Memorandum

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

FROM: Carol Moneymaker, Executive Director

DATE: August 14, 2013

SUBJECT: Final Revisions to *Accreditation Manual* - Effective January 1, 2014

At its July 2013 meeting, the Commission of the Accrediting Bureau of Health Education Schools (ABHES) considered carefully the comments received to its June 2012 and June 2013 Call for Comments. The Commission acted to approve the attached final revisions to the 17th Edition of the *Accreditation Manual*, **effective January 1, 2014**. New language is **underlined** and deleted language **struck**.

These revisions include changes to Chapters II, III, VII-MA, VII-ST, Appendix E, F, G and I.

Attachment (Final Revisions to Accreditation Manual)

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 an institution to apply for accreditation by the Commission and to remain accredited, it must meet the following minimum criteria:

(1)   It is (a) an institution in the private sector at the postsecondary level whose principal activity is education, (b) a hospital or laboratory-based training school, (c) a vocational institution, or (d) a Veteran Administration hospital, rehabilitation institution, or 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 (a) 70 percent or greater of its full-time equivalent students are enrolled in health programs, or (b) 70 percent of its active programs are in the health education field, provided that a majority of an institution's full-time equivalent 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 vocational in nature and are designed to lead to employment.

(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 or territories in which it is located.

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

(7)   ~~It has a minimum enrollment of five (5) students in each program to be included in the grant of accreditation to allow evaluation of student outcomes. (Not applicable to ABHES accredited institutional schools)~~

It has enrollment in the program(s) to be included in the grant of accreditation to allow evaluation of student outcomes.

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

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

SECTION A - <u>Application, Evaluation, Approval Process and Recordkeeping</u>

Subsection 1 – Requests for information and preliminary visits

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

Institutions desiring accreditation should request information and necessary application instructions from ABHES. An interested institution communicates as necessary with ABHES staff to become sufficiently informed.

Officials of the institution review accrediting documents and file a formal Application for Accreditation with the required application fee (Appendix I, Fees). The application fee is non-refundable and **the application** is valid for a period of two years from date of application. The chief executive officer of the institution must sign the application.

Upon acceptance of the application, an ABHES representative visits the applicant institution to discuss the accrediting philosophy, procedures, information/data requirements, and to evaluate the degree to which an institution currently complies with ABHES standards. While no fee is associated with a preliminary visit, the institution bears all expenses of the visit. A preliminary visit is mandatory for all new applicants for institutional accreditation.

Based upon the findings and conclusions of a Preliminary Visitation Report, one or more of the following actions will be taken:

a.   an institution is permitted to submit its Self-Evaluation Report in preparation for a full team visitation;

b.   an institution is directed to supply additional information prior to the submission of its Self-Evaluation Report; and/or

c.   another preliminary visitation will be required prior to submission of the Self-Evaluation Report.

If an institution is deemed unprepared to continue in the application process following a second preliminary visitation, the institution may not reapply for a period of at least twelve months, at which time a new application must be submitted with the appropriate fees.

Institutions seeking programmatic accreditation must follow the same application procedures as institutional applicants, with the following exception: programs offered at institutions holding institutional accreditation by an accrediting agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation will not be required to undergo a preliminary visit.

Subsection 3 – Accreditation workshop attendance

A representative from each campus **location** seeking an institutional or programmatic initial, ~~or~~ renewal grant of accreditation**, or inclusion of a non-main and satellite** is required to attend an accreditation workshop prior to submission of a Self-Evaluation Report and an on-site team visit. The individual(s) designated to attend the workshop is/are directly involved in the accreditation and self-evaluation process, (e.g., school director, director of education, or program **director** ~~coordinator~~). In cases where the designated workshop attendee is no longer

employed by the institution, a second individual with direct involvement must be appointed to fulfill those responsibilities and attend the accreditation workshop within 12-months of the position change and preferably prior to an institution undergoing an on-site team visit. Failure to evidence attendance at an ABHES accreditation workshop will result in an incomplete Self-Evaluation Report and delay consideration of an institution's application for initial or renewed accreditation by the Commission.

Subsection 8 – Interim reviews and visits

The Commission may request reexamination, documentation, or a written response to a Commission request or inquiry from an institution or program at any time it deems necessary.

ABHES requires an annual report from each main, non-main, and satellite campus. Institutional changes that must be reported to ABHES are outlined in Chapter III. Each annual report is reviewed, summarized, and considered by the Annual Report Committee, and, as necessary, considered by the Commission for subsequent action. Issues that require additional reporting, completion of an action plan, or Commission consideration include, but are not limited to, (i) retention, placement, or required credentialing rates falling below the minimum requirements of ABHES (see III.C), (ii) financial concerns (see IV.B.), (iii) student loan cohort default rates **greater than** ~~exceeding 1~~5% **below the federal threshold**, and (iv) enrollment growth of 50% or more from that reported the previous year.

Announced, interim and unannounced visits are conducted regularly as a means of assisting institutions and programs in continued compliance with ABHES requirements.

SECTION B – Institutional Changes

Subsection 1 - Changes requiring approval

The following changes must be submitted to ABHES for approval prior to implementation on the appropriate applications (www.abhes.org) for consideration by staff. The Commission may become involved in the consideration if necessary.

(* denotes a site visit required)

*Change of location;
  i.   Change of name of controlling institution;
 ii.   Addition of new program that does not represent a significant departure from the existing offering of educational programs or method of delivery. ~~The Commission may, however, require an on-site evaluation for programs which appear to have a significant impact on institutional operations, including mission; equipment; faculty; learning resources; facilities; and budget~~;
iii.   Addition of courses or short-term programs not leading to an occupational objective. These courses or short-term program may be excluded from the scope of an institution's grant of accreditation, with the following limitations:
  a.   All advertising and publications (e.g. catalog) referencing ABHES accreditation clearly state that such excluded programs or courses are not included within an institution's grant of accreditation.
  b.   Courses are not being combined with other excluded courses to circumvent accreditation requirements and/or those of other governmental bodies.
        c.   Vocational English-as-a-Second Language program (VESL), must also meet the
              requirements of Appendix H (Vocational English as a Second Language).
  v.   *Change from non-main to main campus~~.~~**;**

vi.   ABHES may require an onsite evaluation for a program which appears to have a significant impact on institutional operations, including mission; equipment; faculty; learning resources; facilities; and budget.

        Subsection 2 - Approval of substantive change

Substantive changes that must be approved prior to inclusion in a grant of accreditation are the following:

 (* denotes a site visit required)

a.   Change in the established mission or objectives of an institution or objectives of a program;

b.   *Change in legal status, ownership, or form of control;

c.   *The addition of courses or programs that represent a significant departure from the existing offerings of educational programs, or method of delivery, from those that were offered when ABHES last evaluated the institution**;**

d.   *The addition of programs of study at a degree or credential level different from that which is included in the institution's current accreditation;

e.   A change from clock to credit hours;

f.   A substantial ~~increase~~ **change** in the number of clock or credit hours awarded for successful completion of a program.

g.   Execution of a contract under which another organization or institution not certified to participate in Title IV, HEA programs offers more than 25 percent of one or more educational programs;

h.   *The establishment of an additional location geographically apart from the main campus or approved non-main campus. This provision applies regardless of the classification of the additional location as a non-main, separate classroom or satellite campus.

i.   The acquisition of any other institution or any program or location of another institution.

j.   The addition of a permanent location at a site at which the institution is conducting a teach-out for students of another institution that has ceased operating before all students have completed their program of study.

        Subsection 4 - Additional requirement regarding specific changes

        C.   Notification

a.   A negative action, including probation, placed upon an institution or program by a recognized accrediting agency, state licensure body, or federal regulatory agency.

b.   **The discontinuation of a program(s) (defined as any program that has not been in operation for a continuous twelve-month period)**. Institutions and programs must submit notification when a program is discontinued. Such notification must be submitted on the ABHES Discontinued Program Form found at www.abhes.org. The Annual Report is not sufficient to address discontinued programs. Institutions or programs must also notify the Commission regarding the discontinuation of a previously approved delivery method (e.g., residential, blended, or full distance education).**

c.   **Hiring of a new On-site Administrator (e.g., Campus President, Director).

        Subsection 9– Change in legal status, ownership or form of control

Based on a completed application, the Substantive Change Committee of the Commission has the ability to approve the change of control. The date of a change in ownership is effective on the date of its approval by ABHES if the accreditation decision is made within 30 days after the change in ownership. If ABHES is unable to approve a

change of ownership within 30 days of the effective date of the change, then the approval date will be the actual date of approval by ABHES. In any case, ABHES will not approve a change of ownership effective the date of the actual change if a complete application for approval of the change of ownership is not submitted to ABHES within 10 days after the date of the legal change of ownership. If a complete change of ownership is submitted within this time frame and if ABHES grants approval within 30 days of the legal change, then the date of approval is **the change date** and no hiatus in accreditation status occurs. Only the full Commission can defer or deny an application. An on-site visitation to an institution will be made within six (6) months after Commission approval of a change in control.

SECTION C - <u>Commission Actions</u>

The Commission takes final action to grant accreditation, deny accreditation, or withdraw accreditation based upon a review of evidence relevant to compliance with the Commission's policies and standards, including but not limited to:

a.   Self-Evaluation Report;
b.   Team Visitation Report(s);
c.   Institution's Response to Team Visitation Report(s); and
d.   Program Outcomes.

Accreditation is granted based on a finding that the institution or program is in compliance. Continuous compliance thereafter is a requirement to maintain accreditation. The Commission ~~can~~ **may** withdraw accreditation at any time if it determines that an institution or program is not complying with its policies or standards or determines that the retention, licensing, or employment rates fall below 70 percent, or below the reported ~~average~~ **rate** on an institution's annual report. Alternatively, the Commission may in its discretion provide an opportunity for the institution or program to bring itself into compliance within a time period specified by the Commission. That time period will not exceed:

a.   Twelve months, if the longest program is less than one year in length.

b.   Eighteen months, if the longest program is at least one year, but less than two years in length.

c.   Two years, if the longest program is at least two years in length.

The Commission may, for good cause, extend the period for achieving compliance, defined as significant improvement by the institution in the deficient area(s) (e.g., finances, student outcomes rates) and/or the need for sufficient time to demonstrate full compliance (e.g., graduate licensure due to delay beyond the control of the institution, program, or student).

Subsection 3– Show causes

The Commission may require an institution or program to show cause why accreditation should not be withdrawn for failure to meet eligibility criteria, comply with procedures or comply with accreditation standards. A show-cause directive constitutes notification to an institution or program that absent corrective action and information by and from the institution or program, its accreditation status will be in jeopardy. Such show-cause orders may be issued by the Executive Committee between Commission meetings and must specify the reasons for the action, the responsive information that is required from an institution or program and the deadlines for response. An institution or program directed to show cause is provided an opportunity to be present at the next meeting of the Commission.

~~Prior approval from the ABHES Executive Committee for the acceptance of any substantive change application (see III.B.A., *Reporting Substantive Change*) from an institution under a show-cause directive is required. An institution's or program's request for acceptance of the application must include justification for the change and its effect on the institution's or program's operation.~~

ABHES will not review, consider, or process substantive changes (*as defined in III.B.2. of the Accreditation Manual*) while the institution is under a show cause directive, unless the institution demonstrates that the substantive change is likely to resolve the show cause directive. An institution's or program's request for acceptance of the application must include justification for the change and its effect on the institution's or programs operation.

CHAPTER V

**EVALUATION STANDARDS APPLICABLE TO
ALL EDUCATIONAL PROGRAMS**

SECTION I – <u>Program Effectiveness</u>

Subsection ~~3~~ 1 - <u>Student achievement indicators</u>

<u>V.I.~~3~~1.a.</u> *A program demonstrates that students complete their program ~~and that graduates are successful on credentialing exams required for employment, and are successfully employed in the field, or related field, for which they were trained~~.*

~~At a minimum, an institution maintains the names of all enrollees by program, start date, and graduation date.~~ <u>The retention rate is determined by using the ABHES required method of calculation, for the reporting period July 1 through June 30, as follows</u>

<u>Retention Rate =</u> **(EE + G) / (BE + NS + RE)** ~~= R%~~

EE= Ending Enrollment (as of June 30)
G= Graduates
BE= Beginning Enrollment (as of July 1)
NS= New Starts
RE= Re-Entries (number of students that re-enter into school who dropped from a previous annual report time period)

~~R% = Retention Percentage~~

At a minimum, an institution maintains the names of all enrollees by program, start date, and graduation date.

<u>V.I.1.b.</u> *<u>A program demonstrates that graduates participate on credentialing exams required for employment.</u>*

If a license or credential is required (i) for employment within the geographic area served by the institution **<u>(ii) by regulatory bodies</u>** (e.g., state or other governmental agencies), **<u>or (iii)</u>** by the programmatic accrediting body, then the participation of program graduates in credentialing or licensure examinations is monitored and evaluated.

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

Examination participation rate = ~~G / T~~ <u>GT/GE</u>
G**T** = Total graduates taking examination
~~T~~ **GE**= Total graduates eligible to sit for examination

<u>V.I.1.c.</u> *<u>A program demonstrates that graduates are successful on credentialing examinations required for employment.</u>*

If an institution or program is required to monitor participation rates, then it must review graduate success on credentialing and/or licensing examinations. This review includes curricular areas in need of improvement. A program maintains documentation of such review and any pertinent curricular changes made as a result.

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

~~F / G = L%~~
Examination Pass Rate = GP/GT

~~F~~ **GP** = Graduates passing examination (any attempt)
~~G~~ **GT** = Total graduates taking examination
~~L% = Percentage of students passing examination~~

At a minimum, the names of all graduates by program, actual graduation date, and the credentialing or licensure exam for which they are required to sit for employment are maintained.

***V.I.1.d.** A program demonstrates that graduates are successfully employed in the field, or related field, for which they were trained.*

An institution has a system in place to assist with the successful initial employment of its graduates**. A graduate must be employed for 15 days and the verification must** ~~and is required to employment post-initial employment date~~ **take place no earlier than 15 days after employment**.

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

Placement Rate = **(F + R)/(G-U)** ~~=P%~~

F = Graduates placed in their field of training
R* = Graduates placed in a *related* field of training
G = Total graduates
U** = Graduates unavailable for placement
~~P% = Placement percentage~~

*Related field refers to a position wherein the graduate's job functions are related to the skills and knowledge acquired through successful completion of the training program.

**Unavailable is defined only as documented: health-related issues, military obligations, incarceration, continuing education status, or death.

Important Note: graduates pending required credentialing/licensure in a regulated profession required to work in the field and, thus, not employed or not working in a related field as defined above, should be reported through back-up information required in the Annual Report. This fact will then be taken into consideration if the program placement rate falls below expectations and an Action Plan is required by ABHES.

At a minimum, an institution maintains the names of graduates, place of employment, job title, employer telephone numbers, and employment and verification dates. For any graduates identified as self-employed, an institution maintains evidence of employment. **For any graduates identified as unavailable, the reason must**

be stated. Documentation in the form of employer or graduate verification forms or other evidence of employment is retained.

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

A program must survey current students(classroom and clinical experience), 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.

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** ~~= TP~~

SP = Survey Participation (those who actually filled out the survey)
NS = Number Surveyed (total number of surveys sent out)
~~TP = Total Participation by program, by group; meaning the number of students/clinical extern affiliates/graduates/employers by program who were sent and completed the survey during the ABHES reporting period (July 1-June 30).~~

V.I.1.f. A program demonstrates that it has developed survey satisfaction benchmarks based on required constituency surveys.

A program must establish satisfaction benchmarks for current students (classroom and clinical experiences), clinical extern affiliates, graduates, and employers. The purpose of the benchmarks is to collect data regarding satisfaction with the program's stated objectives and goals.

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

Benchmark Satisfaction Rate = SL/SP
SL = Satisfaction level
SP = Survey Participation

At a minimum, an annual review of the results is conducted and shared with administration, faculty and advisory boards. Decisions and action plans are based upon the review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda).

Accordingly, a program must document that at a minimum the survey data included in its effectiveness assessment include the following:

Student **(classroom and clinical experience):**
~~Student evaluations are used as a composite of student views relating to course importance and satisfaction and overall class attitudes about the classroom and clinical environment.~~

Student surveys provide insight regarding student satisfaction relative to all aspects of the program such as instruction, educational resources, and student services, as well as their clinical experience. The surveys identify strengths and weaknesses from a student's perspective.

Clinical extern affiliate:
Externship site **surveys** ~~evaluations~~ include 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. They include an assessment of the strengths and weaknesses, and proposed changes, in the instructional activities for currently enrolled students. The sites also 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:
A program has a systematic plan for regularly surveying graduates**, which determines if: (i) graduates have been informed of applicable credentialing requirements (ii) the classroom, laboratory, and clinical experiences prepared students for employment (iii) and (iii) graduates are satisfied with their educational training.** ~~At a minimum, an annual review of the results is conducted and shared with administration, faculty and advisory boards. Decisions and action plans are based upon the review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda).~~

Employer:
A program has a systematic plan for regularly surveying employers**, which determines if**: **(i) information on whether the skill level of the employee is adequate, and (ii) if the employer would hire another graduate from the program.**~~At a minimum, an annual review of the results is conducted and shared with administration, faculty and advisory boards. Decisions and action plans are based upon the review of the surveys and any changes made are documented (e.g., meeting minutes, memoranda).~~

Subsection ~~1~~ 2 – Program effectiveness plan content

V.I.~~1~~2. A program has an established documented plan for assessing its effectiveness as defined by specific outcomes.

While each program must represent each element required below, the plan may be a comprehensive one which collectively represents all programs within the institution or may be individual plans for each distinct program.

The Program Effectiveness Plan ~~includes clearly stated~~ clearly describes the following elements:

a. student population

A description of the characteristics of the student population is included in the Plan.

b. program objectives

Programs objectives are consistent with the field of study and the credential offered and include as an objective the comprehensive preparation of program graduates for work in the career field.

c. program retention rate

The retention rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must then identify its retention rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

d. job placement rate ~~in the field~~

The job placement rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must then identify its placement rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

e. credentialing examination participation rate

The credentialing examination participation rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must then identify its credentialing participation rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

f. credentialing examination pass rate

The credentialing examination pass rate for the previous two years and the current year is identified which is determined by using the ABHES required method of calculation for the reporting period July 1 through June 30. Based upon these rates, the institution must then identify its credentialing pass rate goal for the next reporting year and the factors considered in determining such a goal and the activities undertaken to meet the goal.

~~h~~ g. surveys of students (classroom and clinical experience), clinical extern affiliate, graduate and employer satisfaction with the program surveys

~~A program must survey each of the constituents identified above. The purpose of the surveys is to collect data regarding student, clinical extern affiliate, graduate and employer perceptions of a program's strengths and weaknesses.~~

At a minimum, an annual review of results of the surveys is conducted, and results are shared with administration, faculty and advisory boards. Decisions and action plans are based upon review of the surveys, and any changes made are documented (e.g., meeting minutes, memoranda).

The institution establishes: **1)** a goal for the percent of surveys returned and **2)** benchmarks for the level of satisfaction desired.

~~1.   Faculty Professional Growth and In-Service Activities~~
~~A program maintains data that evidences faculty participation in professional growth activities and in-service sessions that promote continuous evaluations of the programs of study, instructional procedures and training.~~

Subsection 3 - Outcomes assessment

V.I.3~~2~~. A program has a process for assessing effectiveness annually.

The Program Effectiveness Plan specifies a process and a timetable for the annual assessment of program effectiveness ~~in achieving the outcomes it has identified with its objectives and criteria~~.

The plan must:

~~ii~~ i. Identify ~~and describe types of data that are used for assessment,~~ the process for how data were collected, ~~rationale for use of each type of data,~~ timetable for data collection, and parties responsible for data collection.

~~ii. Include Document historical outcomes and show evidence of how this information is used to establish goals and improve the program. these historical data are used to identify expected outcomes and to achieve expected goals (e.g. evaluations, advisory boards, credentialing).~~

~~iii. Review initial baseline rates and measurements of results after planned activities have occurred~~
~~iv. Provide a summary and analysis of data collected and state how continuous improvement is made to enhance expected outcomes.~~

ii. Include an assessment of the curriculum that uses tools which might include examinations, advisory board input, competency and skill outcomes, faculty review of resource materials, and graduate and employer surveys. Results of the assessment are not required to be reported to ABHES, but are considered in annual curriculum revision by such parties as the program supervisor, faculty, and the advisory board. Changes adopted are included in the program effectiveness plan.

~~iii. Summarize and analyze the most recent data and explain how it will be used to improve the program.~~

~~v. Identify how data were used to improve the educational process.~~

~~vi. Adjust goals as a result of the evaluation of a PEP, based on an assessment of community and employer demand for graduates, which justifies the continued need for a program.~~

~~v. Identify the activities that will be undertaken to meet the goals set for the next year.~~

CHAPTER VII – MA
PROGRAMMATIC EVALUATION STANDARDS
FOR MEDICAL ASSISTING

The Accrediting Bureau of Health Education Schools is recognized to accredit Medical Assisting programmatically. With the exception of Chapter IV, *Evaluation Standards Applicable to Institutionally-Accredited Members*, the program seeking or holding programmatic accreditation by ABHES must comply with remaining accreditation standards described throughout the *Accreditation Manual*, including Chapter V for all programs and Chapter VI for degree-granting programs, and all appendices. This chapter contains additional specific requirements for a Medical Assisting program.

For purposes of this chapter, a Medical Assisting program includes any program using the words "medical assisting" or "medical assistant" 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 in the title. 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

Medical assistants are multi-skilled health professionals who perform a wide range of roles in physician's offices and other health care settings. Duties may vary, depending upon location and size of the practice and the physician's specialty, but medical assistants typically answer telephones, prepare patients **under the supervision of a licensed medical professional, such as a physician, nurse practitioner, or physician assistant** for examination, update and file patient medical records, fill out insurance forms, handle patient billing and bookkeeping tasks, telephone prescriptions to a pharmacy, schedule appointments, arrange hospital admissions, and purchase supplies and equipment.

Medical assistants may also take vital signs and medical histories, assist the physician or nurse during patient examinations, collect and prepare laboratory specimens or arrange for laboratory services, perform electrocardiograms, remove sutures, and change dressings.

Medical assistants are primarily employed **in health care delivery settings such as:** ~~private~~ physician's practice, but may also be employed by medical centers, **patient centered medical homes,** medical specialty clinics, insurance billing agencies, ~~medical transcription agencies~~, laboratories, and emergency rooms.

CREDENTIALING

Credentialing in medical assisting is encouraged for graduates of ABHES-accredited programs. Programs are expected to prepare students for national credentialing examinations available in this field of study.

SECTION A –Curriculum, Competencies and Externship

MA.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 Medical Assisting field.

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

To provide for attainment of entry-level competencies, the program curriculum must include but not necessarily be limited to the following:

1. General Orientation

An introduction and review of the program curricular component includes:
a. Employment conditions
b. The allied health professions
c. Credentialing of the medical assistant
d. General responsibilities of the medical assistant
~~e. The scope of practice within the state of employment~~

~~Students~~ **Graduates** **will** **be able to:**
a. ~~Comprehend~~ **Describe** the current employment outlook for the medical assistant
b. Compare and contrast the allied health professions and understand their relation to medical assisting
c. ~~Understand~~ **Describe** medical assistant credentialing requirements and the process to obtain the credential. Comprehend the importance of credentialing
d. ~~Have knowledge of~~ **List** the general responsibilities **& skills** of the medical assistant
~~e. Define scope of practice for the medical assistant, and comprehend the conditions for practice within the state that the medical assistant is employed~~

2. Anatomy and Physiology

~~a. Diet and nutrition~~
~~b. Introduction to anatomy and physiology~~
~~c. Body systems~~
~~d. Common diseases, diagnoses, and treatments~~
a.   Structure and function
b.   Body systems
c.   Common diseases, diagnoses, and treatments
d.   Diet and nutrition

Graduates **will be able to:**

~~a. Comprehend and Explain to the patient the importance of diet and nutrition. Effectively convey and educate patients regarding the proper diet and nutrition guidelines. Identify categories of patients that require special diets or diet modifications.~~
~~b.   Identify and apply the knowledge of all body systems, their structure and functions, and their common diseases, symptoms and etiologies.~~

~~c.   Assist the physician with the regimen of diagnostic and treatment modalities as they relate to each body system~~
a. List ~~the knowledge of~~ **all body systems, their structure and functions**
b. Describe common diseases, symptoms and etiologies as they apply to each system.
c. Identify diagnostic and treatment modalities as they relate to each body system
d. Apply a system of diet and nutrition
i. Explain the importance of diet and nutrition
ii. Educate patients regarding proper diet and nutrition guidelines
iii. Identify categories of patients that require special diets or diet modifications

3. Medical Terminology

a. Basic structure of medical words
b. Word element combinations
c. Medical terms for specialties
d. **Acceptable m**edical abbreviations

Graduates will be able to:
a. Define and use entire basic structure of medical words and be able to accurately identify in the correct context, i.e. root, prefix, suffix, combinations, spelling and definitions
b. Build and dissect medical terms from roots/suffixes to understand the word element combinations that create medical terminology

c. ~~Understand~~ **Apply** ~~the~~ various medical ~~terminology~~ **terms** for each specialty
d. ~~Recognize~~ **Define and use** ~~and identify acceptable~~ medical abbreviations **when appropriate and acceptable**

4. Medical Law and Ethics

a. Documentation
b. Federal and state guidelines
c. Established policies
d. Liability coverage
e. Risk management
f. Health laws and regulations
        1. The scope of practice within the state of employment
        2. Delegation
g. Ethics

Graduates will be able to:
a. ~~Document accurately~~ **Follow documentation guidelines**
b. Institute federal and state guidelines when releasing medical records or information
c. Follow established policies when initiating or terminating medical treatment
d. Understand the importance of maintaining liability coverage once employed in the industry
e. Perform risk management procedures
f. Comply with federal, state, and local health laws and regulations **as they relate to healthcare settings**
1. Define scope of practice for the medical assistant within the state that the medical   assistant is employed.
2. Describe what procedures can and cannot be delegated to the medical assistant and by whom within various employment settings.
g. Display compliance with Code of Ethics of the profession

5. Psychology of Human Relations

a. Abnormal behavior patterns
~~b. Patients with special needs~~ **b. Terminally ill patients**
~~c. Empathy for terminally ill patients~~
~~d. Support groups for terminally ill patients~~
~~e. Being a patient advocate~~ **c. Patient advocacy**
~~f.~~ **d.** Developmental stages of life
~~g~~. ~~e. Heredity, culture, and environment~~ **Working with diverse populations**

Graduates will be able to:

a. ~~Define and understand~~ **Respond appropriately to patients with** abnormal behavior patterns
~~b. Identify and respond appropriately when working/caring for patients with special needs~~
~~c. Use empathy when treating terminally ill patients. Identify common stages that terminally ill patients go through and list organizations/support groups that can assist patients and family members of patients struggling with terminal illness.~~
~~d. Identify common stages that terminally ill patients go through and list organizations/support groups that can assist patients and family members of patients struggling with terminal illness~~
~~e. Advocate on behalf of family/patients, having ability to deal and communicate with family.~~
~~f. Identify and discuss developmental stages of life~~
b. Provide support for terminally ill patients
 1. Use empathy when communicating with terminally ill patients
 2. Identify common stages that terminally ill patients experience
3. List organizations/support groups that can assist patients and family members of patients experiencing terminal illnesses
c. Intervene on behalf of the patient regarding issues/ concerns that may arise, i.e. insurance policy information, medical bills, physician/provider orders, etc.
d. Discuss developmental stages of life
~~g~~. **e.** Analyze the effect of hereditary, cultural, and environmental influences **on behavior**

6. Pharmacology

a. ~~Math and metric conversions~~ **Commonly prescribed drugs**
~~b. Use of drug references~~ **b. Math and metric conversions**
~~c. Common abbreviations~~ **c. Prescriptions**
~~d. Legal aspects~~ **d. Use of drug references**
e. Laws and regulations

Graduates will be able to:

~~a. Demonstrate accurate occupational math and metric conversions for proper medication administration~~
a. Identify drug classification, usual dose, side effects, and contraindications of the top ~~100~~ most commonly used medications
b. Demonstrate accurate occupational math and metric conversions for proper medication administration
c. Prescriptions
 1. Identify parts of prescriptions
 2. Identify appropriate abbreviations that are accepted in prescription writing
3. Comply with legal aspects of creating prescriptions, including federal and state laws

b. **d.** Properly utilize **Physician's Desk Reference (**PDR**)**, drug handbook and other drug references to identify a drug's classification, usual dosage, usual side effects, and ~~contradictions~~ **contraindications**
~~c. Identify and define common abbreviations that are accepted in prescription writing.~~
~~d. Understand legal aspects of writing prescriptions, including federal and state laws~~
e. Comply with federal, state, and local health laws and regulations

7. ~~Basic Keyboarding/Computer Concepts~~ **Records Management**

a. ~~Keyboarding skills~~ **Data entry skills**
b. **b.** Office systems and software **including Electronic Medical Records**
c. Laws and regulations

Graduates will be able to:

a. Perform basic keyboarding skills **(i.e. Microsoft Word, etc.)** ~~including:~~
~~1) Locating the keys on a keyboard~~
~~2) Typing medical correspondence and basic reports~~
b. Utilize Electronic Medical Records (EMR) and Practice Management Systems
c. Comply with federal, state, and local laws relating to ~~electronic~~ **exchange of information and describe elements of meaningful use and reports generated**

~~b. Identify and properly utilize office machines, computerized systems and medical software such as:~~
~~1) Efficiently maintain and understand different types of medical correspondence and medical reports~~
~~2) Apply computer application skills using variety of different electronic programs including both practice management software and EMR software~~

8. ~~Medical Office Business Procedures/Management~~ **Administrative Procedures**

~~a. Clerical duties~~
~~b. Medical records~~
~~c. Appointments~~
~~d. Office procedures~~
~~e. Information and resources~~
~~f. Admissions scheduling~~
~~g. Bank statements and deposits~~
~~h. Day sheets~~
~~i. Billing~~
~~j. Accounts payable~~
~~k. Accounts receivable~~
~~l. Petty cash~~
~~m. Adjustments~~
~~n. Credit balance~~
~~o. Refunds~~
~~p. Non-sufficient funds~~
~~q. Collections~~
~~r. Third-parties~~
~~s. Referrals~~
~~t. Coding~~

u. Insurance claims
v. Fee schedules
w. Bookkeeping systems
x. Office management duties (y – z below)
y. Effective communication (aa – ll below)

a.   **Records management**
b.   **Financial Practices**
c.   **Insurance and Coding**
d.   **Scheduling**
e.   **Office environment**
f.   **Communication**

Graduates will be able to:

a. Perform basic clerical functions
b. Prepare and maintain medical records
c. Schedule and manage appointments
d. Apply concepts for office procedures
e. Locate resources and information for patients and employers
f. Schedule inpatient and outpatient admissions
g. Prepare and reconcile a bank statement and deposit record
h. Post entries on a day sheet
i. Perform billing and collection procedures
j. Perform accounts payable procedure
k. Perform accounts receivable procedures
l. Establish and maintain a petty cash fund
m. Post adjustments
n. Process credit balance
o. Process refunds
p. Post non-sufficient funds (NSF)
q. Post collection agency payments
r. Apply third party guidelines
s. Obtain managed care referrals and pre-certification
t. Perform diagnostic and procedural coding
u. Prepare and submit insurance claims
v. Use physician fee schedule
w. Use manual or computerized bookkeeping systems
x. Maintain medical facility
y. Perform routine maintenance of administrative and clinical equipment
z. Maintain inventory equipment and supplies
aa. Are attentive, listen, and learn
bb. Are impartial and show empathy when dealing with patients
cc. Communicate on the recipient's level of comprehension
dd. Serve as liaison between physician and others
ee. Use proper telephone techniques
ff. Interview effectively
gg. Use pertinent medical terminology
hh. Receive, organize, prioritize, and transmit information expediently
ii. Recognize and respond to verbal and non-verbal communication

jj. Perform fundamental writing skills including correct grammar, spelling, and formatting techniques when writing prescriptions, documenting medical records, etc.
kk. Adapt to individualized needs
ll. Apply electronic technology

Graduates will be able to:
a. Gathering and processing documents
b. Perform billing and collection procedures
**   1. Accounts payable and accounts receivable**
**   2. Post adjustments**
**   3. Payment procedures; i.e. credit balance, non-sufficient funds, refunds**
c. Process insurance claims
**   1. Differentiate between procedures of private, federal, and state payers**
2. Differentiate managed care; i.e. HMO, PPO, IPA including referrals and pre-certification
**   3. Perform diagnostic and procedural coding**
d. Apply scheduling principles
**   1. Schedule of in- and out-patient procedures**
**   2. Admission or hospital procedures**
e. Maintain inventory of equipment and supplies
**   1. Perform routine maintenance of administrative equipment**
f. Display professionalism through written and verbal communications

9. Medical Office Clinical Procedures Clinical Procedures

a. Patient history
b. Aseptic technique
c. Vital signs
d. Treatment protocols
e. Emergencies and office surgical procedures
f. Test results
g. Records for medications and immunizations
h. Wrapping for sterilization
i. Standard precautions
j. Parenteral medications
k. Maintenance of treatment and examination area
l. Patient preparation
m. Assisting the physician with examinations and treatments
n. Assisting the physician with minor surgical procedures
o. Electrocardiograms, respiratory testing, screening, sterilization, first aid and CPR
p. Patient instructions (p – r below)

Graduates:

a. Obtain chief complaint, recording patient history
b. Apply principles of aseptic techniques and infection control
c. Take vital signs
d. Recognize and understand various treatment protocols

~~e. Recognize emergencies and treatments and minor office surgical procedures~~
~~f. Screen and follow up patient test results~~
~~g. Maintain medication and immunization records~~
~~h. Wrap items for autoclaving~~
~~i. Use standard precautions~~
~~j. Prepare and administer oral and parenteral medications as directed by physician~~
~~k. Prepare and maintain examination and treatment area~~
~~l. Prepare patient for examinations and treatments~~
~~m. Assist physician with routine and specialty examinations and treatments~~
~~n. Assist physician with minor office surgical procedures~~
~~o. Perform:~~
~~1) Electrocardiograms~~
~~2) Respiratory testing~~
~~3) Telephone and in-person screening~~
~~4) Sterilization techniques~~
~~5) First aid and CPR~~
~~p. Advise patients of office policies and procedures~~
~~q. Instruct patients with special needs~~
~~r. Teach patients methods of health promotion and disease prevention~~

a. Infection control
b. Patient screening
c. General/Physical examination
d. Speciality examination
e. Procedure/Minor surgery
f. Medication administration
g. Office emergencies
h. Patient education
i. Alternative healthcare/Community resources
j. Adaptations

Graduates will be able to:

a. Practice standard precautions and perform disinfection/sterilization techniques
b. ~~Perform~~ Obtain vital signs, obtain patient history, and formulate chief complaint
c. Assist provider with general/physical examination
d. Assist provider with specialty examination including cardiac, respiratory, OB-GYN, neurological, gastroenterology procedures
e. Perform specialty procedures including but not limited to minor surgery, cardiac, respiratory, OB-GYN, neurological, gastroenterology
f. Prepare and administer oral and parenteral medications and monitor intravenous (IV) infusions
g. Recognize and respond to medical office emergencies
h. Teach self-examination, disease management and health promotion
i. Identify community resources and Complementary and Alternative Medicine practices (CAM)
j. Make adaptations with patients with special needs

10. Medical Laboratory Procedures

a. Quality control

b. CLIA-waived tests
c. Biohazards
d. Specimens
e. Patient instructions (collection of urine and feces)

Graduates will be able to:

a. Practice quality control
b. Perform selected CLIA-waived tests that assist with diagnosis and treatment
1) Urinalysis
2) Hematology testing
3) Chemistry testing
4) Immunology testing
5) Microbiology testing
6) Kit testing
(a) Pregnancy
(b) Quick strep
(c) Dip sticks
c. Dispose of biohazardous materials
d. Collect, label, and process specimens
1) Perform venipuncture
2) Perform capillary puncture
3)Perform wound collection procedures
4) Obtain throat specimens for microbiologic testing
e. Instruct patients in the collection of
(1) Clean-catch mid-stream urine specimen (CCMS, 24-hour, etc.)
(2) Collection of fecal specimen
(3) Collection of sputum specimens
f. Instruct patients in the collection of a fecal specimen

11. Career Development

a. Essentials for employment
b. Professionalism

Graduates will be able to:

a. Perform the essential requirements for employment such as resume writing, effective interviewing, dressing professionally**, time management,** and following up appropriately.
b. Demonstrate professionalism **behavior** by**:**
1) Exhibiting dependability, punctuality, and a positive work ethic
2) Exhibiting a positive attitude and a sense of responsibility
3) Maintaining confidentiality at all times
4) Being cognizant of ethical boundaries
5) Exhibiting initiative
6) Adapting to change
7) Expressing a responsible attitude
8) Being courteous and diplomatic
9) Conducting work within scope of education, training, and ability

MA.A.2. A clinical ~~externship~~ *experience* is required for completion of the program.

SECTION B – Program Supervision, Faculty and Consultation
Subsection 1 – Supervision

MA.B.1. The program supervisor is ~~credentialed~~ qualified and experienced in the field.

A program supervisor has:
a. a minimum of an associate degree;
b. a minimum of three years of full-time experience in a healthcare facility, including a minimum of 40 hours in an ambulatory healthcare setting;
c. classroom teaching experience; and
d. a current medical assistant registration or certification through a nationally recognized and accredited certifying agency, unless a faculty member is so credentialed ~~and is involved in program development and evaluation.~~

Subsection 2 – Faculty and Consultation
MA.B.2.a. Faculty formal education/training and experience support the goals of the program.
~~All instructors work under the supervision of the program supervisor. In addition to teaching responsibilities if any, the program supervisor is allowed necessary time for managerial and administrative responsibilities.~~ (*no additional requirements beyond Chapter V*)

MA.B.2.b. Faculty numbers and ratios support the goals of the program
(*no additional requirements beyond Chapter V*)

MA.B.2.c. A program ~~must be~~ is served by an ~~individual consultant or~~ 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.   program graduates
ii.   employers
iii.   licensed (in a jurisdiction within the United States) physician, physician assistant or nurse practitioner and is associated with the staff and faculty in a consulting capacity

SECTION C – Laboratory Facilities and Resources

MA.C.1.a. The institution's laboratory facilities include the following:
a. Student stations to accommodate the number of students enrolled
b. Lighting, electrical outlets, ventilation and storage space
c. A physical environment conducive to instruction and learning **including all relevant and current supplies necessary to support the program**
d. Laboratory areas are sufficient in size and safely accommodate students, faculty and equipment during instruction.
e. Demonstrate compliance with all state, federal, and local laws

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

Equipment and instruments minimally include:
Current and up to date equipment and instruments are available and maintained

EKG machines, microscopes, refrigerator, surgical instruments for minor procedures, biohazard sharps containers, eye wash station, centrifuge, Mayo stands, sphygmomanometers, stethoscopes, adult/child weight scales, eye chart, hemocytometers, exam tables, model skeleton, autoclave, and thermometers.

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

CHAPTER VII – ST
PROGRAMMATIC EVALUATION STANDARDS
FOR SURGICAL TECHNOLOGY

CREDENTIALING

Credentialing in surgical technology is **required by some states to work in the field, is** often 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 national credentialing examinations available in this field of study.

SECTION A – Curriculum, Competencies, Externship and/or Internal Clinical Experience

ST.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 surgical technology field.

The program's goals are documented and written in a manner to ensure that the curriculum is current with industry standards, meets the demands of the communities of interest (e.g., students, graduates, employers, physicians, the public) and that students obtain appropriate hands-on training that enables them to obtain viable employment in the field. Competencies required for successful completion of the program must be clearly delineated.

The program clearly states in writing its goal to prepare competent entry-level surgical technologists in the cognitive, psychomotor and affective learning domains.

Minimally, all programs require commonly accepted competencies and adhere to the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technology (www.ast.org).

The program complies with the Core Curriculum and meets stated program objectives and competencies. While the desire for degreed surgical technologists has become more widespread, normally, a minimum of 1,100 clock hours, including a 500 clock-hour externship, is required for program completion. While each program will be assessed for its effectiveness in achieving program objectives and competencies, justification for deviations from the lengths identified above may require addressing such issues as student outcomes and employer satisfaction.

Competencies required for successful completion of the program are delineated, and the curriculum ensures achievement of these entry-level competencies through coursework and skills development. 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.

The program administers a nationally-recognized assessment examination developed through an accredited testing organization in the field of surgical technology. The examination is used as the program's primary quality indicator, producing relevant and usable data. It is designed to assess curricular quality and to measure the students' overall achievement in the program according to the Core Curriculum.

The examination is completed by each student prior to the conclusion of the program and is to be administered one time only per student. In all cases an identified proctor is used to provide direction and

~~monitor the students during testing, following commonly-accepted practices for the integrity and effectiveness of testing. The scores will measure the quality of the program's outcomes.~~

The program's goals are:

i.	**documented and written in a manner to ensure that the curriculum is current with industry standards,**
ii.	**meeting the demands of the communities of interest (e.g., students, graduates, employers, physicians, and the public), and**
iii.	**sufficiently comprehensive to ensure that students obtain appropriate hands-on training in the cognitive, psychomotor and affective learning domains that enables them to be competent, entry-level surgical technologists.**

Competencies required for successful completion of the program ~~must be~~ are:

i.	**clearly delineated,**
ii.	**commonly accepted, and**
iii.	**adhering to the current Core Curriculum for Surgical Technology, produced by the Association of Surgical Technologists (www.ast.org).**

Normally a minimum of 1,100 clock hours, including a 500 clock-hour clinical experience, is required for program completion. While each program will be assessed for its effectiveness in achieving program objectives and competencies, justification for deviations from the lengths identified above may require addressing such issues as student outcomes and employer satisfaction.

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.

The program administers to each student an examination, after completion of curricula content and prior to graduation, that:

i.	**is nationally recognized,**
ii.	**only those first-time attempt scores are used to assess the program,**
iii.	**is developed through an accredited testing agency in the field of surgical technology,**
iv.	**is proctored consistent with the credentialing agency's requirements, as applicable, and**
v.	**serves as the program's primary quality indicator by producing relevant and usable data that assesses curricular quality and overall achievement in the program according to the Core Curriculum.**

ST.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)~~ **(i) 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** ~~externships~~ and this fact is made known to the student. The student is clearly in addition to the team and not to substitution.

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

~~(b)~~ **(ii) Activities**
(no additional requirements beyond Chapter V.B.4.b.)

~~(c)~~ **(iii) Supervision**
(no additional requirements beyond Chapter V.B.4.c.)

~~(d)~~ **(iv) Requirements for Completion**

Clinical~~/externship~~ assignments must allow the student to fulfill all of the requirements set forth in the current Core Curriculum for Surgical Technolog**yists** (herein referred to as the Core Curriculum), produced by the Association of Surgical Technologists (**www.ast.org**), including typical length as described in ST.A.1.

SECTION B – Program Supervision, Faculty and Consultation

Subsection 1 – Supervision

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

~~a. Supervisors of a surgical technology program hold a credential in the surgical technology field from a nationally recognized and accredited credentialing agency. Supervisors of a surgical technology program hired after July 1, 2010, hold the Certified Surgical Technologist (CST) credential.~~

~~b. Supervisors possess a minimum of three (3) years of operating room experience in the scrub role within the last (five) 5 years or (3) years teaching in the field of surgical technology prior to employment.~~

~~c. Supervisors evidence continued education and training intended to maintain and enhance their professional knowledge of surgical technology instruction and the administrative requirements of the program. The pursuit of advanced academic degrees and active participation in related state and national membership associations is encouraged. This promotes the necessary education, standards, and credentialing required in the surgical technology field.~~

Supervisors of a surgical technology program:

(i) hold a credential in the surgical technology field from a nationally recognized and accredited credentialing agency (supervisors of a surgical technology program hired after July 1, 2010, hold the Certified Surgical Technologist (CST) credential),
(ii) possess a minimum of three (3) years of operating room experience in the scrub role within the last five (5) years or (3) years teaching in the field of surgical technology prior to employment,
(iii) evidence continued education and training intended to maintain and enhance their professional knowledge of surgical technology instruction and administrative requirements as well as to promote necessary education, standards, and credentialing required in the surgical technology field (e.g., pursuit of advanced academic degrees and active participation in related state and national membership associations) ,and

(iv) may also serve as clinical coordinators but must be free of additional educational and administrative responsibilities that may impede them in effectively fulfilling their supervisory role.

The pursuit of advanced academic degrees and active participation in related state and national membership associations is encouraged. This promotes the necessary education, standards, and credentialing required in the surgical technology field.

Subsection 2 – Faculty Consultation

ST.B.2.a.   Faculty formal education/training and experience support the goals if the program.

All faculty works under the direction of the program supervisor. Faculty teaching didactic and clinical core (found in the Core Curriculum) courses (i) hold the Certified Surgical Technologist (CST) credential if hired after July 1, 2010, and (ii) have within the last five (5) years a minimum of three (3) years of operating room experience or teaching in the field, or a combination of the two prior to hire date.

1. ~~Faculty assigned to didactic and clinical core courses of a surgical technology program hold and maintain a credential in the surgical technology field from a nationally recognized and accredited certifying agency.~~
2. ~~Faculty assigned to didactic and clinical core courses of a surgical technology program (i) hold the Certified Surgical Technologist (CST) credential if hired after July 1, 2010, and (ii) have within the last five (5) years a minimum of three (3) years of operating room experience or teaching in the field, or a combination of the two prior to hire date.~~

~~A clinical coordinator is responsible for supervision of clinical faculty and students and is employed by the program. Clinical coordinators meet the qualifications of faculty, as outlined above.~~

~~Faculty who teach the non-core courses are qualified as outlined in Chapter V (non-degree programs) and, as applicable, Chapter VI (degree-granting programs). Core courses are found in the Core Curriculum.~~

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

Supervision during laboratory instruction is defined as student to faculty ratio of 12:1.

ST.B.2.c.   A clinical coordinator is responsible for supervision of clinical faculty and students and is employed by the program.

Clinical coordinators meet the qualifications of faculty (see ST.B.2.a).

ST.B.2.~~c~~d.   A program ~~must be~~ is served by an ~~individual consultant or~~ 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 representative from the following communities of interest: graduates, currently credentialed surgical technologist, faculty, employers, physician with recent operating room experience, and the public. The advisory board may also include a student. In determining committee composition, the program ensures some relationship to the clinical sites used in an effort to continually assess effectiveness. The public member is to serve in the role of "potential patient" in assessing continued assessment of public health and welfare.~~

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 graduates,**
   iii. **currently credentialed surgical technologist,**
   iv.   **employer,**
   v.   **licensed physician with recent operating room experience, and**
   vi.   **the public (public member is to serve in the role of "potential patient" in assessing continued assessment of public health and welfare.)**

The advisory board may also include a student. An individual may not serve in more than one capacity as qualified. In determining committee composition, the program ensures some relationship to the clinical sites used in an effort to continually assess effectiveness.

APPENDIX E
RECORDS MAINTENANCE

B.   **Faculty**

8.   Fully completed, ~~and~~ signed **and annually updated** ABHES Faculty Data Sheets.

APPENDIX F
COURSE SYLLABI REQUIREMENTS

5.   A description of the outside work**, excluding clock hour only programs,** and estimated hours to complete (if none are required, this fact   must be stated)

APPENDIX G
DISTANCE EDUCATION
The institution or program shall:

I.   **Publications**

1.   ~~Publish objectives that identify or incorporate the use of distance education delivery methods.~~

1.   Disclose delivery methods in the catalog and other institutional publications.

2.   Disclose specialized or different fees associated with distance education to prospective and current students.

3.   Publish the technology resources required for successful program or course completion.

4.   Clearly outline expectations, admissions requirements or prerequisites for participating in distance education courses or programs in the catalog.

5.   Disclose in writing, prior to enrollment, any material circumstance that may adversely impact an applicant's ability to complete a program or gain employment in the field for which they are trained.

X.   Objectives & Outcomes

~~3.   Assess the educational effectiveness of its distance education delivery systems through the use of its Program Effectiveness Plan. This assessment includes retention, placement and credentialing data, and a comparison between the distance education and on-campus delivery outcomes, if applicable.~~

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APPENDIX I
FEES

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ACCREDITATION USER FEES

Annual Report Delinquency Fee $~~1~~2,500
(Received after published due date)
(Note: a show-cause directive issued after 10 days following deadline)