, within an institution’s grant of accreditation. The practice of dental assisting has evolved so that in some areas of the country the broad field commonly referred to as “dental assisting” may now encompass more than one level of job functions and responsibilities. Consistent with the fact of the different levels of professional responsibility, ABHES recognizes that not all educational programs under the general rubric “dental assisting” have the same mission, but rather that some are intended to prepare graduates only for the more basic responsibilities while others are intended to prepare graduates for additional, greater levels of responsibility. Therefore, ABHES provides additional standards for the inclusion of a more expanded advanced level dental assisting program (“Dental Assisting II”).

This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a dental assisting program or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning. For purposes of this chapter, any program identified as “dental assisting” or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning complies with these standards. This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter.

DESCRIPTION OF THE PROFESSION

The dental assistant is trained in dentistry techniques and also performs general office duties, including a variety of patient care, office, and laboratory duties. Dental assistants work chairside and some duties may be performed under general or direct supervision, as state dental laws provide.

Dental assistants acquire vital signs and dental and medical histories, prepare patients for examinations, treatments or surgical procedures, and work chairside as dentists examine and treat patients. They expose and/or process dental radiographs, images, and prepare dental materials and injections.

Dental assistants possess a thorough knowledge of the equipment, supplies, instruments, and techniques required for every dental procedure, and proper disinfection and sterilization techniques for infection control. They sterilize and disinfect instruments and equipment, prepare trays of instruments for dental procedures, and instruct patients on pre- and postoperative and general oral health care. They apply topical anesthesia preoperatively if permitted by law and understand the procedural steps necessary to successfully complete any dental procedure. During the procedure, dental assistants provide oral illumination, tissue retraction, and oral evacuation.
Dental assistants perform a variety of clinical, laboratory, and administrative duties. Dental assistants should not be confused with dental hygienists or dental therapists, who are licensed to perform at different scopes of practice, different clinical tasks. Only those procedures legally permitted to be performed will be taught to clinical competence; all other procedures will be taught to laboratory competence.

**CRENDENTIALING**

Most states may regulate the duties that dental assistants are allowed to perform through licensure or registration, which may require passing a written or practical examination. Licensure, certification, or registration is an acknowledgment of an assistant’s qualifications and professional competence and may be an asset when one is seeking employment. For annual recertification, individuals normally earn continuing education credits.

Individual states have adopted different standards for dental assistants who perform certain advanced duties, such as radiological procedures. Some states require completion of a state-approved course in radiology or advanced credentials from nationally-recognized credentialing agencies.

Many states have adopted specific requirements for education, experience, and/or credentialing of dental assistants or of dental assistants with expanded functions or duties. ABHES accreditation of an institution offering a dental assisting or expanded dental assisting program means that the program has demonstrated compliance with the applicable ABHES standards. Institutions are responsible for knowing and abiding by applicable state requirements. Accreditation does not imply or guarantee that graduates necessarily meet the specific state eligibility requirements for credentialing, licensure, or employment. An expanded dental assisting program that complies with ABHES requirements may not be comparable to state requirements for an expanded functions dental assisting program. Institutions are further responsible to be familiar with and to disclose to all prospective students all information related to graduates’ eligibility or credentialing, licensure, and employment.

**Commented [JC4]:** Rationale for change: Due to recent licensure changes in field.

**Commented [JC5]:** Rationale for change: More modern language.

**Commented [JC6]:** Rationale for change: Clarification that not most states may not.

**Commented [JC7]:** Rationale for change: Not relevant to ABHES.

**Commented [KC8]:** Rationale for change: To align with other program chapters.
SECTION A – Curriculum, Competencies, and Externship and/or Internal Clinical Experience

DALA.1. The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the dental assisting field.

To provide for student attainment of entry-level competence, the curriculum includes but is not limited to, the following:

1. Clinical Sciences
Graduates will be able to:
   a. Employ crucial problem-solving skills for work-related problems
   b. Practice critical thinking to effect workplace solutions
   c. Promote practices for good health, and communicate these practices to patients
   d. Practice the ability for self-assessment and correct problems that are identified
   e. Employ evidence-based techniques for workplace decisions
   f. Define professional behavior and explain its importance for dental assisting practice
   g. Define ethics and explain its importance for dental assisting practice
   h. List and describe potential ethical scenarios that may arise during dental assisting practice
   i. Comprehend Describe and practice principles and procedures for patient safety
   j. Assess therapeutic communication based on specific audiences
   k. Formulate written communications that utilize proper grammar, punctuation, and spelling
   l. Describe and employ methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired
   m. Practice interpersonal skills to enhance working relationships
   n. Demonstrate an understanding of diverse populations (e.g., culture, religion, race, age, gender, sexual orientation, disability or patients with special needs, and economic status) and the ways that diversity influences language and communication
   o. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork

2. Business Office Procedures
Graduates will be able to:
   a. Recognize the importance of accurate patient treatment record maintenance
   b. Handle Schedule office appointments in a professional manner
   c. Handle Respond to telephone and electronic queries in a professional manner
   d. Perform word processing on a computer
   e. Operate office equipment
   f. Utilize current trends in technologies for communication and outreach
   g. Define and demonstrate professional verbal and written communication in the work place
   h. Identify dental office marketing opportunities (e.g., newsletters, websites, social media, etc.)
   i. Identify and analyze patient confidentiality issues involving the collection and transmission of data
   j. Maintain inventory supply levels

3. Infection and hazard control
Graduates will be able to:
   a. Perform all relevant hand washing techniques
   b. Recognize the need for, and demonstrate the use of personal protective barriers
   c. Recognize the need for, and demonstrate the use of surface barriers
d. Differentiate between sterilization and disinfection

e. Perform disinfection procedures and techniques

f. Define ultrasonic cleaning and utilize ultrasound cleaning techniques

g. Utilize procedures for soaking of instruments cold sterilization.

h. Practice OSHA-approved techniques for hazardous waste management

i. Demonstrate gloving techniques according to established procedures

j. Assemble and prepare instruments for sterilization

k. Operate sterilizing equipment according to manufacturer’s guidelines

l. Document instruction and compliance with Bloodborne Pathogen Training.

4. Clinical equipment function and maintenance

Graduates will be able to:

a. Identify and control the various functions for dental equipment in a clinical setting

b. Operate dental equipment according to manufacturer’s guidelines and institutional policy

c. Perform regular maintenance for dental equipment according to manufacturer’s guidelines and institutional policy

5. Ergonomics for the dental setting

Graduates will be able to:

a. Describe the importance of ergonomic positioning for the dental team

b. Identify the needs of all patients, including those with disabilities (and other special needs), and seat and provide assistance accordingly

6. Medical/dental histories and vital signs

Graduates will be able to:

a. Interview patients and record their medical and dental history, including any medications taken, and report areas of concern to the dentist.

b. Measure body temperature, pulse rate, respiration rate, and blood pressure.

c. Compare and contrast the normal/abnormal readings of each of the vital signs.

d. Assess and document the patient’s level of pain.

7. Instruments, tray set-ups, transfer methods

Graduates will be able to:

a. Identify the name, parts, and use of each dental instrument.

b. Recognize the function and use of each dental instrument.

c. Select instruments and demonstrate proper placement for a tray set-up for any given dental procedure.

d. Transfer of mixed materials, dental instruments, and other items using four or six handed dentistry

8. Oral illumination

Graduates will be able to:
a. Describe and understand the functions of dental lights
b. Operate and maintain dental lights
c. Position dental lights for optimal illumination of the oral cavity for all chairside procedures

9. Tissue retraction and oral evacuation
Graduates will be able to:

a. Apply methods of tissue retraction, including retraction with a high volume evacuator.
b. Place the saliva ejector for maintenance of a dry field.
c. Utilize methods to protect the patient’s oral tissue.
d. Identify the dangers of aspiration during dental procedures and apply methods to prevent aspiration of objects.

10. Isolation methods
Graduates will be able to:

a. Comprehend and describe the functions and uses of dental dams
b. Assemble a dental dam tray for placement
c. Demonstrate proper placement and removal of a dental dam
d. Comprehend and describe the functions and uses of cotton rolls and other isolation and moisture-control items
e. Demonstrate proper placement and removal of a dental dam.
f. Place and remove cotton rolls and other isolation and moisture-control items

11. Chairside instrumentation and materials for restorative procedures
Graduates will be able to:

a. Describe the functions, parts, and uses of various restorative instruments
b. Describe the function and manipulation of various chairside materials
c. Describe the function of all types of hand cutting instruments
d. Explain the names, numbers, and functions of burs
e. Describe the function of abrasive rotary instruments
f. Describe the function of preset trays and tubs
g. Describe cavity classifications
h. List the steps necessary for removal of caries prior to placement of a restoration
i. Recognize the indications for fluoride use and administer to the patient in accordance with state law, when prescribed by dentist
j. Describe the steps in obtaining virtual impressions to send to the dental laboratory
k. Describe the uses of laser and air-abrasion techniques in dentistry

12. Dental charting
Graduates will be able to:

a. Identify cavity classifications
b. Identify oral conditions using the Universal, Federation Dentaire Internationale, and Palmer numbering systems
c. Demonstrate skills in completing paper and electronic charting using appropriate terminology
d. Utilize common abbreviations for simple, compound, and complex cavities
e. List and describe color indicators and charting symbols

13. Dental Laboratory/pre-clinical
Graduates will be able to:

a. Describe the function and manipulation of various laboratory materials
b. Demonstrate the use of laboratory materials in taking an impression, and pouring and trimming a study model for diagnostic purposes
c. Obtain accurate bite registration

d. Polish removable appliances

e. Fabricate a mouth-guard

f. Create temporary crowns using a variety of materials

g. Fabricate custom and whitening trays

h. Describe the application of CAD/CAM in fixed prosthodontics

14. Pain management
Graduates will be able to:

a. Recognize and describe the symptoms associated with pain and anxiety

b. Describe the methods for treatment of pain and anxiety during a chairside procedure

c. Compare and contrast the types, indications, and contraindications of local anesthetics

d. Describe the components and functions of the anesthetic syringe

e. Assemble the supplies for administering local anesthetic

f. Explain the method for placement of topical anesthetics in accordance with state law.

g. Locate and describe the sites for maxillary and mandibular arch injections

h. Compare and contrast the supplemental techniques for anesthetic administration

i. Explain the need and method for nitrous oxide administration, and methods for monitoring its administration

j. List and describe the treatment for and recognition of complications arising from anesthet administration

15. Patient management and care procedures
Graduates will be able to:

a. Seat and dismiss the patient

b. Assess and recognize the indications for oral health instruction and educate the patient when necessary

c. Assess and recognize the indications for pre- and postoperative instructions, and administer to the patient when necessary

16. Dentistry law and ethics and jurisprudence
Graduates will be able to:

a. List and describe the legal aspects of dentistry

b. Compare and contrast the ethical aspects to the ethical dilemmas of dentistry

c. Describe the professional responsibilities as required in the American Dental Assistants’ Association Principles and Ethics

d. Recognize and explain the signs that may compromise the dental assistant’s ethics or professionalism

e. Define the term ethics and explain its importance for dental assisting practice

f. Apply ethical decision-making

g. Maintain patient confidentiality and privacy

h. Display competence and proper use of HIPAA compliance

i. Explain the patient Bill of Rights

j. Maintain professional codes of conduct and scope of practice

k. Apply local, state and federal standards and regulations for the control and use of health information

17. Professionalism
Graduates will be able to:

a. Define professional behavior and explain its importance in daily dental assisting practice
b. Demonstrate professional skill in the use of the internet, social media, and e-mail services
c. Exhibit effective listening skills and body language during performance of the job
d. Describe and employ appropriate attire and personal hygiene practices
ea. Use self-control and negotiation skills to resolve potential conflicts
f. Explain the importance of teamwork and consensus-building in daily dental assisting practice
g. Utilize critical thinking and apply appropriate problem-solving skills for work related conflicts
h. Practice a caring attitude and express compassion in all patient interactions
i. Practice knowledge of interpersonal skills to enhance working relationships

17.18. Dental Sciences

a. Anatomy and Physiology of the Oral Cavity
Proper practice of dental assisting requires in-depth knowledge of the anatomy and physiology of the oral cavity. In addition, an understanding of basic pathology requires knowledge of normal anatomy and physiology

b. Pharmacology of the Oral Cavity
Courses prepare graduates to demonstrate knowledge of
i. drug classifications and, prescription writing
ii. modes of medication administration
iii. drug interactions
iv. medication side effects

c. Radiography of the Oral Cavity
Courses Competencies are designed to integrate theoretical and practical application of exposing and processing intra- and extra-oral radiographs. Graduates demonstrate knowledge of radiation safety measures and competency in producing radiographic images in the laboratory on mannequins before they are allowed to take radiographs on patients, in accordance with state laws. Clinical supervision and evaluation by faculty is essential for safety and proper instruction.

d. Microbiology
Competencies in microbiology include basic principles of bacteriology, mycology, virology and immunology, with special emphasis on how they relate to the microbial flora of the oral cavity and to oral pathology. Concepts and methods of sterilization and disinfection and infection control principles are linked into concepts of Microbiology.

e. Nutrition
Instruction in nutrition consists of concepts for principles of diet management assessment as it pertains to oral health

f. Oral Pathology
Pathology competencies integrate both basic and clinical sciences and applies the knowledge gained to the recognition and understanding of deviation from normal.

1) General Pathology: the nature of disease, its causes, its processes, and its effects

2) Oral Pathology: basic knowledge of etiology, pathogenesis, identification, and management of diseases which affect the oral and maxillofacial regions.
3) Environmental/Occupational Hazards: any use or handling of tissue specimens that may be included as part of course or clinical instruction related to oral pathology follow recommended CDC and OSHA guidelines.

18.19. **BLS Healthcare Provider CPR /First Aid**
Graduates will be able to:
- Obtain an acceptable BLS or ACLS provider card prior to commencing clinical experience.
  - Nationally recognized certification in CPR

19.20. **Communication**
Graduates will be able to:
- Assess therapeutic communication based on specific audiences
- Assess the listener’s comprehension of the message conveyed
- Formulate written communications that utilize proper grammar, punctuation, and spelling
- Demonstrate verbal techniques that influence perception and enhance listening
- Describe and employ methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired
- Practice knowledge of interpersonal skills to enhance working relationships
  - Exhibit an understanding of diversity (e.g., culture, religion, race, age, gender, sexual orientation, disability, or other special needs, and economic status) and the ways that diversity influences language and communication
- **DAIL.2. A externship and/or internal clinical experience is required for completion of the program.**

The following is considered in choosing, placing and maintaining externship site affiliations:

(a) **Assignment**
Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. Externship sites include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. Minimally the externship clinical experience includes 160 clock hours. In all cases, the clinical externship site used is properly approved and regulated.

(b) **Activities**
Students are oriented to the facility and the daily routine of the facility. They initially observe activities and procedures and then begin performing tasks and procedures. Students are monitored during externship to make sure that they are utilizing the skills they were taught.

A minimum of 60 percent of the time spent in the clinic or office is spent in assisting in general dentistry.

(c) **Supervision**
There is direct supervision of all students in the field while participating in a clinical experience. Programs clarify their role in how their students will be supervised, by whom and visited how often while at externship site. There is clear and documented communication between the program and the clinical externship site.

Students may not replace existing staff or be compensated while participating in clinical experiences and this fact is made known to the student. The student is clearly in addition to the staff team and not a substitution.
(d) Requirements for Completion
Upon completion of the clinical externship experience, students demonstrate entry-level proficiency in all areas of the curriculum.

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

DAI.B.1. The program supervisor possesses supervisory experience and is credentialed and experienced in the field.

A program supervisor:

1. holds a current dental assistant registration or certification through a nationally recognized and accredited certifying agency, or is a licensed dentist, and is proficient in four-handed and/or six-handed dentistry principles;
2. has experience in the field; and
3. is sufficiently free from service and other non-educational duties to fulfill the educational and administrative requirements of the program.

[A licensed dental hygienist who was appointed as a dental assisting program supervisor prior to July 1, 2010, is exempt from requirement (i) regarding credentialing in the dental assisting field provided he or she possesses occupational experience in the application of clinical chairside dental assisting involving four-handed dentistry.]

The responsibilities of the program supervisor include participation in:

(a) Budget preparation
(b) Fiscal administration
(c) Curriculum development and coordination
(d) Selection and recommendation of individuals for faculty appointment and promotion
(e) Supervision and evaluation of faculty
(f) Determining faculty teaching assignments
(g) Determining admissions criteria and procedures
(h) Planning and operating Scheduling use of program facilities
(i) Selection of extramural facilities and coordination of instruction in the facilities
(j) Assessment of facilities and equipment periodically in relation to current concepts of dental assisting and recommends appropriate modifications

Subsection 2 – Faculty and consultation

DAI.B.2.a. Faculty formal education/training and experience support the goals of the program.

All core faculty possess:

1. Current knowledge and experience in dental assisting. Faculty are proficient in didactic and clinical four-handed and/or six-handed dentistry.
2. The institution ensures faculty are experienced in educational methods, testing, and evaluation.
3. Faculty are awareness of any applicable state requirements governing dental assisting programs, as applicable.

Commented [KC53]: Rationale for change: Revised to be consistent throughout chapter viii
Commented [KC54]: Rationale for change: Removed as 10 years down the line, and it reads more like a memo to the field than a standard
Commented [JC55]: Rationale for change: These duties are more applicable to campus leadership that program supervisors
Commented [JC56]: Rationale for change: Not typically part of DAI supervisor responsibilities
Commented [KC57]: Rationale for change: To match DAIII and other chapters of the Accreditation Manual
DAI.B.2.b. Faculty size/numbers support the goals of the program.

There is an adequate number of faculty to support student needs, including tutorial support. Supervision during laboratory instruction is defined as student to faculty ratio of no more than 12:1.

DAI.B.2.c. A program is served by an advisory board of program related specialists to assist administration and faculty in fulfilling stated educational objectives.

The program’s advisory board consists of at least one current faculty member, a representative from the institution’s administration, and at least one non-employee representative from each of the following communities of interest:

i. program student
ii. program graduate
iii. dental assistant
iv. licensed dentist
v. the public (public member is to serve in the role of potential patient assessing continued public health and welfare)
vi. employer

An individual may not serve in more than one capacity.

SECTION C – Educational Laboratory Facilities and Resources

DAI.C.1.a. The institution’s laboratory facilities are well stocked, sufficient in size, and adequately maintained, and include the following:

- At a minimum, the institution’s dental laboratory facility must include:
  - Student stations suitable to number of students
  - Lighting, electrical outlets, ventilation and storage space
  - Adequate lighting, electrical outlets, and storage space
  - Adjustable chair
  - Sinks and plaster control devices
  - Adequate ventilation
  - Sufficient number of lathes, model trimmers, and vibrators for proper instruction
  - Sufficient variety of quality dental materials/supplies
  - Power operated chairs
  - Sufficient number of lathes, model trimmers, and vibrators for proper instruction
  - Sufficient number of view boxes and film-holding devices to accommodate several students
  - Imaging devices and processing equipment
  - Individual radiation monitoring devices/dosimeters
  - Lead apron with cervical collar

Commented [JC58]: Rationale for change: aligns with other chapters.

Commented [JC59]: Rationale for change: Duplicate from ii.

Commented [JC60]: Rationale for change: Duplicate of ii.

Commented [JC61]: Rationale for change: More descriptive

Commented [JC62]: Rationale for change: Redundant with i.
DAI.C.1.b. Equipment and instruments are available within the institution’s laboratory facility to achieve the program’s goals and objectives.

Instruments include, but are not limited to, the following types:

i. Diagnostic
ii. Surgical
iii. Operative
iv. Periodontal
v. Orthodontic
vi. Endodontic
vii. Pediatric
viii. Prosthodontics (removable and fixed)

Supplies, equipment, and instrumentation for laboratory instruction reflects actual clinical experiences and support class size.

DAI.C.1.c. The institution’s laboratory facilities are readily available for students to develop required skills with faculty supervision.

Radiography facilities are available for students to develop required skills with faculty supervision. Each is sufficient to accommodate instruction and practice in exposing and processing radiographs. Student to radiography machine ratio does not exceed 5:1 when exposing radiographic images.

DAI.C.1.d. Clinical treatment areas are sufficient in size to accommodate an operator, patient, student, and faculty member during instruction.

DAI.C.1.e. Infectious disease and radiation management policies are provided to all students, faculty, and appropriate support staff and continuously monitored for compliance.

Programs document compliance with institutional policy and applicable local, state, and federal regulations that include, but are not limited to, hazardous materials, universal precautions, and blood borne pathogens, and infectious disease management. Additionally, policies on blood borne pathogens and infectious disease management are made available to patients and applicants for admission and patients. Radiation protection and monitoring devices are available for each student.

SECTION D – Radiation Safety

DAI.D.1.a. The program has established radiation safety policies and procedures compliant with federal and state radiation protection laws.

i. Radiation safety policies and practices promote the application of ALARA (as low as reasonably achievable) principles.

ii. The program assures that students appropriately perform radiation safety in laboratory and clinical settings.

iii. Students must not hold image receptors.

Commented [JC63]: Rationale for change: Redundant with chapter V.

Commented [JC64]: Rationale for change: Clarifies meaning of 5:1 ratio.

Commented [KC65]: Rationale for change: Added section related to radiation safety because critical for DA.
DAI.D.1.b. Students must be issued radiation exposure monitors that are relevant to current practice regarding type and length of exposure.

i. The program requires students to wear an assigned radiation monitor in all potential exposure situations to include laboratory, clinical, or other observational experiences.

ii. The program has an established process for timely review of student dosimetry reports.

iii. Dosimetry reports must be maintained in a secure and confidential manner.

iv. The program must maintain and monitor student radiation exposure data. This information must be available to students within thirty (30) school days following receipt of data.

DAI.D.1.c. The program has an established student pregnancy policy compliant with federal and state radiation protection laws.

i. Students must have access to the program’s pregnancy policy upon enrollment.

ii. The program’s pregnancy policy allows for voluntary written disclosure of pregnancy, including a voluntary written withdrawal of this disclosure.

iii. The program’s pregnancy policy provides enrollment choices for disclosed pregnant students including, but not limited to, an option for student continuance in the program without modification. The program may offer clinical component options such as clinical reassignment and/or leave of absence.

iv. The program’s pregnancy policy allows disclosed pregnant students to seek counseling from a qualified individual.

v. Upon student disclosure, the student must be provided a fetal dose monitor and instructions for use.
CHAPTER VIII– DA II
EVALUATION STANDARDS FOR DENTAL ASSISTING

The Accrediting Bureau of Health Education Schools (ABHES) does not programmatically accredit any dental assisting program, whether at a basic level or at a more advanced level of practice, but, as an institutional accrediting agency, includes this program within an institution’s grant of accreditation. The dental assisting program offered at an ABHES-accredited institution must comply with all policies, procedures, and standards described throughout the Accreditation Manual, including the general evaluation standards applicable to all institutions (Chapter IV) and the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific accreditation requirements for a dental assisting program.

ABHES may include either a basic level dental assisting program (identified as “Dental Assisting I”), a basic dental assisting curriculum with additional academic and clinical training expanded level dental assisting program (identified as “Dental Assisting II”), or both, within an institution’s grant of accreditation. The practice of dental assisting has evolved so that in some areas of the country the broad field commonly referred to as “dental assisting” may now encompass more than one level of job functions and responsibilities. Consistent with the fact of the different levels of professional responsibility, ABHES recognizes that not all educational programs under the general rubric “dental assisting” have the same mission, but rather that some are intended to prepare graduates only for the more basic responsibilities while others are intended to prepare graduates for additional, greater levels of responsibility. Therefore, ABHES provides additional standards for the inclusion of a more advanced expanded level dental assisting program (“Dental Assisting II”).

The institution evidences that the “Dental Assisting II” program has as its mission the preparation of graduates with the knowledge and skills required for a dental assistant with expanded duties or an equivalent of that term recognized by the state regulatory agency for jurisdictions served by the institution, as applicable.

This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a dental assisting program or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning. For purposes of this chapter, any program identified as “dental assisting” or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning complies with these standards. This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter.

DESCRIPTION OF THE PROFESSION

The dental assistant is trained in dentistry techniques and also performs general office duties, including a variety of patient care, office, and laboratory duties. Dental assistants work chairside and some duties may be performed under general or direct supervision, as state dental laws provide.

Dental assistants acquire vital signs and dental and medical histories, prepare patients for examinations, treatments, or surgical procedures, and work chairside as dentists examine and treat patients. They expose and/or process dental radiographs and prepare dental materials and injections.

Dental assistants possess a thorough knowledge of the equipment, supplies, instruments, and techniques required for every dental procedure, and proper disinfection and sterilization techniques for infection control. They sterilize and disinfect instruments and equipment, prepare trays of instruments for dental procedures, and instruct patients on pre- and postoperative and general oral health care. They apply topical...
anesthesia preoperatively if permitted by law and understand the procedural steps necessary to successfully complete any dental procedure. During the procedure, dental assistants provide oral illumination, tissue retraction, and oral evacuation.

Dental assistants perform a variety of clinical, laboratory, and administrative duties. Dental assistants should not be confused with dental hygienists or dental therapists, who are licensed to perform at different clinical scopes of practice. Only those procedures legally permitted to be performed will be taught to clinical competence; all other procedures will be taught to laboratory competence.

**CREDENTIALING**

Most states may regulate the duties that dental assistants are allowed to perform through licensure or registration, which may require passing a written or practical examination. Licensure, certification, or registration is an acknowledgment of an assistant’s qualifications and professional competence and may be an asset when one is seeking employment. For annual recertification, individuals normally earn continuing education credits.

Individual states have adopted different standards for dental assistants who perform certain advanced duties, such as radiological procedures. Some states require completion of a state-approved course in radiology or advanced credentials from nationally-recognized credentialing agencies.

Many states have adopted specific requirements for education, experience, or credentialing of dental assistants or of dental assistants with expanded functions or duties. ABHES accreditation of an institution offering a dental assisting or expanded dental assisting program means that the program has demonstrated compliance with the applicable ABHES standards. Institutions are responsible for knowing and abiding by applicable state requirements. Accreditation does not imply or guarantee that graduates necessarily meet the specific state eligibility requirements for credentialing, licensure, or employment. An expanded dental assisting program that complies with ABHES requirements may not be comparable to state requirements for an expanded functions dental assisting program. Institutions are further responsible to be familiar with and to disclose to all prospective students all information related to graduate eligibility or credentialing, licensure, and employment.

Commented [JC4]: Rationale for change: Made consistent with other sections of VIII
SECTION A – Curriculum, Competencies, and Externship and/or Internal Clinical Experience

DAIA.1. The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the dental assisting field.

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework and skills. Students are advised prior to admission and throughout the program of any credentialing requirements necessary to achieve employment in the field. Focus is placed on credentialing requirements and opportunities to obtain employment and to increase employability.

To provide for student attainment of entry-level competence, the curriculum includes but is not be limited to, the following:

1. Communication
   Graduates will be able to:
   a. Assess therapeutic communication based on specific audiences
   b. Assess the listener’s comprehension of the message conveyed
   c. Formulate written communications that utilize proper grammar, punctuation, and spelling
   d. Demonstrate verbal techniques that influence perception and enhance listening
   e. Describe and employ methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired
   f. Practice knowledge of interpersonal skills to enhance working relationships
   g. Exhibit an understanding of diversity (e.g., culture, religion, race, age, gender, sexual orientation, disability, or other special needs, and economic status) and the ways that diversity influences language and communication

2. Professional skills and ethical behavior for the dental assistant
   Graduates will be able to:
   a. Define professional behavior and explain its importance for dental assisting practice
   b. Describe and employ appropriate attire and personal hygiene practices
   c. Use self-control and negotiation skills to resolve conflicts
   d. Explain the importance of teamwork and consensus-building for successful dental assisting practice
   e. Practice knowledge of interpersonal skills to enhance working relationships
   f. Comprehend Describe small-group dynamics and how they affect dental assisting practice
   g. Use techniques for quality assurance to enhance patient care
   h. Practice a caring attitude and express compassion in all patient interactions
   i. List and describe potential ethical scenarios that may arise during dental assisting practice
   j. Define the term ethics and explain its importance for dental assisting practice
   k. Safeguard patient confidentiality through ethical and legal practices, and identify and apply all HIPAA guidelines for dental assisting practice

3.1 Clinical Sciences
   Graduates will be able to:
   a. Employ crucial problem-solving skills for work-related problems
   b. Practice critical thinking to effect workplace solutions
   c. Promote practices for good health, and communicate these practices to patients
   d. Practice the ability for self-assessment and correct problems that are identified
   e. Comprehend Explain and employ evidence-based techniques for workplace decisions
Practice the ability for self-assessment and correct problems that are identified

Promote practices for good health, and communicate these practices to patients

Compare and contrast the state laws and regulations that affect the practice of the dental assistant

Describe and practice principles and procedures for patient safety

List and describe the various print and electronic resources that the dental assistant can utilize to stay current for practice

Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork

4.2 Business Office Procedures

Graduates will be able to:

a. Assess Recognize the importance of accurate patient treatment record maintenance
b. Schedule Handle office appointments in a professional manner
c. Respond Handle telephone and electronic queries in a professional manner
d. Perform word processing on a computer
e. Operate office equipment
f. Utilize current trends in technology for communication and outreach
g. Define and demonstrate professional verbal and written communication in the work place
h. Identify dental office marketing opportunities (e.g., newsletters, websites, social media, etc.)
i. Identify and analyze patient confidentiality issues involving the collection and transmission of data
j. Maintain inventory supply levels

5.3 Infection and hazard control

Graduates will be able to:

a. Comprehend and Perform all relevant hand washing techniques
b. Recognize the need for and demonstrate the use of personal protective barriers and perform their placement
c. Recognize the need for and demonstrate the use of surface barriers
d. Differentiate between sterilization and disinfection
e. Understand and Perform disinfection procedures and techniques
f. Define and Utilize ultrasonic cleaning and utilize ultrasound cleaning techniques
g. Utilize Perform procedures for soaking of instruments
h. Practice OSHA-approved techniques for hazardous waste management
i. Perform glovning techniques according to established procedures
j. Operate sterilizing equipment according to manufacturer’s guidelines
k. Assemble and prepare instruments for sterilization
l. Utilize biological indicators to monitor autoclave effectiveness
m. Utilize radiographic monitoring devices and understand their importance
n. Handle all sharps (needles and blades) according to established procedures
o. Document instruction and compliance with Universal Precautions in laboratory and clinical settings, including appropriate handling of sharps and biohazard materials
p. Document instruction and compliance with Bloodborne Pathogen Training

6.4 Clinical equipment function and maintenance

Graduates will be able to:

a. Identify and control the various functions for dental equipment in a clinical setting
b. Operate dental equipment according to manufacturer’s guidelines and institutional policy
c. Perform regular maintenance for dental equipment according to manufacturer’s guidelines and institutional policy
5. Ergonomics for the dental setting
Graduates will be able to:
   a. Describe and understand the importance of ergonomic positioning for the dental team
   b. Utilize accepted techniques for prevention of repetitive motion injuries
   c. Seat and dismiss patients for dental procedures
   d. Identify the needs of all patients, including those with disabilities (and other special needs), and provide assistance accordingly

7.6. Medical/dental histories and vital signs
Graduates will be able to:
   a. Comprehend Apply the relevance of medical and dental histories to treatment
   b. Interview patients, assemble and record their medical and dental histories of the patient including any medications taken, and report areas of concern to the dentist
   c. Obtain and document readings for body temperature, pulse rate, respiration rate, and blood pressure
   d. Compare and contrast the normal/abnormal readings of each of the vital signs
   e. Assess and document the patient’s level of pain

8.7. Instruments, tray set-ups, transfer methods
Graduates will be able to:
   a. Identify the name, parts, and use of each dental instruments
   b. Recognize the function and use of each dental instruments
   c. Select Identify instruments and demonstrate proper placement for a tray-set-up for any given dental procedure
   d. Utilize the various grasps for all dental instruments
   e. Transfer of mixed materials, instruments, and other items using four or six handed dentistry

9.8. Oral illumination
Graduates will be able to:
   a. Describe and understand the functions of dental lights
   b. Operate and maintain dental lights
   c. Position dental lights for optimal illumination of the oral cavity for all chairside procedures

10.9. Tissue retraction and oral evacuation
Graduates will be able to:
   a. Understand and apply methods of tissue retraction, including retraction with a high velocity evacuator
   b. Utilize methods to protect the patient’s oral tissue
   c. Assess the need for protection of the patient’s oral tissues, and apply methods to prevent damage
   d. Assess the dangers of aspiration during dental procedures, and apply methods to prevent aspiration of objects

11.10. Isolation methods
Graduates will be able to:
   a. Comprehend and describe the functions and uses of dental dams
   b. Assemble a dental dam tray for placement
   c. Demonstrate proper placement and removal of a dental dam
   d. Comprehend and describe the functions and uses of cotton rolls and other isolation and moisture control items
   e. Place and remove cotton rolls and other isolation and moisture-control items
12.11. Chairside instrumentation and materials for restorative procedures

Graduates will be able to:

a. Describe the functions, parts, and uses of various restorative instruments.

b. Describe the function and manipulation of various chairside materials.

c. Describe the function of all types of hand cutting instruments.

d. Explain the names, numbers, and functions of burs.

e. Comprehend the function of abrasive rotary instruments.

f. Comprehend the function of preset trays and tubs.

g. Describe cavity classifications.

h. List the steps necessary for removal of caries prior to placement of a restoration.

i. Assess and recognize the indications for fluoride use and proper placement in accordance with state law, and administer to the patient when necessary.

j. Describe the steps in obtaining virtual impressions to send to the dental laboratory.

k. Research and describe the uses of laser and air-abrasion techniques in dentistry.

12. Dental charting

Graduates will be able to:

a. Identify cavity classifications.

b. Describe oral conditions using the Universal, Federation Dentaire Internationale, and Palmer numbering systems.

c. Demonstrate skills in completing paper and electronic charting using appropriate terminology.

d. Utilize common abbreviations for simple, compound, and complex cavities.

e. List and describe color indicators and charting symbols.

13. Dental Laboratory/pre-clinical

Graduates will be able to:

a. Describe the function and manipulation of various laboratory materials.

b. Demonstrate the use of laboratory materials in taking an impression, and pouring and trimming a study model for diagnostic purposes.

c. Obtain accurate bite-registration.

d. Polish removable appliances.

e. Fabricate a mouth-guard.

f. Create temporary crowns using a variety of materials.

g. Fabricate custom and whitening trays.

h. Describe the application of CAD/CAM in fixed prosthodontics.

Research: Computer Aided Manufacturing of fixed prosthodontics and identify steps for completion and care of equipment.

14. Pain management

Graduates will be able to:

a. Recognize and describe the symptoms associated with pain and anxiety.

b. Describe the methods for treatment of pain and anxiety during a chairside procedure.

c. Explain the method for placement of topical anesthetics in accordance with state law.

d. Compare and contrast the types, indications, and contraindications of local anesthetics.

e. Assemble an anesthetic tray.

f. Assemble the supplies for administering local anesthesia. Describe the components and functions of the anesthetic syringe.

g. Locate and describe the sites for maxillary and mandibular arch injections.

h. Compare and contrast the supplemental techniques for anesthetic administration.

i. Explain the need and method for nitrous oxide administration, and methods for monitoring its administration.
j. List and describe the treatment for and recognition of complications arising from anesthesia administration.

**15. Patient management and care procedures**
Graduates will be able to:

- a. Seat and dismiss the patient
- b. Assess and recognize the indications for oral health instruction and educate the patient when necessary
- c. Assess and recognize the indications for pre- and postoperative instructions, and administer to the patient when necessary

**16. Dentistry law and ethics and jurisprudence**
Graduates will be able to:

- a. List and describe the legal aspects of dentistry.
- b. Compare and contrast the ethical aspects to the ethical dilemmas of dentistry.
- c. Describe the professional responsibilities as required in the American Dental Assistants’ Association Principles and Ethics
- d. Define the term ethics and explain its importance for dental assisting practice
- e. Display competence and proper use of HIPAA compliance
- f. Explain the patient Bill of Rights
- g. Maintain professional codes of conduct and scope of practice
- h. Apply local, state and federal standards and regulations for the control and use of health information
- i. Recognize and explain the signs that may compromise the dental assistant’s ethics or professionalism

**17. Professionalism**
Graduates will be able to:

- a. Define professional behavior and explain its importance for dental assisting practice
- b. Describe and employ appropriate attire and personal hygiene practices
- c. Use self-control and negotiation skills to resolve conflicts
- d. Explain the importance of teamwork and consensus-building for successful dental assisting practice
- e. Practice a caring attitude and express compassion in all patient interactions
- f. Practice knowledge of interpersonal skills to enhance working relationships
- g. Describe small-group dynamics and how they affect dental assisting practice
- h. Use techniques for quality assurance to enhance patient care
- i. List and describe potential ethical scenarios that may arise during dental assisting practice
- j. Define the term ethics and explain its importance for dental assisting practice
- k. Safeguard patient confidentiality through ethical and legal practices, and identify and apply all HIPAA guidelines for dental assisting practice

**18. Dental Sciences**

- a. Anatomy and Physiology of the Oral Cavity
  Proper practice of dental assisting requires in-depth knowledge of the anatomy and physiology of the oral cavity. In addition, an understanding of basic pathology requires knowledge of normal anatomy and physiology
  
  - b. Pharmacology of the Oral Cavity

Courses prepare graduates to demonstrate knowledge of
Radiography of the Oral Cavity

Courses in radiography are designed to integrate theoretical and practical application of exposing and processing intra- and extra-oral radiographs. Graduates demonstrate knowledge of radiation safety measures and competency in producing radiographic images in the laboratory on mannequins before they are allowed to take radiographs on patients, in accordance with state laws. Supervision and evaluation by faculty is essential for safety and proper instruction.

Microbiology

Microbiology courses include basic principles of bacteriology, mycology, virology, and immunology, with special emphasis on how they relate to the microbial flora of the oral cavity and to oral pathology. Concepts and methods of sterilization, disinfection, and infection control principles are linked into concepts of Microbiology.

Nutrition

Courses in nutrition consist of concepts, principles of diet assessment, management as it pertains to the oral health cavity, and patient management for developing a comprehensive disease program to treat individual patients.

Oral Pathology

Pathology courses integrate both basic and clinical sciences and apply the knowledge gained to the recognition and understanding of deviation from normal. An emphasis on clinical application includes an understanding of personal health and disease and its relation to optimal function. The components of oral and general pathology may be addressed in one core course or integrated into several courses throughout the curriculum. The depth and scope of the curriculum may vary based upon the influences of the program level and academic setting.

1) General Pathology: the nature of disease, its causes, processes, and effects, together with associated alterations of structure and function.

2) Oral Pathology: basic knowledge of etiology, pathogenesis, identification, and management of diseases which affect the oral and maxillofacial regions.

3) Interpret Diagnosis: the identification of a specific disease, including dental caries. Interpreting the diagnostics includes: clinical identification, radiographic interpretation, historical data (medical and dental), laboratory studies, surgical intervention, therapeutic application, and the differential diagnosis. (Note: only a dentist can diagnose.)

4) Environmental/Occupational Hazards: any use or handling of tissue specimens that may be included as part of course or clinical instruction related to oral pathology follow recommended CDC and OSHA guidelines.

19. BLS/First Aid

Healthcare Provider CPR

Graduates will be able to:

- Obtain an accepted BLS or ACLS provider card prior to commencing clinical experience; nationally recognized certification in CPR.
20. Communication
Graduates will be able to:

b. Assess therapeutic communication based on specific audiences
c. Assess the listener’s comprehension of the message conveyed
d. Formulate written communications that utilize proper grammar, punctuation, and spelling
e. Demonstrate verbal techniques that influence perception and enhance listening
f. Describe and employ methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired
g. Practice knowledge of interpersonal skills to enhance working relationships
h. Exhibit an understanding of diversity (e.g., culture, religion, race, age, gender, sexual orientation, disability, or other special needs, and economic status) and the ways that diversity influences language and communication

DAIL.A.2. A clinical experience is required for completion of the program.

The following is considered in choosing, placing and maintaining externship site affiliations:

(a) Assignment
Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. Minimally the clinical experience includes 300 clock hours. In all cases, the clinical site used is properly approved and regulated.

(b) Activities
A minimum of 60 percent of the time spent in the clinic or office is spent in assisting in general dentistry.

(c) Supervision
There is direct supervision of all students in the field while participating in a clinical experience. Programs clarify their role in how their students will be supervised, by whom and visited how often while at their site. There is clear and documented communication between the program and the clinical site.

If the program does not employ a supervisor on site, a qualified preceptor employed by the clinical site meeting the program supervision requirements described in Section B below for either supervisor or faculty qualifications, is responsible for such supervision. This individual possesses the necessary pedagogical knowledge and understands the program expectations.

(d) Requirements for Completion
Upon completion of the clinical experience, students demonstrate entry-level proficiency in all areas of the curriculum. Students also fulfill requirements in accordance with distributions for general and specialty areas and level of complexity.

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

DAIL.B.1. The program supervisor possesses supervisory experience and is credentialed and experienced in the field.

A program supervisor:
i. Holds a current dental assistant registration or certification through a nationally recognized and accredited certifying agency, or is a licensed dentist, and is proficient in four-handed and/or six-handed dentistry principles.

ii. is a currently Certified or Registered Dental Assistant (CDA or RDA) or a licensed dentist, and is proficient in four-handed and/or six-handed dentistry principles.

iii. Possesses a baccalaureate degree.

iv. Has experience in the field and as an educator, including administrative functions, in a dental assisting program; and,

v. Is sufficiently free from service and other non-educational duties to fulfill the educational and administrative requirements of the program.

A licensed dental hygienist who was appointed as a dental assisting program supervisor prior to July 1, 2010, is exempt from requirement (i) regarding credentialing in the dental assisting field provided he or she possesses occupational experience in the application of clinical chairside dental assisting involving four-handed dentistry.

The responsibilities of the program supervisor include participation in:

- **Budget preparation**
- **Fiscal administration**
- **Curriculum development and coordination**
- **Selection and recommendation of individuals for faculty appointment and promotion**
- **Supervision and evaluation of faculty**
- **Determining faculty teaching assignments**
- **Determining admissions criteria and procedures**
- **Planning and operating use of program facilities**
- **Selection of extramural facilities and coordination of instruction in the facilities.**
- **Assessment of facilities and equipment periodically in relation to current concepts of dental assisting and recommends appropriate modifications.**

**Subsection 2 – Faculty and consultation**

**DAII.B.2.a. Faculty formal education/training and experience support the goals of the program.**

All core faculty possess:

- **i.** Current dental assistant registration or certification through a nationally recognized and accredited certifying agency are Certified Dental Assistants or Registered Dental Assistants (CDA or RDA). Faculty members who are dentists are not required to hold a current dental assistant registration or certification through a nationally recognized and accredited certifying agency.

- **ii.** State licensed, if required, by the state, as required, and possess current knowledge and experience in dental assisting. Faculty is proficient in didactic and clinical four-handed and/or six-handed dentistry. Faculty members who are dentists are not required to hold a current dental assistant registration or certification through a nationally recognized and accredited certifying agency.

- **iii.** An earned baccalaureate degree or be working toward completing a baccalaureate degree program in a timely manner.

- **iv.** The institution ensures faculty is experienced in educational methods, testing, and evaluation.
vi. Faculty is aware of any applicable state requirements governing dental assisting programs, as applicable.

DAII.B.2.b. Faculty size/numbers support the goals of the program.

There is an adequate number of faculty to support student needs, including tutorial support. Supervision during laboratory instruction is defined as student to faculty ratio of no more than 12:1.

DAII.B.2.c. A program is served by an advisory board of program related specialists to assist administration and faculty in fulfilling stated educational objectives.

The program’s advisory board consists of at least one current faculty member, a representative from the institution’s administration, and at least one non-employee representative from each of the following communities of interest:

i. program student
ii. program graduate
iii. dental assistant
iv. licensed dentist
v. the public (public member is to serve in the role of potential patient assessing continued public health and welfare)
vii. employer

An individual may not serve in more than one capacity.

SECTION C – Educational Laboratory Facilities and Resources

DAII.C.1.a. The institution’s laboratory facilities are well stocked, sufficient in size, and adequately maintained, and include the following.

At a minimum, the institution’s dental laboratory facility must include:

i. Student stations suitable to number of students
ii. Lighting, electrical outlets, ventilation and storage space
iii. Adequate lighting, electrical outlets, and storage space
iv. Adjustable chair
v. Sinks and plaster control devices
vi. Adequate ventilation
vii. Sufficient number of lathes, model trimmers, and vibrators for proper instruction
viii. Sufficient variety of quality dental materials/supplies
ix. Power operated chairs
x. Air and water syringes
xi. Dental units and mobile stools
xii. Adjustable patient overhead dental light
xiii. High and low speed handpieces
xiv. Oral evacuating equipment
xv. Work surface for the assistant
xvi. Sterilizing equipment and area for preparing, sterilizing, and storing instruments
xvii. Sufficient number of dental radiography units that meet applicable regulations
xviii. Sufficient number of teaching mannequins
xix. Sufficient number of view boxes and film-holding devices to accommodate several students
DAI.C.1.b. Equipment and instruments are available within the institution’s laboratory facility to achieve the program’s goals and objectives. Instruments include, but are not limited to, the following types:

i. Diagnostic
ii. Surgical
iii. Operative
iv. Periodontal
v. Orthodontic
vi. Endodontic
vii. Pediatric
viii. Prosthodontics (removable and fixed)

DAI.C.1.c. The institution’s laboratory facilities are readily available for students to develop required skills with faculty supervision.

Radiography facilities are available for students to develop required skills with faculty supervision. Each is sufficient to accommodate instruction and practice in exposing and processing radiographs. Student to radiography machine ratio does not exceed 5:1 when exposing radiographic images.

DAI.C.1.d. Clinical treatment areas are sufficient in size to accommodate an operator, patient, student, and faculty member during instruction.

DAI.C.1.e. Infectious disease and radiation management policies are provided to all students, faculty, and appropriate support staff and continuously monitored for compliance.

Programs document compliance with institutional policy and applicable local, state, and federal regulations that include, but are not limited to hazardous materials, universal precautions, and blood borne pathogens, and infectious diseases management. Additionally, policies on blood borne pathogens and infectious diseases management are made available to patients and applicants for admission and patients. Radiation protection and monitoring devices are available for each student.

SECTION D – Radiation Safety

DAI.D.1.a. The program has established radiation safety policies and procedures compliant with federal and state radiation protection laws.

i. Radiation safety policies and practices promote the application of ALARA (as low as reasonably achievable) principles.

ii. The program assures that students appropriately perform radiation safety in laboratory and clinical settings.

iii. Students must not hold image receptors.
DAII.D.1.b. Students must be issued radiation exposure monitors that are relevant to current practice regarding type and length of exposure.

i. The program requires students to wear an assigned radiation monitor in all potential exposure situations to include laboratory, clinical, or other observational experiences.

ii. The program has an established process for timely review of student dosimetry reports.

iii. Dosimetry reports must be maintained in a secure and confidential manner.

iv. The program must maintain and monitor student radiation exposure data. This information must be available to students within thirty (30) school days following receipt of data.

DAII.D.1.c. The program has an established student pregnancy policy compliant with federal and state radiation protection laws.

i. Students must have access to the program’s pregnancy policy upon enrollment.

ii. The program’s pregnancy policy allows for voluntary written disclosure of pregnancy, including a voluntary written withdrawal of this disclosure.

iii. The program’s pregnancy policy provides enrollment choices for disclosed pregnant students including, but not limited to, an option for student continuance in the program without modification. The program may offer clinical component options such as clinical reassignment and/or leave of absence.

iv. The program’s pregnancy policy allows disclosed pregnant students to seek counseling from a qualified individual.

v. Upon student disclosure, the student must be provided a fetal dose monitor and instructions for use.
CHAPTER VIII – DMS
EVALUATION STANDARDS FOR DIAGNOSTIC MEDICAL SONOGRAPHY

The Accrediting Bureau of Health Education Schools does not accredit programmatically a diagnostic medical sonography program, but, as an institutional accrediting agency, includes this program within an institution’s grant of accreditation. The program must comply with all policies, procedures, the standards described throughout the Accreditation Manual, including the general evaluation standards applicable to all institutions (Chapter IV) and the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific requirements for a Diagnostic Medical Sonography program.

This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a diagnostic medical sonography program or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning. For purposes of this chapter, a diagnostic medical sonography program includes any additional programs identified by any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning. This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter.

DESCRIPTION OF THE PROFESSION

A diagnostic medical sonographer is a healthcare professional who utilizes medical ultrasound in various medical settings to gather sonographic data to aid in the diagnosis of a variety of medical conditions and diseases. Specialties for the profession include general (defined as abdominal, obstetric, gynecological, and superficial structures), cardiac, and vascular sonography, muscular skeletal, pediatrics, interventional, breast, as well as various other subspecialties. The diagnostic medical sonographer may work under general or direct supervision defined by state law.

The diagnostic medical sonographer identifies, records, and processes anatomical and pathophysiological data for diagnostic screening and for integration with medical history. The findings are properly communicated to a licensed practitioner for interpretation. In addition, the diagnostic medical sonographer provides education to patients in matters that involve medical ultrasound procedures and promotes basic principles of good health.

Diagnostic medical sonographers are employed in both inpatient and outpatient healthcare delivery, in settings including but not limited to: general and specialized hospitals, imaging centers, mobile clinics, surgical centers, vascular centers, obstetric gynecological offices, physician’s offices, and veterinary centers.

CREDENTIALING

Credentialing in diagnostic medical sonography may be required by employers and is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the credentialing examinations available from a nationally recognized and accredited certifying agency in the field of study.
SECTION A – Curriculum, Competencies, and Clinical Experience

DMS.A.1. The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies, and skills as an entry-level sonographer in the field of diagnostic medical sonography.

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework, skills assessments, and clinical experiences. Students are advised, prior to enrollment and throughout the program, of any credentialing requirements necessary to achieve and/or maintain employment in the field. Focus is placed on increasing the marketability and employability of graduates through credentialing.

To provide for student attainment of entry-level competence, the curriculum includes, but is not limited to, the following:

Curricular Components
Courses are defined as either core or non-core courses. Core courses are categorized as Applied Ultrasound Sciences and Learning Concentrations. Non-core courses are categorized as General Education and Curricular Requisites. General Education requirements (communication skills which may be met with courses in college-level English composition or speech, college-level mathematics, human anatomy and physiology, and general physics are met before core educational courses are presented. Curricular Requisites (career development, medical terminology, medical law and ethics, basic patient care, and pathophysiology), are presented in a logical sequence within the curriculum. The curriculum follows a logical and progressive order and sequence.

1. General Education (must be met prior to Core Courses)
   A. Communication Skills
      Graduates will be able to:
      a. Obtain patient history
      b. Discuss pre- and post-procedure information
      c. Explain diagnostic testing protocols
      d. Prepare and present technical reports and communicate clinical findings to licensed practitioner
      e. Demonstrate basic computer skills
      f. Practice effective communication in the workplace
      g. Demonstrate proper telephone etiquette
      h. Demonstrate an understanding of diverse populations (e.g. culture, religion, race, age, gender, sexual orientation, disability or patients with special needs, and economic status) and the ways that diversity influences language and communication
      i. Demonstrate an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; role/responsibilities; interprofessional communication; teamwork

   B. Mathematics
      Graduates will be able to:
      a. Demonstrate a proficient understanding of the metric system and measurements
      b. Perform arithmetic and algebraic functions and processes
      c. Understand the use of fractions, decimals, percentages, and interconversions
      d. Apply knowledge of logarithms and exponents

   C. General Physics
      Graduates will be able to:
      a. Understand apply principles of general physics (e.g., motion, work, and heat)
b. Understand Describe principles of acoustic physics (e.g., sound production and propagation and interactions of sound with matter)

c. Apply principles of Doppler and Duplex applications in diagnostic medical sonography

d. Identify Doppler and Duplex instruments, components, and technologies

e. Understand the components and functions of the ultrasound system

f. Select and utilize ultrasound transducers

g. Understand the principles of hemodynamics

h. Demonstrate knowledge of bio effects of ultrasound, quality assurance, and clinical safety

c. Classify properties of matter

d. Identify mechanics of measurement

e. Compare forces of motion

f. Describe properties of gravity, temperature and heat

g. Describe the fundamentals of thermodynamics

h. Describe electricity and magnetism

D. Anatomy and Physiology

Graduates will be able to:

Understand knowledge of the following major body systems:

a. Respiratory

b. Cardiovascular system

c. Nervous system

d. Digestive system

e. Muscular Skeletal system

f. Reproductive systems, including embryology and fetal development

g. Urinary system

h. Endocrine system

i. Reticuloendothelial system

j. Skin and Integumentary system

2. Curricular Requisites

A. Medical Terminology

Graduates will be able to:

a. Explain structure of medical terms (roots, prefixes, and suffixes)

c. Apply procedural terminology specific to the field of diagnostic medical sonography

d. Explain

B. Career and Professional Development

Graduates will be able to:

a. Understand process of certification, credentialing, and licensure relevant to each state, as applicable

b. Differentiate career pathways within the field of diagnostic medical sonography

a. Demonstrate effective resume writing, interview skills, and conduct employment searches

C. B. Medical Law and Ethics

Graduates will be able to:

a. Apply ethical decision-making

b. Understand Explain pertinent regulations and terminology applicable to the profession

c. Maintain patient confidentiality and privacy

Commented [IT7]: Rationale for change: To clarify content of general physics and moved applied physics content to sonography instrumentation, which is part of core content.

Commented [KC8]: Rationale for change: measurability

Commented [IT9]: Rationale for change: Blooms level
d. **Demonstrate competence and proper use of HIPAA compliance**

e. **Understand and explain the patient Bill of Rights**

f. **Explain governmental healthcare guidelines including patient rights and advanced directives**

g. **Maintain professional codes of conduct and scope of practice**

h. **Apply local, state and federal standards and regulations for the control and use of health information.**

**D.C. Basic Patient Care**

*Graduates will be able to:*

a. Demonstrate an understanding of Sonographer – Patient interaction (based on age, needs, and conditions)

b. Practice patient safety

c. Apply strategies for dealing with difficult patients, family members, and situations

d. Offer principles of emotional and psychological support

e. Maintain infection control and universal precautions

f. Manage emergency situations including biological hazards in accordance with facility protocol

g. Demonstrate awareness of physical environment and setting

h. Perform Healthcare Provider CPR and first aid

i. Demonstrate skills for patient transfer, transportation, and proper positioning, as applicable by facility or state regulation

**E.D. Sonographer Safety**

*Graduates will be able to:*

a. Apply personal protective equipment requirements

b. Describe the importance of ergonomic positioning

c. Utilize accepted techniques for prevention of repetitive motion injuries

c.d. Recognize factors that relate to physical and emotional stress and injuries

c.e. Maintain equipment safety

**E. Professionalism**

*Graduates will be able to:*

a. Define professional behavior and explain its importance in daily practice

b. Demonstrate professional skill in the use of the internet, e-mail services, and medical information services

c. Exhibit effective listening skills and body language during performance of the job

d. Describe and employ appropriate attire and personal hygiene practices

e. Use self-control and negotiation skills to resolve potential conflicts

f. Explain the importance of teamwork and consensus-building in daily practice

g. Utilize critical thinking and apply appropriate problem-solving skills for work related conflicts

h. Practice knowledge of interpersonal skills to enhance working relationships

**F. Career and Professional Development**

*Graduates will be able to:*

a. Understand process of certification, credentialing, and licensure relevant to each state, as applicable

b. Differentiate career pathways within the field of diagnostic medical sonography

c. Demonstrate effective resume writing, interview skills, and conduct employment searches

d. Identify continuing education requirements and the benefits of professional organization memberships

**3. Applied Ultrasound Sciences**
A. **Physics of Sonography**

**Physics and Instrumentation**

Graduates will be able to:

a. Demonstrate the use of ultrasound equipment and its proper function
b. Select appropriate transducer for specific applications
c. Apply principles of Doppler and Duplex applications in diagnostic medical sonography
d. Identify Doppler and Duplex instruments, components, and technologies
e. Understand the components and functions of the ultrasound system
f. Select and utilize ultrasound transducers
g. Understand the principles of hemodynamics
d.h. Demonstrate knowledge of bio effects of ultrasound, quality assurance, and clinical safety

B. **Sonography Modes**

Graduates will be able to:

a. Demonstrate image optimization techniques including
   1) 2D
   2) Color flow
   3) Spectral and Power Doppler
   4) Duplex imaging
   5) M-mode
   6) Harmonic imaging

b. Demonstrate image optimization techniques that may include:
   1) 3D and 4D
   2) Strain imaging
   3) Elastography
   4) Biopsy mode

C.B. **Scanning Techniques and Examination Procedures**

Graduates will be able to:

a. Apply scanning techniques such as:
   1) Scanning methods and planes
   2) Purpose and function of various scanning techniques, and their appropriate selection
   3) Ergonomics, including supports, tools, devices, and adjustments
b. Demonstrate knowledge of the following examination procedures
   1) Patient name and information
   2) Type of examination (pre-sets)
   3) **Apply proper scanning protocols**

C. **Sonography Modes**

Graduates will be able to:

a. Demonstrate image optimization techniques including
   1) 2D
   2) Color flow
   3) Spectral and Power Doppler
   4) Duplex imaging
   5) M-mode
   6) Harmonic imaging
b. Demonstrate image optimization techniques that may include
   1) 3D and 4D
   2) Strain imaging
   3) Elastography
   4) Biopsy mode
D. Technical Image Production
Graduates will be able to:
a. Use system controls to optimize image production
b. Adjust 2-D gray scale and M-mode controls:
   1) Power
   2) Overall Gain
   3) TGC
   4) Depth
   5) Focus
   6) Frequency
   7) Dynamic range
   8) Reject
c. Adjust color flow Doppler, spectral Doppler, and power Doppler:
   1) Angle correction
   2) Color box size and direction
   3) Scale
   4) Baseline position
   5) Wall filter
   6) Persistence
   7) Color Mapping
   8) Gate Placement and size
   9) Aliasing
E. Measurements and Calculations
Graduates will be able to:
Perform ultrasound measurements and calculations for:
a. Distance
b. Area
c. Circumference
d. Volume
e. Weight
f. Gestational age
g. Spectral analysis measurements
   h. M-mode
   i. Specific protocol and examination
F. Examination Documentation
Graduates will be able to:
Produce the following image documentation:
a. Photograph Static imaging
b. Radiographic film
c. Video and/or cine loop
d. Digital archiving
G. Quality Assurance and System Maintenance
Graduates will be able to:
a. Ensure and implement quality assurance by maintaining:
   1) Safety and ALARA principle
   2) Resolution

Commented [IT15]: Rationale for change: Current language replacing old terminology
3) Displays
4) Phantom testing
5) Storage and communication

b. *Understand* Describe the significance of Bio effects

### H. Imaging Limitations

Graduates will be able to:

a. Identify limitations of imaging related to each learning concentration, as applicable:
   1) Equipment limitations: artifacts, capabilities
   2) Patient limitations: habitus, current health status, body position, accessibility
   3) Operator limitations: experience, training
   4) Imaging artifacts
   5) Biological artifacts
   6) Acoustical artifacts

### 4. Learning Concentrations

#### A. General Sonographic Concentration

Programs with a general sonographic concentration must include, but are not limited to, the following competencies.

a. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in the abdomen and small parts:
   1) Liver
   2) Gallbladder and biliary ductal system
   3) Pancreas
   4) Kidneys and the urinary tract, including the bladder
   5) Adrenal glands
   6) Spleen
   7) Lymph nodes
   8) Abdominal vasculature
   9) Peritoneal cavities and retroperitoneal spaces
   10) Gastrointestinal system including the appendix
   11) Non-cardiac chest, including the pleural cavity
   12) Neck
   13) Thyroid and parathyroid glands

   **Commented [IT16]:** Rationale for change: Prostate is not part of this particular protocol, so was moved to be listed separately.

   **Commented [IT17]:** Rationale for change: Abnormal is covered in letter e).

   14) Scrotal sac, including testes, epididymis, spermatic cord, prostate, and seminal vesicles
   15) Prostate gland and penis
   16) Abdominal wall
   17) Breast
   18) Extremity soft tissue
   19) Superficial and subcutaneous tissue
   20) Musculoskeletal structures

b. Graduates will be able to recognize and identify the abnormal sonographic appearance, variants, and findings in the reproductive system and female pelvis:
   1) Reproductive System
      a) Uterus
      b) Vagina
      c) Ovaries
d) Adnexa
2) Pelvic musculature
3) Peritoneal spaces
4) Pelvic vasculature
c. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in the maternal and fetal structures during the first, second, and third trimesters of gestation, including:
   1) Gravid uterus, cervix, vagina, ovaries, and cul-de-sac
   2) Single versus multiple gestation
   3) Embryological structures, including gestational sac, yolk sac, embryo
   4) Fetal head and face, brain, heart, lungs, stomach, diaphragm, spine, kidneys, bladder, reproductive organs, and extremities
   5) Heart to include four chambers, axis chambers, and in-flow and out-flow tracts
   6) Umbilical cord and insertion
   7) Fetal abdominal wall and cavities
   8) Pertinent assessment and/or measurement of fetal structures including:
      a) Gestational sac
      b) Yolk sac
      c) Fetal presentation
      d) Fetal heart rate
      e) Placental location, size and grading
      f) Biophysical profile scoring
   9) Biometric measurements, including:
      a) Bi-parietal diameter
      b) Head circumference
      c) Cephalic index
      d) Orbital
      e) Lateral ventricles
      f) Cisterna magna
      g) Nuchal fold
      h) Cerebellar diameter
      i) Thoracic circumference
      j) Abdominal circumference
      k) Femur length
      l) Humerus length
d. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in performing support of invasive, interventional, and therapeutic procedures, including:
   1) Breast biopsy
   2) Thyroid biopsy
   3) Liver biopsy
   4) Renal biopsy
   5) Soft tissue biopsy
   6) Lymph node biopsy
   7) Thoracentesis
   8) Paracentesis
   9) Chorionic villus sampling
   10) Amniocentesis
   11) Fine needle aspiration
   12) Umbilical cord sampling
   13) Umbilical cord transfusion
In-vitro fertilization

e. Graduates will be able to recognize sonographic pathologies, and:
   1) Apply the appropriate scanning protocol, techniques, and measurements in correlation with the following clinical information:
      a) History and physical examination
      b) Other imaging and laboratory findings
      c) Primary Diagnosis
      d) Differential Diagnosis
   2) Identify sonographic appearance patterns of pathologies in the following etiologies:
      a) Iatrogenic pathologies
      b) Degenerative pathologies
      c) Inflammatory pathologies
      d) Traumatic pathologies
      e) Neoplastic pathologies
      f) Infectious pathologies
      g) Obstructive pathologies
      h) Congenital anomalies
      i) Hereditary pathologies
      j) Metabolic pathologies
      k) Immunologic pathologies

f. Graduates will be able to recognize sonographic obstetric pathology, and:
   1) Apply the appropriate scanning protocol, techniques, and measurements in correlation with the following clinical information:
      a) History and physical examination
      b) Other imaging and laboratory findings
      c) Primary Diagnosis
      d) Differential Diagnosis
   2) Graduates must recognize and identify the sonographic appearance and findings of pathologies in the following areas and conditions:
      a) Placenta
      b) Umbilical cord
      c) Amniotic Fluid
      d) Fetal organs to include:
         (1) Fetal head and face
         (2) Fetal brain
         (3) Spine
         (4) Heart
         (5) Lungs
         (6) Diaphragm
         (7) Abdominal wall and cavities, skin lines
         (8) Digestive system, including the gastrointestinal tract
         (9) Kidneys and bladder
         (10) Reproductive organs
         (11) Muscular skeletal system
      e) Multiple pregnancies
      f) Growth patterns/fetal development
      g) Congenital anomalies and hereditary pathologies
      h) Pregnancy complications
      i) Maternal diseases
B. Cardiac Learning Concentration

Programs with a cardiac learning concentration must include, but are not limited to, the following competencies.

a. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings in the heart and surrounding associated structures:
   1) Embryology and fetal cardiac development
   2) Location of the heart in the chest cavity
   3) Chambers and septa of the heart
   4) Valves and valve dynamics
   5) Coronary arteries
   6) Great vessels

b. Graduates will be able to understand and describe:
   1) Basic assessment techniques
   2) History and physical
   3) Vital signs assessment
   4) Cardiac assessment
   5) Rhythm
   6) Heart sounds and auscultation
   7) Percussion
   8) Respiration
   9) Cyanosis/diaphoresis
   10) Edema
   11) Pulse oximetry
   12) Lab results
   13) Level of consciousness

c. Graduates will be able to recognize and identify the normal appearance, variants, and findings associated with the Principles of Electrophysiology:
   1) Application and completion of EKGs of high technical quality
   2) EKG measurements and waveform recognition
   3) Identification of arrhythmia
   4) Identification of conduction defects
   5) Determination of axis
   6) Recognition of patterns of ischemia, injury, and infarction
   7) Recognition of hypertrophy
   8) Identification of electrolyte imbalance changes
   9) Identification of valve abnormalities
   10) Identification of pacemaker rhythms and ICDS
   11) Artifacts

d. Graduates will be able to demonstrate knowledge of the basic principles of pharmacology specific to cardiology:
   1) ADME of cardiac-specific drugs
   2) Use of drugs used for cardiac emergency
3) Recitation of medical/legal requirements and classifications
4) Listing of pharmacodynamics and pharmacokinetics:
   a) Adrenergic
   b) Cholinergic
   c) Vasopressors and vasodilators
   d) ACE inhibitors
   e) Anticoagulants/thrombolytic
   f) Nitrates
   g) Antiarrhythmic
   h) Diuretics and antihypertensive
   i) Cardiac glycosides
   j) Calcium channel drugs
   k) Beta blockers
   l) Analgesics
   m) Antibiotics
   n) Contrast agents

e. Graduates will be able to correlate diagnostic data obtained during various non-invasive procedures:
   1) Holter monitoring and scanning
   2) Phonocardiography, as it relates to the cardiac cycle
   3) Graded Exercise Stress Test (GEST)
   4) Pacemaker functions, cardioversion, and defibrillation
   5) Telemetry
   6) Radionuclide tests
   7) Utilization of hemodynamic principles

f. Graduates will be able to demonstrate knowledge of the principles of cardiovascular technology involved with the collection, application, and interpretation of basic ultrasound imaging using:
   1) 2-D gray-scale imaging
   2) M-mode
   3) Spectral Doppler
   4) Color flow Doppler
   5) Tissue Doppler imaging
   6) Strain imaging

h. Graduates will be able to understand, describe, the indications, contraindications, limitations, and procedures below:
   1) Stress echocardiography
   2) Trans-esophageal echocardiography
   3) Intra-operative echocardiography
   4) Sterile technique/disinfection
   5) Contrast echocardiography
   6) Three-dimensional echocardiography
7) **Echo-guided procedures**

i. Graduates will be able to recognize and identify the normal sonographic appearance, variants, and findings associated with pathological mechanisms, clinical manifestations and appropriate therapeutic measures, of diseases and congenital anomalies that affect the heart and vascular systems:
   1) Acquired cardiovascular diseases  
   2) Congenital cardiovascular diseases  
   3) Cardiac trauma

j. Graduates will be able understand the sonographer’s role with various treatment options:
   1) Conservative  
   2) Medical/Pharmacologically  
   3) Interventional

C. **Vascular Learning Concentration**

Programs with a vascular learning concentration must include, but are not limited to, the following competencies.

a. Graduates will be able to demonstrate knowledge of sonographic appearance of normal anatomic structures, including anatomic variants and normal patterns of the following:
   1) Cerebrovascular  
   2) Great vessels  
   3) Abdominal vasculature  
   4) Upper extremity vasculature  
   5) Lower extremity vasculature

b. Graduates will be able to understand patient history and recognize signs and symptoms of vascular disease, including:
   1) Basic assessment techniques  
   2) History and physical  
   3) Vital signs assessment  
   4) Prior medical assessment, procedures and treatment  
   5) Vascular assessment and rhythm  
   6) Respiration  
   7) Cyanosis/erythema/diaphoresis  
   8) Edema  
   9) Pulse oximetry  
   10) Clinical/diagnostic laboratory results  
   11) Level of consciousness

c. Graduates will be able to demonstrate knowledge of noninvasive vascular equipment controls with use of instruments and techniques including:
   1) Duplex ultrasound  
   2) Color flow Doppler  
   3) Power Doppler  
   4) Pulsed wave Doppler  
   5) Continuous wave (CW) Doppler  
   6) Arterial plethysmography  
   7) Photoplethysmography  
   8) Segmental blood pressures
Ankle-brachial index (ABI)

d. Graduates will be able to acquire data through vascular assessments to create a preliminary interpretation and summary of findings that demonstrate:
   1) Correlation of vascular diagnostic techniques with patient history and physical examination
   2) Knowledge of proper applied indications for vascular procedures
   3) Knowledge of differential diagnosis
   4) An understanding of interventional vascular procedures
   5) Accuracy and limitations of noninvasive exams
   6) Correlation of findings with other imaging modalities and labs

e. Graduates will be able to understand and identify pathological mechanisms, clinical manifestations, and appropriate therapeutic measures that affect the vascular system and surrounding structures including:
   1) Acquired vascular diseases
   2) Congenital vascular diseases
   3) Vascular trauma

f. Graduates will be able to understand the sonographer’s role with various treatment options:
   1) Conservative
   2) Medical/Pharmacological
   3) Interventional

DMS.A.2. A clinical experience is required for completion of the program.

The following is considered in choosing, placing, and maintaining clinical site affiliations:

(a) Assignment
Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. In all cases, the clinical site is properly approved and regulated.

The majority of the students’ clinical experiences are spent at sites that perform a proportionate number of examinations per year, with an appropriately balanced mix of procedures to achieve the objectives of the curriculum. If multiple sites are used, the volume and variety of procedures interrelate/combine to meet this volume and variety.

| The student to clinical staff ratio must not exceed 1:1. Students may not receive any compensation while participating in clinical rotations or work, which is made known to the student prior to commencement of the clinical rotations. |

(b) Activities
(no additional requirements beyond Chapter V)

c) Supervision
There is direct supervision of all students in the field while participating in clinical experiences. Programs clarify their role in how students will be supervised, by whom and visited how often while at their site. There is clear and documented communication between the program and the clinical site.

A qualified preceptor employed by the clinical site and responsible for student oversight must meeting the program supervision requirements described in Section B below: for either supervisor or faculty qualifications is responsible for such supervision.

[i] possesses three years of occupational experience in the Diagnostic Medical Sonography profession;
Students may not function as facility staff while participating in clinical activities and/or rotations. Students may not receive any compensation while participating in clinical rotations or work, which made known to the student prior to commencement of the clinical rotations. The student is clearly in addition to the facility staff/team and not a substitution.

(d) Requirements for Completion

Upon completion of the clinical rotation/s, students demonstrate entry-level proficiency in all areas of the curriculum. Students fulfill requirements in accordance with curricula distributions for general education, curricular requisites, and learning concentration area.

SECTION B – Program Supervision

Subsection 1 - Supervision

DMS.B.1. The program supervisor is credentialed and experienced in the field.

The program supervisor (program director):

i. holds, at a minimum, a bachelor’s degree earned at an institution accredited by an agency recognized by the U.S. Secretary of Education or the Council for Higher Education Accreditation (CHEA) or an otherwise recognized training entity (e.g., hospital-based program), or equivalent;

ii. possesses three years of teaching or occupational practical experience in the field;

iii. demonstrates academic and experiential background in the Diagnostic Medical Sonography profession; and

iv. possesses an active registration/credential from a nationally recognized sonography credentialing agency.

v. Possess certification in any specialty overseen unless a faculty member, who oversees that concentration, is so credentialed.

Subsection 2 – Faculty and consultation

DMS.B.2.a. Faculty formal education/training and experience support the goals of the program.

Faculty maintain current licensure/registration in the specialty areas in which they are instructing, registration/credential from a nationally recognized sonography credentialing agency and possess certification in any specialty areas in which they are instructing.

DMS.B.2.b. Faculty numbers and ratio support the goals of the program.

Active scanning student to instructor ratio in the laboratory normally does not exceed 10:1. Any additional requirements beyond Chapter 13 are assessed in terms of their effectiveness.

DMS.B.2.c. A program is served by an advisory board of program related specialists to assist administration and faculty in fulfilling stated educational objectives.

The program’s advisory board consists of at least one current faculty member and at least one non-employee representative from each of the following communities of interest:
i. student
ii. graduate
iii. employer
iv. physician (licensed within the United State or its territories)
v. the public

A medical advisor attends advisory board meetings and acts as a consultant to the program by participating in goal determination, curriculum development, and outcomes assessment review. The medical advisor is a physician and is currently licensed within a jurisdiction of the United States. The medical advisor is board certified in a relevant medical specialty and has knowledge of the use of medical ultrasound.

SECTION C – Laboratory Facilities and Resources

DMS.C.1.a. The institution’s laboratory facilities include the following: support the requirements of the program curriculum.

   The laboratory facilities include the following:

   i. A dedicated space to support the role of a diagnostic medical sonographer that meets the requirements of the current curriculum.
   ii. Lighting, electrical outlets, ventilation, and storage space;
   iii. A controlled environment conducive to instruction, learning, and practice;

DMS.C.1.b. Equipment and instruments are available within the institution’s laboratory facility to achieve the program’s goals and objectives.

   Relevant equipment and instruments support the requirements of the current curriculum.

DMS.C.1.c. The institution’s laboratory facilities are available for students to develop required skills with faculty supervision.

   (no additional requirements beyond Chapter V)
CHAPTER VIII – MTB
EVALUATION STANDARDS FOR MASSAGE THERAPY AND BODYWORK

The Accrediting Bureau of Health Education Schools does not accredit programmatically a massage therapy/bodywork program, but, as an institutional accrediting agency, includes this program within an institution’s grant of accreditation. The program must comply with all policies, procedures, the standards described throughout the Accreditation Manual, including the general evaluation standards applicable to all institutions (Chapter IV) and the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific requirements for a massage therapy/bodywork program.

This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a massage therapy or bodywork program or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning. For purposes of this chapter, any program identified as “massage therapy” or “bodywork” or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning complies with these standards. This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter.

DESCRIPTION OF THE PROFESSION

Massage Therapists and Bodyworkers are multi-skilled health professionals who perform a wide range of modalities in a variety of health care and alternative/complementary health care settings, including but not limited to: massage clinics, physicians’ offices/hospitals, chiropractic offices, health and wellness centers, acupuncture centers, sports and rehabilitative facilities, various spa settings, private practices, corporate offices, health clubs, salons, professional sporting organizations/teams, cruise ships, etc. Massage therapists and bodyworkers may be self-employed, contract their services to businesses, or may be employed by larger companies.

Duties may vary depending upon setting and size of company, but can normally include: clinically assessing, educating, and consulting with the client/patient; answering phones; setting appointments; preparing the treatment room; sanitizing treatment areas; laundering linens; taking case notations; and, billing, among other functions.

Massage therapy and bodywork modalities generally practiced include but are not limited to: Swedish Massage; Reflexology; Zone Therapy; Deep Tissue; Sports Massage; Trigger Point Therapy; Neuromuscular Therapy; Myofascial Release; Structural Integration; Prenatal, Perinatal, or Infant Massage; Craniosacral Therapy; various Traditional Chinese Medicine (TCM) and bodywork like Shiatsu, Thai Massage, Tui Na, Jin Shin Do, Ayurvedic Massage, energy therapy; Hydrotherapy techniques for rehabilitation; and, spa treatments for physiologic homeostasis.

CREDENTIALING

Credentialing/state licensing in massage therapy is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students for state or national credentialing examinations available where required to practice in this field of study. States have varying requirements for credentialing and/or licensure.
SECTION A – Curriculum, Competencies, and Clinical Experiences

MTB.A.1. The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the massage therapy and bodywork field.

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework and skills assessments. Students are advised, prior to enrollment and throughout the program, of any credentialing requirements necessary to achieve and/or maintain employment in the field. Focus is placed on increasing the marketability and employability of graduates through credentialing.

To provide for attainment of entry-level competencies, the program curriculum must be a minimum of 500 hours of supervised instruction that complies with state licensing requirements and includes, but not necessarily be limited to, the following:

1. Theory, Principles, and Practice
   Graduates will be able to:
   a. Describe the physiological effects or benefits of massage and bodywork
   b. Demonstrate proper body mechanics (general stance, movement, and strokes)
   c. Define and describe the understanding, benefits, indications and contraindications to massage and bodywork
   d. Identify and demonstrate the appropriate application of each of the five basic Swedish massage strokes and their variations
   e. Perform a 50-minute Swedish massage demonstrating the five basic Swedish massage strokes

2. Ethics, Professionalism, and the Therapeutic Relationship
   Graduates will be able to:
   a. Define, understand, and demonstrate all the parameters and ramifications of touch in society and in somatic therapy professions:
      1) Touch as Sensory Input and Communication
      2) Touch in Different Cultures
      3) Unwanted Touch & and Touch-related Crimes
      4) Touch-related Therapies
      5) Touch and power differential Positions in Power (i.e., Dynamics)
      b. Apply professionalism and ethics in:
         6) Oral and Written Communication Skills
         7) Personal, professional and business Ethics
         8) Basic Accounting Skills for office and tax purposes
         9) Patient/client Confidentiality, including (HIPAA)
         10) Compliance with Mandatory Reporting
         11) Understanding of State Massage laws governing massage therapy practice
         12) Understanding of informed consent
3. Adapting Sessions for Special Populations
Graduates will be able to:
   a. Accommodate client/patient-specific needs
   b. Identify and adapt care to specific client/patient conditions (e.g., mental illness, PTSD, hospice, physical impairment, pregnancy, pediatric, geriatric, etc.)

4. Anatomy, Physiology, and Pathology
Graduates will be able to:
   a. Identify and demonstrate detailed knowledge of anatomy and physiology including, but not limited to the following body systems and associated tissues:
      1) Skeletal
      2) Muscular
      3) Integumentary
      4) Cardiovascular
      5) Nervous
      6) Lymphatic
      7) Fascia Connective Tissue
      8) Digestive
      9) Urinary
      10) Respiratory
      11) Endocrine
      12) Reproductive
   b. Understand the basic structure of pathology terminology
   c. Identify word element combinations, i.e., prefixes, suffixes, and root words
   d. Identify and demonstrate knowledge of anatomy and physiology related to fascia and connective tissues.
   e. Understand medical terminology and common abbreviations, including prefixes, suffixes, and root words
   f. Identify common pathologies seen in massage therapy and bodywork professions
   g. Understand universal precautions and their relevance to preventing the spread of HIV and other-communicable and infectious disease pathogens

5. Assessment and Documentation
Graduates will be able to:
   a. Recognize general indications and contraindications of massage and bodywork during patient intake
   b. Identify different classes of pharmaceuticals and contraindications
   c. Utilize patient intake form in clinical assessment
   d. Define and apply S.O.A.P. notes, and other assessment tools in daily practice

6. Massage and Bodywork Application
Graduates will be able to:
   a. Perform a 50-minute Swedish massage demonstrating the five basic Swedish massage strokes
   b. Understand and demonstrate skill competencies in various bodywork-related methodologies specific to the program’s curriculum
   c. Demonstrate proper draping
   d. Perform table and/or mat setup and maintenance
Identify Describe and understand the use of various industry-standard therapy-related equipment (e.g., bolsters and hot packs)

e.f. Distinguish between various lubricants

f.g. Understand and Practice universal precautions

7. Palpatory Kinesiology
Graduates will be able to:
a. Identify and describe individual and synergistic muscle action
b. Comprehend Describe how muscles become restricted in movement from trauma or disuse
c. Demonstrate passive and active stretching to increase ROM
d. Understand Identify muscle location, attachment, actions and fiber-direction
e. Identify types of muscle contraction (e.g., concentric, eccentric, and isometric)
f. Comprehend Describe the association between joint structure and function

8. Career Development
Graduates will be able to:
a. Demonstrate Obtain nationally recognized certification in First Aid and CPR
b. Understand and Demonstrate Utilize vocal oral and written communication skills in the workplace
c. Understand and Create marketing techniques for massage practice including effective resumes as well as letters of introduction, and advertising
d. Practice Learn personal effectiveness communication skills
e. Understand and Demonstrate basic accounting skills for the office and tax purposes
f. Comprehend and Describe basic business ethics skills for the office
g. Demonstrate understanding of Describe State massage regulations
h. Demonstrate professional behavior
i. Exhibit effective listening skills and body language during the performance of the job
j. Utilize self-control and negotiation skills to resolve conflicts
k. Practice an empathetic attitude and express compassion in all patient/client interactions

MTB.A.2. A clinical experience is required for the completion of the program.

The program provides external and/or internal clinical experiences to expose students to the various skills required of the profession.

(a) Assignment
External or internal clinical sites include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. In all cases, the site is properly licensed and regulated by state or local jurisdiction.

The majority of the students’ clinical experiences are spent performing a proportionate number of massages and/or treatments, with an appropriately balanced mix of procedures to achieve the objectives of the curriculum.

(b) Activities
(no additional requirements beyond Chapter V)

(c) Supervision
(no additional requirements beyond Chapter V)

There is supervision of all students in the field while participating in a clinical experience. Programs must have a policy on the role of clinical supervision, including the frequency of observations.
(d) Requirements for Completion

Upon completion of the clinical experience, students demonstrate entry-level proficiency in all areas of the curriculum.

MTB.A.3. **Sufficient** hands-on lab time is **required** for students to develop required massage techniques within a classroom environment under constant direct faculty supervision.

Hands on laboratory experiences provide the student practical applications of knowledge gained through the program.

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

MTB.B.1. **The program supervisor is credentialed and experienced in the field.**

A program supervisor has:

i. a minimum of an associate degree;
ii. teaching experience; and
iii. a current massage therapy registration, license or certification through the state in which they work or nationally recognized agency.

Subsection 2 – Faculty and consultation

MTB.B.2.a. **Faculty formal education/training and experience support the goals of the program.**

Program faculty must demonstrate knowledge and proficiency in their content area. Faculty teaching in any advanced modality must evidence training, continuing education hours or a certification(s) in the modality being taught.

MTB.B.2.b. **Faculty numbers and ratios support the goals of the program.**

(no additional requirements beyond Chapter V and for distance education coursework, Chapter IX)

MTB.B.2.c. **A program must be** served by an advisory board **comprised** of program related specialists to assist administration and faculty in fulfilling stated educational objectives.

(no additional requirements beyond Chapter V)

SECTION C – Laboratory and Massage Clinic Facilities and Resources

MTB.C.1.a. **The institution’s laboratory and clinical facilities include the following:**
i. Sufficient space to comfortably accommodate the number of students enrolled, faculty, and equipment during instruction and practice; lighting, electrical outlets, ventilation, and storage space.

ii. Sufficient lighting, electrical outlets, ventilation, and storage space.

iii. A controlled, private environment conducive to instruction, learning, and practice; and

iv. Secured sufficient space to create, maintain, and securely store patient records.

MTB.C.1.b. **Equipment and instruments are available and in good working condition within the institution’s laboratory facility or adjoining areas to achieve the program’s goals and objectives.**

Equipment and instruments to support current enrollment and curriculum requirements must be present in the laboratory facility. At a minimum, this must include, but are not limited to:

i. Massage tables

ii. Bolsters and pillows

iii. Face rests

iv. Massage chairs (if taught within curriculum)

v. Blankets

vi. Skeleton

vii. Anatomical charts and/or anatomical models

viii. Antibacterial cleansers

ix. Hand washing basins and paper towels

MTB.C.1.c. **The institution’s laboratory facilities are available for students to develop required skills under direct faculty supervision.**

Laboratory facilities are available open to students for makeup hours under direct faculty supervision. Under faculty supervision during class time as well as for makeup during posted hours.

(No additional requirements beyond Chapter V)

**Commented [JC28]:** Rationale for change: redundant

**Commented [JC29]:** Rationale for change: qualifier

**Commented [JC30]:** Rationale for change: moved secure to beginning of sentence

**Commented [KC31]:** Rationale for change: Struck but not limited because implied and added “and curriculum” lets it tie into program differences.

**Commented [JC32]:** Rationale for change: covered by stem sentence

**Commented [KC33]:** Rationale for change: Strike for makeup hours and then makes guidelines redundant with standard itself so removed guidelines. Standard can stand on its own.
CHAPTER VIII – PHT
EVALUATION STANDARDS FOR PHARMACY TECHNOLOGY

The Accrediting Bureau of Health Education Schools (ABHES) does not programmatically accredit pharmacy technician programs, but, as an institutional accrediting agency, includes this program within an institution’s grant of accreditation. The pharmacy technician program offered at an ABHES-accredited institution must comply with all policies, procedures, and standards described throughout the Accreditation Manual, including the general evaluation standards applicable to all institutions (Chapter IV), and the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific accreditation requirements for a pharmacy technician program.

This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a pharmacy technology program or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning. For purposes of this chapter, a pharmacy technician program includes any additional programs identified by any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning. This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter.

DESCRIPTION OF THE PROFESSION

The general responsibilities of the pharmacy technician are to assist pharmacists in processing prescriptions and maintaining the pharmacy department. A pharmacy technician possesses abilities to identify, measure, and supply pharmaceutical products that have been ordered by a prescriber. Duties for the pharmacy technician may vary depending upon the type of facility in which they are employed, as well as federal and state laws and regulations that define pharmacy technician practice. For example, pharmacy technicians who work in hospital pharmacies perform different tasks than those who work in community or retail pharmacies or other environments. However, common duties (performed under the supervision of a licensed pharmacist) most likely include:

• Processing prescription orders.
• Receiving written, faxed, and electronic prescriptions and verifying that information required on a prescription is accurate and complete.
• Adjudication and handling third-party rejected claims.
• Updating patient profile information in a computerized database.
• Filling written prescription orders after prescriptions are dispensed.
• Understanding legal limitations on the work they perform in the pharmacy setting.
• Face-to-face customer service.
• Answering the telephone.
• Maintaining and stocking medications.
• Triaging medication.
• Assisting with MTM duties.
• Sterile and non-sterile compounding.
• Repackaging medications.
• Maintaining clean, safe working environment compliant with state board pharmacy regulations.

CREDENTIALING

[Commented [KC1]: Rationale for change: align consistently with other program sections.
Commented [JC2]: Rationale for change: Incorporated into specific competencies listed in standard PHT A.1.]
Certification for pharmacy technicians is required for employment in a majority of states, and many states require a pharmacy technician to register with their respective state board of pharmacy.

Credentialing as a pharmacy technician is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students in necessary aspects of the curriculum included in the national credentialing examinations that are available in this field of study.
SECTION A – Curriculum, Competencies, and Clinical Experience

PHT.A.1. The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the pharmacy technician field.

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework and skills training. Focus is placed on credentialing requirements and opportunities to obtain employment and to increase employability.

To provide for student attainment of entry-level competencies, the program curriculum includes, but is not necessarily limited to, the following:

1. Medication, Order-entry, and Fill Process
Graduates will be able to:

a. Explain the purpose and structure of a Drug Utilization Evaluation (formerly DUR) and collect pertinent information for use by the pharmacist
b. Describe and understand the federal and state laws and regulations associated with the receipt, screening, transcribing or interpreting, and delegation of prescription/medication orders
c. Describe and understand federal and state laws controlling the substitution of pharmaceuticals
d. Receive telephone, electronic, and faxed prescriptions from prescribers
e. Assess prescription/medication orders for completeness
f. Assemble patient information materials following established procedures, and describe how they contribute to better patient care
g. Identify the types of written information that would be placed into product packages
h. Record bulk, unit dose, and special dose medication preparation according to established procedures, and explain why accurate documentation is so important
i. Define “NDC number” and explain its function
j. List and describe the components of a complete prescription/medication order
k. Translate abbreviated instructions for medication use into full wording
l. Explain the methods for retrieving missing pieces of information in a prescription/medication order
m. Screen prescription/medication orders for authenticity
n. Assist in the administration of selected immunizations
o. Identify the schedule for controlled substances
p. Recognize who has prescribing authority as well as the medications within that prescriber’s discipline
q. Verify a prescriber’s DEA number according to established procedures via the Drug Enforcement Administration
r. Detect forged or altered prescriptions according to established procedures
s. Alert the pharmacist to potential illegitimate or inappropriate prescription/medication orders or refills
t. Communicate to patients that they will receive counseling by the pharmacist for new prescriptions; patient may decline counseling
u. Identify situations when screening prescription refills and renewals when the pharmacy technician should notify the pharmacist
v. Identify prescription orders where the medication being prescribed is beyond the realm of the prescriber’s practice
w. Transcribe common pharmacy abbreviations
x. Explain the term investigational drug product, what it means to a pharmacy technician, and the role the pharmacy plays in dispensing investigational drugs
y. Compare and contrast the types of systems for medication distribution
z. Record medication distribution of controlled substances according to established policies and procedures
aa. Demonstrate the prescription fill process across pharmacy modalities
bb. Review and process orders
cc. Utilize the metric system
dd. Input prescription/medication order information into the designated system using metric measures
e. Secure inventory from a site’s storage system

2. Medication Safety
Graduates will be able to:
   a. Explain the methods utilized for the direction and prevention of medication errors in the pharmacy and the role of the pharmacy technician
   b. Explain how to report a medication error to ISMP, MERP, or FDA MedWatch.
   c. Demonstrate knowledge of error-prone abbreviations
   d. Describe the daily practices of a pharmacy technician that contribute to prevention of medication errors, and explain how the pharmacy technician contributes to these practices
   e. List and describe the daily tasks that require special attention to accuracy for prevention of medication errors
   f. Describe the ways that automation and information technology contribute to reduction of medication errors, and also the ways that they can potentially contribute to medication errors
   g. List and describe the global and local procedures for reporting medication errors
   h. Determine the presence of a clinically significant adverse drug event (ADE) and contribute to formulation of a strategy for preventing a recurrence
   i. Practice principles and procedures for safety when preparing all medications
   j. Explain why patient counseling is necessary, and why it is important for patient safety

3. Leadership Skills and Communication
Graduates will be able to:
   a. Utilize patient interviewing techniques and effectively query other health care professionals to collect pertinent patient information
   b. Identify situations when reviewing patient-specific information that requires the attention of the pharmacist
   c. Use effective strategies for communication with patients of a diverse population
   d. Demonstrate skill in the use of the internet, e-mail services and computerized medication information services
   e. Organize and sequentially formulate logical ideas verbally and in writing
   f. Assess appropriate communication levels, lengths, and depths for specific audiences
   g. Assess the listener’s comprehension of the message conveyed
   h. Formulate written professional or workplace communications which utilize proper grammar, punctuation, and spelling
   i. Exhibit effective listening skills and body language during the performance of the job
   j. Exhibit verbal techniques which influence perception and enhance listening
   k. Exhibit an understanding of diversity (e.g., culture, religion, race, age, gender, sexual orientation, disability, economic status) and the ways that this understanding influence health care decisions
   l. Describe methods for bridging communication gaps for non-English speakers or those whose listening abilities are impaired
   m. Utilize effective listening skills in performing job functions
   n. Define “professional behavior,” and explain its importance for pharmacy technician practice
   o. Define the term “ethics,” and explain its importance for pharmacy technician practice
   p. List and describe potential ethical scenarios that may arise during pharmacy technician practice
   q. Describe appropriate attire and personal hygiene practices for the pharmacy technician
   r. Utilize self-control and negotiation skills to resolve conflicts
s. List and describe the various print and electronic resources that the pharmacy technician can utilize to stay current for practice
t. Utilize sound problem-solving skills for work related problems
u. Explain the importance of teamwork and consensus-building for successful pharmacy practice
v. Practice knowledge of interpersonal skills to enhance working relationships
w. Describe an understanding of the core competencies for Interprofessional Collaborative Practice i.e. values/ethics; roles/responsibilities; interprofessional communication; teamwork
x. Describe interdepartmental relationships and techniques to enhance communication and collaboration
y. Explain small-group dynamics and how they affect pharmacy practice
z. Utilize stress-relief strategies to enhance pharmacy practice
aa. Utilize techniques for quality assurance to enhance patient care
bb. Safeguard patient confidentiality through ethical and legal practices, and understand and apply all federal guidelines for pharmacy practice
cc. Practice a caring attitude and express compassion in all patient interactions
dd. Explain workflow management and apply this knowledge for responsible job performance

4. Pharmacology
Graduates will be able to:
a. List and describe the systems of the body and identify the organs in each system
b. Describe the fundamental elements that are used to build medical words
c. Identify and define abbreviations pertinent to anatomy and pharmacy practice
d. Demonstrate knowledge of medications used to treat body systems
e. Define the terms that describe the body and its structural units
f. Describe and understand the basic anatomy and physiology of each system
g. Define the medical terms and accepted abbreviations commonly associated with each physiologic-body system
h. Differentiate between the prescription and non-prescription medications commonly used to treat diseases affecting each physiologic system, as well as their therapeutic and adverse effects
i. Differentiate between the brand, and generic names, common doses and dosage forms, and routes of administration for prescription and nonprescription medications commonly used to treat diseases of each system
j. Identify the adverse effects of each medication class
k. Describe types of complimentary alternative medications (CAM’s) and discuss their role in treating disease
l. Describe the role of the Federal Drug Administration in the regulation of herbal products, and dietary supplements and CAM’s
m. Compare and contrast “tolerance” and “physical dependence”

5. Computer Technology
Graduates will be able to:
a. Operate database systems for maintaining information, and to collect information for evaluation
b. Demonstrate knowledge of electronic drug referenced compendium specific to drug and pharmacy operation
c. Create a new patient profile or modify an existing profile according to established procedures
d. Describe and utilize the information that is contained in each section of a patient profile or record
e. Explain the impact of accurate data collection and entry
f. Demonstrate a usage of pharmacy software for documenting, storing, retrieving, dispensing, and using pharmacy-related information (for example, drug interactions, profiles, generating labels)
6. Sterile and Non-Sterile Compounding

Graduates will be able to:

a. List and describe federal and state laws and regulations governing the technician’s role in compounding of sterile products.

b. Differentiate between sterile and non-sterile compounding.

1. Collect the medications and supplies necessary for sterile compounding.

2. Operate common pharmaceutical measurement and weighing devices.

3. Perform accurate conversions among measurement systems.

4. Follow safety policies and procedures in the preparation of all medications.

5. Prepare medications utilizing established policies and procedures for safety.

6. Dispose of hazardous and nonhazardous wastes following established safety protocols, e.g., USP<797> and USP<800> Standards.

7. Manually package products using the correct type and size of container.

8. Describe the various container types, and explain why container size and type are important for pharmaceutical packaging, and describe the containers that are available to choose from (including those for the elderly, physically impaired, and very young).

9. List the required elements for a prescription product label, and explain the importance of accuracy for label generation.

10. Describe between categories of medications that require auxiliary labels.

11. Follow safety policies and procedures in the preparation of all medications with special consideration given to cytotoxic and hazardous medications.
Define non-sterile or extemporaneous compounding, and explain why certain medications require compounding.

Collect the correct supplies and ingredients and to determine the correct accurate amounts for non-sterile products that require compounding.

Solve mathematical problems involving the following:
1) Roman numerals, Arabic numerals, fractions, apothecary symbols, and decimals
2) Weights and measures and direct ratio and proportion
3) Reducing and enlarging formulas
5) Ratio strength calculations for pharmaceutical preparations
6) Dilution and concentration
7) Conversions among various measurement systems
8) The alligation method
9) Milliequivalents
10) Compounded products that require an overfill (solve for a correct answer for volume to be added)

Compound non-sterile dosage forms and explain the reason for each step.

Compound cytotoxic and other hazardous medication products and explain the reasons for each step.

Explain “incompatible” in the context of compounding.

Describe storage requirements for non-sterile medication products.

Differentiate between household, apothecary, and avoirdupois systems.

Demonstrate Good Manufacturing Practices (GMP) and Good Compounding Practice (GCP).

Collect drug products and supplies necessary for compounding.

Demonstrate aseptic technique.

Demonstrate proper technique utilizing equipment and devices necessary for compounding sterile products.

Describe storage requirements for compounded sterile products.

Describe storage requirements for cytotoxic and other hazardous medication products.

Differentiate between horizontal and vertical laminar flow hoods and a biological safety cabinet.

Compound hazardous medication products and explain the reasons for each step.

Demonstrate the cleanup protocol for hazardous medication and product spills.

Define “hazardous waste”.

Define “infection control”.

Describe common pharmacy equipment used in compounding and dispensing.

List and describe federal and state regulations and institutional policies and procedures that control the handling of hazardous waste, sharps containers and infection control.

List and describe each policy and procedure for:
- a) Sanitation management
- b) Hazardous waste handling
- c) Infection control

Describe the necessity for sanitation management in the pharmacy setting.

Clean laminar flow and biological safety cabinets according to established protocols and explain the reason for each step.

7. Billing and Reimbursement

Graduates will be able to:

List and describe the various forms and processing of payment for a prescription/medication order.

Operate and maintain a cash register and describe how different forms of payment are entered.
Explain the type of data collected, transmitted and stored by pharmacy information systems.

Explain the purpose and use of a formulary.

Define “fraud”, “waste”, and “abuse” and know how to report.

Utilize interview strategies to prompt accurate, complete patient-specific information from new patients.

Notify the pharmacist when screening of an order reveals that a non-formulary medication has third-party coverage:
- Operate electronic systems for input and coverage verification
- Verify by phone (from a physician if permitted by state law or from the patient for drug refill orders)
- Identify the reason for a rejected claim and convey the reason to the pharmacist and patient
- Explain responses that may cause distress to the patient and utilize techniques to diffuse emotional reactions

Record receipt of payment.

Verify that third-party insurance covers specific medication orders.

Operate and maintain a cash register and describe how different forms of payment are entered.

Make change for cash payments.

Compare and contrast pricing and billing systems for medication payments.

Describe how billing systems are used to track payments, and determine payment due for medication orders.

Explain the impact of co-insurance, co-pays, and deductibles, including as it applies to Medicare and Medicaid on billing for prescriptions.

Collect outstanding third-party payments, adjudicate billing claims, and resubmit billing claim if needed.

Adjudicate billing claims.

Identify those products that are taxable and nontaxable.

8. Direct Patient Care
Graduates will be able to:

a. Define direct patient care and discuss the role of the pharmacy technician in its delivery.

b. Identify situations, when reviewing patient-specific information, which require the attention of the pharmacist.

c. Practice patient confidentiality.

d. Explain the importance of electronic devices and information systems for proper delivery of direct patient care.

e. Demonstrate the use of departmental codes.

f. Describe the importance of monitoring for medication therapy.

g. Demonstrate selected monitoring procedures, such as for blood pressure, radial pulse, glucose and cholesterol levels.

h. List and describe all necessary equipment and supplies for performance of selected procedures.

i. Provide proof of Healthcare Provider BLS certification.

j. Assist the pharmacist in providing direct patient care in enhanced pharmacy services.

9. Inventory Management
Graduates will be able to:

a. Demonstrate knowledge of the legal requirements, policies, and procedures to secure inventory.

b. Describe the “want book” and how inventory to be ordered is identified.

c. List and describe purchasing procedures, including those required for atypical products and emergency orders.
d. Explain the process of ordering pharmaceuticals, devices, and supplies according to established protocols

e. Explain the purpose and use of a formulary

f. List and describe methods of inventory control, and follow established policies and procedures for receiving goods

g. Follow the manufacturer’s recommendations and/or the pharmacy’s guidelines for the storage of all medication prior to distribution

h. List and describe each method necessary for handling back ordered medications

i. Describe common reasons for discontinuing or recalling items, and differentiate between the different classes of drug recalls (Class I, Class II, and Class III)

j. Remove expired, recalled, or discontinued inventory according to established policies and procedures, including automated machines

k. Explain the importance of inventory documentation, as well as the maintenance of an adequate supply of pharmaceuticals

l. Describe how an item that is unavailable through traditional routes can be procured

m. Explain methods for communicating changes in product availability

n. Explain the various methods for deterrence of theft or diversion of medication, and describe how it should be reported

o. Maintain records for receipt, storage, and removal of controlled substances and describe legal requirements

p. Describe procedures for destruction of controlled substances, including procedures for using a reverse distributor and take back programs

q. Assess design and function of pharmacy storage equipment and describe how medications and devices are typically stored

10. Pharmacy Law and Regulations
Graduates will be able to:

a. Describe the portions in OBRA’90 that dictate the pharmacist’s obligations for counseling patients

b. Explain the federal and state laws and regulations that control specific monitoring activities

c. Explain federal and state laws and regulations that prescribe the recording of the preparation of controlled substances

d. Define controlled substance.

e. Explain why accurate documentation is essential to pharmacy operation

f. Describe the differences between federal and state laws, regulations, and professional standards, and explain the importance of the pharmacy’s compliance with each

g. Explain federal and state laws governing substitution of medication products law/billing/fill

h. List and describe federal and state regulations governing the technician’s role in compounding of sterile and non-sterile products

i. Describe the legal aspects for patient counseling as specified in OBRA’90 and in federal and state laws and regulations

j. Comply with the United States Pharmacopoeia USP <795> Standards

k. Comply with USP <797> Standards

l. List and describe federal and state laws and regulations governing the technician’s role in compounding of cytotoxic and other hazardous medication, including USP <800> Standards

m. List and explain the policies and procedures for recording the distribution of controlled substances

m. Explain Risk Evaluation and Mitigation Strategies (REMS), including the requirements for FDA mandated drug programs.

11. Quality Assurance
Graduates will be able to:

a. Define the term “quality assurance,” and explain its importance for the pharmacy team
b. List and describe methods for achieving and maintaining quality assurance, and the duties and of tasks the pharmacy technician that require quality assurance procedures

c. Define calibration

d. Utilize established medication monitoring techniques to assure an accurate match with the prescription/medication order

e. Describe event reporting procedures, including medication errors, adverse effects, product integrity, FDA Med Watch Forms, and root cause analysis.

f. Compare and contrast various error control strategies, including Look Alike-Sound Alike medications, high-alert medications and Tall Man Lettering

g. Demonstrate barcode technology in various scenarios

12. Pharmacy Technician Certification Examination Review

Graduates will be able to:

a. Describe the certification examination requirements

b. Differentiate between certification, licensure, and registration

c. Participate in a certification examination preparation process

d. Describe the process for obtaining national certification as a pharmacy technician

e. Identify applicable state law requirements regarding employment and licensure

f. Recognize the importance of certification as a pharmacy technician

g. List and describe the value and the benefits of membership in local, state, and national pharmacy organizations

h. Participate in continuing education for the field of pharmacy

PHT.A.2. A clinical experience is required for completion of the program.

Clinical experiences allow the student to expand the knowledge and skills developed in the didactic and laboratory phases of their training. Clinical site experiences may vary and may include, but are not limited to practice in the following environments:

i. Acute Care

ii. Long Term Care

iii. Home Infusion

iv. Community Retail or Outpatient Pharmacy

v. Mail Order

vi. Nuclear Pharmacy

vii. Pharmacy Benefits Management (PBM)

The clinical experiences reinforce the competencies and skills learned in the didactic and laboratory settings. These experiences must include assisting clinical staff pharmacy teams with daily tasks while under direct supervision of the staff. Students must be oriented to the facility and the daily routines of the site. Initial observations must occur prior to engagement of the prescribed field work. Duties performed must advance over the course and length of the clinical experience. At a minimum, the clinical experience must be no less than 160 hours. Students may only engage in clinical experiences following the completion of the prescribed core curriculum and after the requirements of the clinical site have been met.

The clinical experience cannot be virtual, hybrid, or delivered in a simulated lab environment. Programs must disclose and identify applicable requirements, including background checks and drug screening, necessary for clinical experiences prior to student enrollment.

The following is considered in choosing, placing and maintaining externship site affiliation experiences:
(a) Assignment
Clinical experiences include placement at a facility that performs various types of activities that will expose the student to the necessary skills required of the profession. In all cases, the externship site used is properly licensed and regulated.

(b) Activities
A clinical experience includes assisting pharmacy team with daily tasks, while under the supervision of staff. Students are oriented to the facility and the daily routine of the facility. They initially observe activities and procedures and then begin perform tasks and procedures. As their clinical experience progresses, they move into more advanced tasks and procedures. Student case logs/check lists are maintained to ensure a variety of tasks performed.

(No additional requirements beyond Chapter V)

(e) Supervision
There is direct supervision by a preceptor of all students in the field while participating in a clinical experience. Programs must also clearly document their role in how they will supervise students. The program will identify how often visits occur, whom and visited how often while at their clinical site. There is clear and documented communication between the program and the clinical site. If the program does not employ a supervisor onsite, a qualified preceptor employed by the clinical site, as described in VIII.B.2.a below, for either supervisor or faculty qualifications is responsible for such supervision. The institution ensures that the responsible individual or preceptor have been provided information relating to understand the program expectations and preceptor responsibilities.

Students may not replace existing staff or be compensated while participating in clinical experiences and this fact is made known to the student. The student is clearly in addition to the staff/team and not a substitution.

(d) Requirements for Completion
Upon completion of the clinical experience, students demonstrate entry-level proficiency in all areas of the curriculum. Students also fulfill requirements in accordance with distributions for general and specialty areas and level of complexity.

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Supervision

PHT.B.1. The program supervisor possesses supervisory experience and is credentialed in the field.

State boards of pharmacy may dictate additional qualifications for program supervision and the courses that they are allowed to teach.

The supervisor is either a licensed pharmacist or is a certified pharmacy technician by a nationally recognized and accredited credentialing agency and in good standing with the respective state board. A program supervisor must minimally possess an associate degree.

Subsection 2 – Faculty and consultation

PHT.B.2.a. Faculty formal education/training and experience support the goals of the program.
Faculty must be qualified to instruct their assigned courses based on any applicable state boards of pharmacy, which may dictate the courses faculty may teach based upon their credentials or requirements.

PHT.B.2.b. Faculty numbers and ratio support the goals of the program.

Laboratory student-to-faculty ratio does not exceed 12:1 unless state boards of pharmacy provide stricter requirements. The student to faculty ratio does not exceed 8:1 when performing sterile compounding.

PHT.B.2.c. A program is served by an advisory board of program-related specialists to assist administration and faculty in fulfilling stated educational objectives.

The program’s advisory board consists of at least one current faculty member and at least one non-employee representative from each of the following communities of interest:

i. currently licensed and practicing Pharmacist
ii. program graduate
iii. employer
iv. public member (public member is to serve in the role of potential patient)

An individual may not serve in more than one capacity.

SECTION C – Laboratory Facilities and Resources

PHT.C.1.a. The institution’s laboratory facilities include the following:

i. Student stations suitable to number of students
ii. Lighting, electrical outlets, ventilation and storage space
iii. Physical environment is conducive to instruction and learning

PHT.C.1.b. Equipment and supplies are available within the institution’s laboratory facility and are in sufficient number to achieve the program’s goals and objectives.

Equipment minimally includes:

i. Amber bottles (liquid)
ii. Amber bottles (pills and tablets)
iii. Ampules
iv. Cash register
v. Cylindrical graduate
vi. Depth filter
vii. Disinfecting clean solution
viii. Electronic scale or torsion balance
ix. Eyewash station (OSHA requirement)
x. Filter needle
xi. Filter paper
xii. Forceps (if school is using a torsion balance with metric weights)
xiii. Glass funnel
xiv. Glass mortar and pestle
xv. Glycine paper
xvi. Large volume parenterals
xvii. Laminar flow hood (simulated or actual)
xviii. Membrane filter
xix. Metric weights (if Torsion Balance is used)
xx. Multiple dose vial
xxi. Non-latex gloves (various sizes)
xxii. Ointment jars
xxiii. Ointment slab
xxiv. Personal Protective Equipment
xxv. Prescription processing software/management system
xxvi. Pill counting trays
xxvii. Porcelain mortar and pestle
xxviii. Reconstitution tube [optional]
xxix. Rubber spatula
xxx. Sharps container
xxxi. Single-dose vial
xxii. Sink with running hot and cold water (OSHA requirement)
xxiii. Small volume parenteral
xxiv. Stainless steel spatula
xxv. Sterile gauze
xxxvi. Syringes
xxxvii. Label making device
xxxviii. Barcode reader

SECTION D – Admissions

**PHT.D.1.** An institution adheres to its admissions policies and enrolls only students who have passed a background check.

An admission process exists to screen and evaluate each applicant’s eligibility status and enrolls only students who have passed a background check. In addition, the program complies with the requirements of the State Board of Pharmacy in states that regulate pharmacy technicians and require national certification.
CHAPTER VIII – RT
EVALUATION STANDARDS FOR
RADIOLOGIC TECHNOLOGY/RADIOGRAPHY

The Accrediting Bureau of Health Education Schools (ABHES) does not programmatically accredit radiologic technology/radiography programs, but, as an institutional accrediting agency, the radiologic technology program will be included within the institution’s grant of accreditation. The radiologic technology/radiography program offered at an ABHES-accredited institution must comply with all policies, procedures, and standards described throughout the Accreditation Manual, including the general evaluation standards applicable to all institutions (Chapter IV), the standards applicable to all programs offered (Chapter V). In addition, degree-granting programs must comply with Chapter VI. This chapter contains additional specific accreditation requirements for Radiologic Technology/Radiography.

These standards place emphasis on commonly-accepted requirements for professional practice in Radiologic Technology/Radiography and have been informed, in part, by the programmatic accreditation standards (JRCERT Standards for an Accredited Educational Program in Radiography, Copyright 2020) of the Joint Review Committee on Education in Radiologic Technology (JRCERT), a recognized programmatic accreditor in the field of radiologic technology. These standards were used as a resource in the development of the ABHES standards, as well as ABHES’ own independent research.

This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter, whether called a radiologic technology or radiography program or any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning. For purposes of this chapter, a radiologic technology/radiography program includes any additional programs identified by any other name or designation that is reasonably understood by professionals in the field, students, or the public to have the same meaning whose graduates are eligible to sit for the American Registry of Radiologic Technologists (ARRT) National Certification examination in Radiography. This chapter is equally applicable to any educational program offered by the institution that intends to prepare graduates for employment based on the knowledge and skills set forth in this chapter.

DESCRIPTION OF THE PROFESSION

Radiographers produce radiographic images for diagnostic and medical intervention procedures. Such individuals perform specific pre-, intra-, and post-procedure duties that allow for patient safety and comfort, while producing accurate radiographic images for the medical provider. Radiographers utilize various techniques, safety devices, and equipment to protect their patients, themselves, and their coworkers from unnecessary exposure to radiation. Radiographers may specialize in more complex imaging procedures and advanced modalities.

CREDENTIALING

The American Registry of Radiologic Technologists (ARRT) offers voluntary certification for radiologic technologists. Attaining ARRT certification is encouraged for all graduates of programs within institutions accredited by ABHES; many states require certification for licensure. Students must be advised, prior to admission of any eligibility requirements to sit for the ARRT exam.
SECTION A – Curriculum, Competencies, and Clinical Experience

RT.A.1. The depth and breadth of the program’s curriculum enables graduates to acquire the knowledge and competencies necessary to become an entry-level professional in the field of radiography.

Program mission, goals and student learning outcomes must be defined. The program must develop and implement a well-structured curriculum consistent with its mission, goals and student learning outcomes. An appropriately sequenced curriculum provides the foundation of didactic knowledge, laboratory practice, and clinical experiences to achieve the competency requirements.

The program’s curriculum is consistent with the current Radiography Curriculum, developed by the American Society of Radiologic Technologists (ASRT). This may be demonstrated by completion of the current JRCERT Radiography Curriculum Analysis Grid (www.jrcert.org).

RT.A.23. Competencies required for successful completion of a program are identified in writing and made known to students.

Competencies required for successful completion of the program are consistent with or exceed those outlined in the clinical competency requirements of the current ASRT Radiography Curriculum and the ARRT Radiography Didactic and Clinical Competency Requirements. The competencies are clearly delineated, and the curriculum ensures achievement of these entry-level competencies through coursework, laboratory requirements, and clinical experience.

RT.A.23. A Clinical experience is required for completion of the program.

Clinical experiences provide the student practical applications of knowledge gained to function as a productive healthcare team member. Clinical assignments are progressive and competency-based.

The following are considered in choosing, placing and maintaining a clinical experience:

(a) Assignment and Administration

Clinical sites will be selected and assigned to provide equitable learning opportunities for all students. Clinical sites provide various types of radiologic and related patient care activities which expose students to the necessary skills required for competency achievement. The student should have the opportunity to observe and/or participate in advanced imaging modalities. Clinical facilities must be properly licensed and regulated by the appropriate governing authority.

The student to clinical staff ratio must not exceed 1:1. Students may not be compensated while participating in clinical experiences and this fact is made known to students.

(b) Activities

All students are oriented to the clinical facility and the daily routine, functions, services, operations and safety policies/procedures of the facility.

General patient care and imaging procedures competencies for successful completion of the program are outlined in the current ASRT Radiography Curriculum and the ARRT Radiography Didactic and Clinical Competency Requirements.

Programs must provide students with learning opportunities in advanced imaging modalities. It is the program’s prerogative as to how these learning opportunities occur, e.g., observations, assigned comment. 

Commented [IT3]: Rationale for change: To align with similar wording of other chapters.

Commented [IT4]: Rationale for change: To clarify that all three are required components.

Commented [KC5]: Rationale for change: Reordered RT.A.2. and RT.A.3. to align with formatting of program sections throughout chapter.

Commented [IT6]: Rationale for change: To include both pertinent documents.

Commented [IT7]: Rationale for change: To align language with other sections of the Manual.

Commented [KC8]: Rationale for change: striking as hard for the school and the evaluators to determine compliance. Not an apprenticeship and liability thing (e.g., workers comp). Noted it is hard to monitor that they are not being paid on the school side, as well.

Commented [IT9]: Rationale for change: Added for consistency with language edit above.

Commented [IT10]: Rationale for change: Included to be more specific when referring to modalities.
participation, rotations, didactic. Advanced imaging modalities may include, but are not limited to, computed tomography, magnetic resonance, sonography, nuclear medicine, and vascular imaging/interventions. If gender sensitive procedures are provided (i.e. mammography), a statement regarding any student access limitations must be disclosed to prospective students.

(c) Supervision
Supervision promotes patient safety and sound educational practices. Programs maintain and publish supervision policies or guidelines that clearly delineate the expectations of students and clinical staff. Students must be directly supervised until competency is achieved. Direct supervision is defined as student supervision by a qualified radiographer who is physically present in the examination room during the procedure. That qualified radiographer must:

i. Reviews the procedure in relation to the student achievement;
ii. Evaluates the condition of the patient in relation to the student’s knowledge; and,
iii. Reviews and approves the procedure and image.

Once competency is achieved, the student may work under indirect supervision with the exception of the operating room and mobile/portable units, which require direct supervision regardless of competency level. Indirect supervision is defined as supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. Immediately available is defined as the physical presence of a qualified radiographer adjacent to the examination room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is used on patients.

The presence of direct supervision by a qualified radiographer during the repeat of an unsatisfactory image assures patient safety. A qualified radiographer must be physically present during the conduct of a repeat image and must approve a student’s procedure prior to re-exposure.

(d) Program Requirements for Completion
All required competencies within the program’s curriculum must be achieved prior to graduation. Upon completion of the clinical experience, students demonstrate entry-level proficiency in all areas of the curriculum.

SECTION B – Program Supervision, Faculty, and Consultation

Subsection 1 – Program supervision

RT.B.1. The program supervisor possesses supervisory experience and is credentialed and experienced in the field.

The program supervisor:

i. Graduated from an accredited radiography program;
ii. Holds a minimum of a master's degree;
iii. Possesses current ARRT certification in radiography or equivalent (e.g., unrestricted state license for the state in which the clinical education setting is located);
iv. Demonstrates minimum of three years of full-time clinical experience in medical imaging;
v. Possesses two years of experience as an instructor in a program accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation (CHEA), and.

Commented [IT11]: Rationale for change: Replaces the deleted sentence from section (a) above.

Commented [KC12]: Rationale for change: need some clarification and agreement and changed to be a list with roman numerals instead of bullets.

Commented [KC13]: Rationale for change: Changed to align with intent of supervision levels based on type of procedures/location.

Commented [KC14]: Rationale for change: Direct supervision is physical presence in the room, as defined above. Changed here to be consistent.

Commented [KC15]: Rationale for change: changed for consistency with other sections of VIII.

Commented [KC16]: Rationale for change: Aligns with other sections.

Commented [IT17]: Rationale for change: There is no direct relationship/alignment with a program supervisor and clinical setting.
vi. **Evidences experience in instruction, student evaluation, academic advising, educational methods, and supervision of personnel.**

The program supervisor has input into budget preparation and may have limited teaching assignments. Such assignments must allow for adequate time for educational, accreditation and administrative responsibilities. The program supervisor is a full-time position. Full-time and part-time status is determined by and consistent with the sponsoring institution’s definition. In cases when a program supervisor/faculty member’s appointment is less than twelve (12) months and students are enrolled in didactic and/or clinical courses, the program supervisor must assure that all program responsibilities are fulfilled.

**Subsection 2 – Faculty and consultation**

**RT.B.2.a. Faculty formal education/training and experience support the goals of the program.**

All program faculty members work under the direction of the program supervisor. Job descriptions and responsibilities of program personnel are clearly explained to include, but are not limited to:

**Clinical Coordinator (or Clinical Supervisor):**

i. graduated from an accredited radiography program;
ii. hold a minimum of a baccalaureate degree; **[master’s degree required for baccalaureate degree programs]**
iii. possesses current ARRT certification in radiography or equivalent;
iv. demonstrates two years of full-time clinical experience in the diagnostic radiography, and
v. possesses one year of experience as an instructor in a program accredited by an agency recognized by the United States Department of Education or the Council for Higher Education Accreditation (CHEA), evidences experience in instruction, student evaluation, and academic advising.

The Clinical Coordinator is responsible for the supervision and training of Clinical Instructors and preceptors and is the primary point of communication between the clinical site(s) and the program. The Clinical Coordinator is responsible for scheduling of students for all clinical assignments to ensure alignment with curriculum sequencing, as well as equitable and educationally valid experiences. The Clinical Coordinator may have limited teaching assignments; however, such assignments must allow for adequate time for administrative responsibilities. A full-time Clinical Coordinator position is held by one individual or a collective role between no more than two qualified individuals; however, programs may have more than one full-time Clinical Coordinator position.

**Full-Time and Part-Time Program Faculty** are graduates of an accredited radiography program and hold a certificate in radiography, a baccalaureate degree, and a current ARRT certification in radiography or equivalent **(e.g., unrestricted state license)** with a minimum of two years of full-time clinical experience in diagnostic radiography. Courses which do not require expertise in the technical performance of radiography may be taught by individuals who possess qualifications commensurate with the individual courses being taught.

For those faculty members teaching in a baccalaureate degree (RT) program, these individuals must hold a master’s degree in addition to the requirements noted above.

**Clinical Instructors/Preceptors**

Clinical Instructors/Preceptors hold a minimum of a certificate or diploma in radiography from an accredited program and current ARRT certification in radiography or equivalent **(e.g., unrestricted state license)** with a minimum of two years of clinical experience in medical imaging.

**Commented [IT18]:** Rationale for change: Not necessary as covered in standard VI.C.4.b., which allows for a little more flexibility.

**Commented [IT19]:** Rationale for change: To clarify that this applies to all program faculty defined in the glossary as “qualified individuals who provide instruction.”

**Commented [IT20]:** Rationale for change: Outdated language. Certificate not applicable.

**Commented [IT21]:** Rationale for change: Same note as above.
One full-time equivalent clinical instructor/preceptor for every ten (10) students must be maintained. Preceptors are sponsored by the clinical site and work under the direction of their clinical site supervisor. The program must have input in the nomination and appointment of preceptors. The program documents preceptor orientation and ongoing training to include responsibilities specific to clinical instruction and student competency evaluation, annual program updates, and documentation to support the communication between the program and the preceptor.

**Clinical Staff**

Clinical staff hold a minimum of a certificate or diploma in radiography and current ARRT certification in radiography or equivalent (e.g., unrestricted state license). Clinical Staff are trained to supervise students must understand clinical competency system, the requirements for student supervision, and support the educational process.

**RT.B.2.b. Faculty numbers and ratio support the goals of the program.**

(no additional requirements beyond Chapter V and, for distance education coursework, Chapter IX)

**RT.B.2.c. A program is served by an advisory board of program related specialists to assist administration and faculty in fulfilling stated educational objectives.**

(no additional requirements beyond Chapter V)

**SECTION C – Educational Laboratory Facilities and Resources**

**RT.C.1.** The program has sufficient physical resources to meet the needs of the program’s curriculum and outcomes. Laboratories must support student learning, be operational and readily available to accommodate all enrolled students.

i. Laboratory areas are of a size to accommodate students, faculty and equipment during instruction.

ii. Energized laboratories, if applicable, are in compliance with federal and/or state radiation safety regulations.

iii. Student use of an energized laboratory must be under the direct supervision of a qualified instructor.

iv. Off-site laboratories designated for patient care must demonstrate availability for student and instructional use.

v. Equipment and instruments are available in quantity and of operational quality to support student learning.

**SECTION D – Radiation Safety**

**RT.D.1.a. The program has established radiation safety policies and procedures compliant with federal and state radiation protection laws.**

i. Radiation safety policies and practices promote the application of ALARA (as low as reasonably achievable) principles.

ii. The program assures that students appropriately perform radiation safety in laboratory and clinical settings.

iii. Students must not hold image receptors.

iv. Students should not hold patients during radiographic procedures when immobilization devices are the appropriate standard of care.
v. Programs must establish a safety screening protocol for students having access to magnetic resonance environments.

**RT.D.1.b. Students must be issued radiation exposure monitors that are in keeping with relevant to current field requirements practice regarding type and length of exposure.**

i. The program requires students to wear an assigned radiation monitor in all potential exposure situations to include laboratory, clinical, or other observational experiences.

ii. The program has an established process for timely review of student dosimetry reports by a qualified radiation safety officer (RSO) or other qualified individuals.

iii. Dosimetry reports that contain student social security numbers must be maintained in a secure and confidential manner.

iv. The program must maintain and monitor student radiation exposure data. This information must be available to students within thirty (30) school days following receipt of data.

v. The program has established thresholds that are lower than US Nuclear Regulatory Commission occupational dose limits for student exposure and an established process for investigation and counseling for excessive exposure readings.

**RT.D.1.c. The program has an established student pregnancy policy compliant with federal and state radiation protection laws.**

i. Students must have access to the program's pregnancy policy upon enrollment.

ii. The program's pregnancy policy allows for voluntary written disclosure of pregnancy, including a voluntary written withdrawal of this disclosure.

iii. The program's pregnancy policy provides enrollment choices for disclosed pregnant students including, but not limited to, an option for student continuance in the program without modification. The program may offer clinical component options such as clinical reassignment and/or leave of absence.

iv. The program's pregnancy policy allows disclosed pregnant students to seek counseling from a radiation safety officer (RSO) or other qualified individuals.

v. Upon student disclosure, the student must be provided a fetal dose monitor and instructions for use.

vi. The program has established thresholds that are lower than US Nuclear Regulatory Commission occupational dose limits for embryo/fetus exposure and an established process for investigation and counseling for excessive exposure readings.