



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS | ABHES

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ABHES BULLETIN

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: November 16, 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 noted sections of *Accreditation Manual*. 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 – November 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 the January 2020 Commission meeting. Please submit comments via the Survey Monkey link above by Monday, December 14, 2020, for Commission consideration.

Thank you in advance for your participation.

CHAPTER III – GENERAL PROCEDURES (APPLIES TO INSTITUTIONS AND PROGRAMS)

SECTION B – Institutional Changes

Institutions and programs should be aware that review by ABHES may take several weeks; thus, timely notification is necessary so that changes are approved prior to implementation.

C. Notification

Notification to ABHES is required for:

- i. A negative action, including probation, placed upon an institution or program by a recognized accrediting agency, state licensure body, or federal regulatory agency.
- ii. The discontinuation of a program (defined as any program that has not been in operation for a continuous 12-month period). Institutions and programs must submit notification when a program is discontinued. Notification must be submitted on the *Notice of Discontinuation of Program and/or Delivery Method Form*.
- iii. The discontinuation of previously approved delivery method, i.e. residential, blended or full distance education (defined as any delivery method that has not been in operation for a continuous 12-month period). Notification must be submitted on the *Notice of Discontinuation of Program and/or Delivery Method Form*.
- iv. The hiring or appointment of a new On-site Administrator or designated representative (e.g., Campus President, Director, Program Director). Notification must be submitted on the ABHES *Change of Leadership Form*.
- ~~v. The expansion of distance education delivery to an existing program(s), using courses from a currently approved distance education program.~~
- ~~vi.~~ v. Change in length of weeks to an existing program(s).
- ~~vii.~~ vi. The practice of allowing an individual to register in a course or courses while not enrolled in a program of study at the institution. Notification including the course name, hours, and credit awarded must be submitted on the institution's letterhead and emailed to info@abhes.org.

The Annual Report is not a means of notification and may not substitute for such notifications.

D. Distance Education Applications

ABHES defines distance education as a formal educational process to deliver instruction to students who are separated from the instructor and support regular and substantive interaction between the instructor and students, and among students. Correspondence education is not within ABHES' scope of recognition and therefore is not eligible for accreditation by ABHES.

It is the responsibility of an institution to (1) notify local, state, and federal entities of program modifications, as necessary, and, (2) obtain any and all state authorization to offer distance education, as applicable, prior to applying for Commission approval. Programmatic members will provide evidence of

their institutional accreditor's approval for the delivery method. In cases where accrediting standards and state regulations differ, the more stringent of these apply. New or expanded distance education courses and programs may not be implemented or advertised until ABHES approval has been granted.

The following applications must be submitted and approved, prior to the implementation or expansion of distance education, as indicated:

1. Application for Initial Distance Education Delivery

- a. The initial addition of distance education to a currently accredited institution or an institution holding a grant of programmatic accreditation.

For those institutions or programs applying for the first time to offer program(s) by distance education (not currently approved by ABHES to offer programs by distance delivery), a verification visit will be conducted by a distance education specialist within six (6) months of beginning the approved distance education instruction. The verification visit is used to ensure that the institution has the necessary resources in place to deliver distance education offerings effectively.

2. Application for Modification of Distance Education Delivery

- a. An inclusion of laboratory-based courses delivered by distance education to a program currently approved for distance education delivery.

~~b. The expansion of an approved blended program to full distance education.~~

~~c. The expansion of distance education delivery courses to a new or existing program not currently approved for distance education.~~

~~b. The addition of a blended and/or full distance delivery method to modification of an existing program. to include a distance education delivery method (blended and/or full distance education).~~

3. Application for Inclusion of Residential Delivery Method

~~a. The transition of a program from full distance education or a blended delivery and/or full distance education program to residential-only delivery method.~~

~~b. The addition of a residential delivery method for a program approved for A modification of a blended and/or full distance education program to include a residential delivery method.~~

~~For those institutions or programs applying for the first time to offer program(s) by distance education (not currently approved by ABHES to offer programs by distance delivery), an on-site verification visit will be conducted by a distance education specialist within six (6) months of beginning the approved distance education instruction. The verification visit is used to ensure that the institution has the necessary resources in place to deliver distance education offerings effectively. A significant expansion to an institution's distance education offerings may require a remote or on-ground site visit by a distance education and program specialist.~~

It is the responsibility of an institution to (1) notify local, state, and federal entities of program modifications, as necessary, and, (2) obtain any and all state authorization to offer distance education, as applicable, prior to applying for Commission approval. Programmatic members will provide evidence of their institutional accreditor's approval for the delivery method. In cases where accrediting standards and

state regulations differ, the more stringent of these apply. New or expanded distance education courses and programs may not be implemented or advertised until ABHES approval has been granted.

CHAPTER V – EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL PROGRAMS

V.B.4.b. A program has clinical experiences to meet its goals and objectives. (for applicable programs)

Clinical experiences are available for all enrolled students as they progress to that portion of the program. Clinical experiences may include simulated component(s) not to exceed 50% of the total program clinical hours provided that it does not conflict with the requirements of other oversight bodies, credentialing/licensure bodies or program-specific standards of subsequent chapters.

For a field-based clinical experience, ~~Students~~ students do not wait for sites and back-up sites are available to ensure that the educational process is continuous. If any clinical experience may occur beyond a customary and usual commuting distance to the location where the student receives the remainder of the program instruction, students are informed and agree in writing to the arrangement prior to enrollment. (see glossary for explanation)

For a field-based clinical experience, A-a monitoring plan exists to ensure that students:

- i. Are oriented to the facility and the daily routine of the facility.
- ii. Initially observe activities and procedures and then begin to perform tasks and procedures.
- iii. Assist staff members with daily tasks, while under the supervision of staff.
- iv. Move into an array of different tasks and procedures as their clinical experiences progress.
- v. Are assessed with evaluation tools that are maintained to ensure a variety of competencies are performed.
- vi. Do not replace or substitute for existing staff while participating in clinical experiences.
- vii. Complete required hours which are monitored to ensure that all requirements are met.

For a simulated clinical experience, a plan exists to ensure the quality of the learning experience approximates a field-based clinical experience.

V.B.4.c. Supervision and evaluation of student performance is provided during the clinical experiences. (for applicable programs)

An individual employed by the institution who meets the minimum qualifications of program faculty member is responsible for ensuring and documenting oversight and evaluation of students while on clinical experiences and is in regular contact with sites.

If a clinical experience includes a simulated component, the individual(s) employed by the institution to supervise that experience are trained in effective simulation instructional methods, including delivery, testing and evaluation, debriefing, and other techniques necessary to effectively facilitate the simulated clinical experience.

V.E.2.b. Faculty receive training in educational methods, testing, and evaluation and evidence strength in instructional methodology, delivery, and techniques as indicated by evaluation by supervisory personnel within 30 days of beginning instruction, and annually thereafter.

Prior to facilitating a simulated experience, faculty are trained in the use of the institution's current simulation technology .

V.E.4. Faculty participate in in-service training with a focus on effective teaching at least twice annually.

Documentation of in-service training is required and should include topic(s) discussed, name(s) of presenter, and synopsis of the session(s) presented. Evidence of faculty attendance is maintained in each faculty member's file.

Faculty responsible for facilitating simulated experiences participate, at least annually, in training specific to simulation technology and/or pedagogy.

CHAPTER VII – ST EVALUATION STANDARDS FOR SURGICAL TECHNOLOGY

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

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

(a) Assignment

Clinical sites include placement at a facility that performs various types of surgical procedures that will expose the student to the necessary skills required for entry-level practice in the profession. Placements may include limited time at out-patient surgical facilities.

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 team and not a substitution.

In all cases, the clinical site used is properly licensed and regulated.

(b) Activities

(no additional requirements beyond Chapter V)

(c) Supervision

An individual employed by the institution who meets the minimum qualifications of program faculty member is responsible for documenting routine on-site visits and weekly interaction, with both the student and facility, to evidence oversight and evaluation of student performance while at the clinical site.

(d) Requirements for Completion

Clinical assignments must allow the student to fulfill all of the requirements set forth in the current Core Curriculum. Simulation may not be substituted for the surgical cases outlined in the Core Curriculum required during clinical experiences.

Simulation may be substituted for up to 20 percent of the total required clinical hours in exceptional circumstances that make it impossible to complete total clinical hours (e.g. government regulations, regional or national disasters). Programs that utilize simulated clinical experiences must maintain documentation demonstrating the need for simulation, as well as how the program incorporated the administrative team and program advisory committee input into its decision-making process.

CHAPTER VIII – DA I EVALUATION STANDARDS FOR DENTAL ASSISTING

DAI.A.2. An 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

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 includes 160 clock hours. In all cases, the externship site used is properly approved and regulated.

Simulations may be substituted for up to 20 percent of the total required clinical hours. Programs that utilize simulated clinical experiences must maintain documentation for how the program incorporated the administrative team and program advisory committee into its decision-making process.

(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

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 externships 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, students demonstrate entry-level proficiency in all areas of the curriculum.

CHAPTER VIII– DA II EVALUATION STANDARDS FOR DENTAL ASSISTING

DAII.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.

Simulations may be substituted for up to 20 percent of the total required clinical hours. Programs that utilize simulated clinical experiences must maintain documentation for how the program incorporated the administrative team and program advisory committee into its decision-making process.

(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.

CHAPTER VIII – DMS EVALUATION STANDARDS FOR DIAGNOSTIC MEDICAL SONOGRAPHY

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.

Simulations may be substituted for up to 20 percent of the total required clinical hours in exceptional circumstances that make it impossible to complete total clinical hours (e.g. government regulations, regional or national disasters). Programs that utilize simulated clinical experiences must maintain documentation demonstrating the need for simulation, as well as how the program incorporated the administrative team and program advisory committee into its decision-making process.

(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 meeting the program supervision requirements described in Section B below for either supervisor or faculty qualifications is responsible for such supervision.

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 also fulfill requirements in accordance with curricula distributions for general education, curricular requisites, and learning concentration area.

CHAPTER VIII – MTB EVALUATION STANDARDS FOR MASSAGE THERAPY AND BODYWORK

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. Simulations may not be substituted for clinical experiences.

(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.

(b) Activities

(no additional requirements beyond Chapter V)

(c) Supervision

(no additional requirements beyond Chapter V)

(d) Requirements for Completion

(no additional requirements beyond Chapter V)

CHAPTER VIII – PHT EVALUATION STANDARDS FOR PHARMACY TECHNOLOGY

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 team 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 the 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.

Simulations may be substituted for up to 30 percent of the total required clinical hours. Programs that utilize simulated clinical experiences must maintain documentation for how the program incorporated the administrative team and program advisory committee into its decision-making process. ~~The clinical experience cannot be virtual, hybrid, or delivered in a simulated lab environment.~~ Programs must identify applicable requirements, including background checks, necessary for clinical.

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.

(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 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 understands the program expectations.

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.

CHAPTER VIII – RT EVALUATION STANDARDS FOR RADIOLOGIC TECHNOLOGY/RADIOGRAPHY

RT.A.3. *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.

For field-based clinical experiences, ~~The 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*.

Programs must provide students with learning opportunities in advanced modalities. It is the program's prerogative as to how these learning opportunities occur. Advanced 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 and;

- Reviews the procedure in relation to the student achievement;
- Evaluates the condition of the patient in relation to the student's knowledge; and,
- Reviews and approves the procedure and image.

Once competency is achieved, the student may work under indirect supervision. 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 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 Completion

All required competencies within the program's curriculum must be achieved prior to graduation.

**CHAPTER IX – DISTANCE EDUCATION
EVALUATION STANDARDS APPLICABLE TO ALL EDUCATIONAL
PROGRAMS OFFERING DISTANCE EDUCATION**

Subsection 3 – Ratios

IX.E.3. Distance education ratio of students to faculty does not exceed 25 to 1.

Deviation from the stated ratio must demonstrate that the student-teacher ratio appropriately supports faculty-student interaction, facilitation of interaction among students, and interaction with curriculum to ensure course learning objectives are met.

GLOSSARY

Clinical Experiences – A supervised practical experience where students demonstrate knowledge and skills acquired that includes specific learning objectives and evaluation criteria. This experience may be campus-based (i.e. internship) or field-based (i.e. externship) and may be actual or simulated. A field-based clinical experience includes a written agreement between the institution and the clinical site.

~~i. **External Clinical Experiences** – A field-based externship or clinical experience and includes a written agreement between the institution and the externship or clinical site.~~

~~ii. **Internal Clinical Experiences** – A campus-delivered internship or clinical experience that may be actual or simulated.~~