

**Commission on Accreditation
of Ophthalmic Medical Programs**

CoA-OMP



**Standards and Guidelines
for Accrediting Educational
Ophthalmic Medical Programs**

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Standards and Guidelines for Accrediting Educational Ophthalmic Medical Personnel

Standards (formerly called *Essentials*) were initially adopted in June 1975 and revised in 1981, 1988, 1993, and 2005.

Objective

Standards are currently sponsored by the following organizations, each of which is represented on the Committee on Accreditation for Ophthalmic Medical Programs (CoA-OMP):

- Association of Technical Personnel in Ophthalmology (ATPO)
- Joint Commission on Allied Health Personnel in Ophthalmology, Inc. (JCAHPO)

The sponsoring organizations cooperate to establish, maintain, and promote appropriate standards of quality for educational programs for the ophthalmic assistant, technician, and medical technologist, and to provide recognition for educational programs that meet or exceed the requirements outlined in the *Standards*.

The CoA-OMP Board of Directors, assisted by report reviewers and on-site review teams, evaluate a program's compliance with the *Standards and Guidelines*. Educational programs that meet or exceed the minimum requirements stated in the *Standards* are granted an accreditation status in one, two, or three levels, providing public recognition of such achievement.

The three levels are:

1. Assistant
2. Technician
3. Technologist

List of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

Description of the Profession

The ophthalmic assistant, ophthalmic technician, and ophthalmic medical technologist are skilled professionals, qualified by didactic and clinical ophthalmic training, who perform ophthalmic procedures under the direction or supervision of a licensed ophthalmologist who is responsible for the performance of the ophthalmic assistant, ophthalmic technician, and ophthalmic medical technologist. Ophthalmic assistants, technicians and medical technologists render supportive services to the ophthalmologist. They are employed primarily by ophthalmologists, but may be employed by medical institutions, clinics, or physician groups and assigned to an ophthalmologist. The ophthalmic assistant, technician, and medical technologist cannot replace the ophthalmologist in the decision-making process necessary to establish a diagnosis and a plan of treatment, but assist the physician by collecting data necessary to reach those decisions and by transmitting and executing the ophthalmologist's orders.

The function of the ophthalmic assistant is to assist the ophthalmologist by performing delegable tasks, collecting data, and carrying out ethical and legal orders from the ophthalmologist.

The functions of the ophthalmic technician and ophthalmic medical technologist are to assist the ophthalmologist by performing delegable tasks, collecting data, administering treatment ordered by an ophthalmologist, and supervising patients.

The following are duties and tasks that may be delegated by an ophthalmologist as applicable by state law.

Duties and tasks that may be delegated by an ophthalmologist to ophthalmic assistants, ophthalmic technicians and ophthalmic medical technologists, include:

1. Obtaining a medical history
2. Performing lensometry
3. Obtaining anatomical and functional ocular measurements of the eye, such as axial length
4. Obtaining functional measurements of the eye, such as visual acuity
5. Testing ocular functions, such as visual fields
6. Administering topical ophthalmic and oral medications
7. Instructing the patient (in personal care and the use of contact lenses)
8. Caring for and maintaining ophthalmic instruments
9. Caring for, maintaining, and sterilizing surgical instruments
10. Adjusting and making minor repairs on spectacles
11. Such other tasks as may be delegated consistent with sound medical practice (e.g. use of computerized ophthalmic equipment)

Duties and tasks that may be delegated by an ophthalmologist to ophthalmic technicians and ophthalmic medical technologists, include:

The ophthalmic technician and medical technologist will be expected to perform the duties listed above, at a higher level of expertise. The ophthalmic medical technologist will be expected to exercise considerable clinical skill in the performance of those delegated tasks. The ophthalmic technician and medical technologist may be expected to perform the following additional duties:

12. Performing diagnostic tests
13. Maintaining ophthalmic office equipment
14. Assisting in ophthalmic surgery in the office or hospital
15. Obtaining optical measurements including A-scan
16. Assisting in the fitting of contact lenses
17. Refractometry

Duties and tasks that may be delegated by an ophthalmologist to ophthalmic medical technologists, include:

18. The ophthalmic medical technologist will be expected to perform the duties listed above at a higher level of expertise and exercise considerable clinical skill in the performance of those delegated tasks. They may be expected to perform the following additional duties: Performing ophthalmic clinical photography and fluorescein angiography of the eye
19. Administering advanced ocular motility and binocular function tests
20. Performing ocular electrophysiological procedures
21. Performing advanced microbiological procedures
22. Providing supervision and instruction of other ophthalmic personnel and patients
23. Demonstrating advanced general medical knowledge

Standards

These *Standards* are to be used for the development, evaluation, and self-analysis of ophthalmic medical personnel programs.

The *Standards* are the minimum requirements of quality used in assessing programs that prepare individuals to enter the profession of ophthalmic medical personnel. The extent to which a program complies with these standards determines its accreditation status. The *Standards* constitute the minimum requirements to which an accredited program is held accountable, and are printed in regular typeface.

Guidelines

Guidelines accompanying the *Standards* provide explanations intended to assist in interpreting the *Standards*, and are printed in italic typeface.

Standard I. General Requirements for Accreditation

I.A. Individual Institution

A sponsoring institution must meet at least one of the following criteria:

1. A postsecondary academic institution accredited by a national or state accrediting agency that is recognized by the U.S. Department of Education, and is authorized under applicable law, or other acceptable authority, to provide a postsecondary program which awards a minimum of a certificate at the completion of the program.
2. A hospital, medical center, branch of the United States Armed Forces, or other governmental education or medical service which meets the standards of a national or state accrediting agency that is recognized by the U.S. Department of Education to offer postsecondary education.

I.B. Consortium

1. A consortium sponsor is an entity consisting of two or more institutions that exists for the purpose of operating an education program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring education institution as described in Standard I.A.
2. The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

I.C. Responsibilities of Sponsor

The sponsoring institution assumes primary responsibility for student selection and admission processes, curriculum planning, development and distribution of admission criteria, election of course content, coordination of classroom teaching and supervised clinical practice, appointment of faculty, and granting the certificate or degree documenting satisfactory completion of the educational program. The sponsoring institution is also responsible for providing assurance that the clinical practice activities assigned to students are appropriate for the program.

The sponsor must appoint sufficient faculty with the necessary qualifications to perform the functions identified in documented job descriptions and also ensure the program has adequate leadership and management.

The program sponsor should establish policies to assess competence in teaching. Important criteria that must be considered include: (a) knowledge of subject matter; (b) ability to organize and present the subject; (c) a positive attitude towards students and teaching; and (d) participation in continuing education to improve instructional skills and maintain professional competence. The program sponsor must also issue a policy for faculty grievance.

The sponsoring institution shall demonstrate encouragement of continuing professional growth to assure that program faculty and officials can fulfill their professional responsibilities.

Guideline *If the program of instruction culminates in a degree, the degree should be of the same academic status as similar degrees given at that institution. Grades and credits should be identified and recorded on the students' transcripts maintained by the sponsoring institution.*

Standard II. Resources

II.A. Program Director

II.A.1. Program Director Responsibilities

The program director is responsible for the following:

1. Organization
2. Administration
3. Continuous review
4. Planning
5. Development
6. General effectiveness of the program

Guideline The program director should have time to fulfill administrative and any education instructional responsibilities. Administrative duties may include program management and record keeping; curriculum development and evaluation, student selection and counseling; participation in the budgetary process; participation in the development of printed materials related to the program; and clinical coordination.

II.A.2. Program Director Qualifications

The program director must demonstrate experience that is appropriate for the level of the program: assistant, technician, or medical technologist. The program director must be certified at or above the highest level offered by the program or have qualifications otherwise acceptable. If the program director is not certified at an equivalent level or higher level than the program, a co-director possessing a certification at an equivalent level or higher than that offered by the program must be named.

Guideline The program director may be the medical director or someone who meets the requirements specified by the institution providing the didactic portion of the educational program.

II.B. Medical Director

II.B.1. Medical Director Responsibilities

The medical director of the program must provide competent direction or guidance and instruction (as appropriate) to ensure that the medical components of the curriculum, both didactic and supervised clinical practice, meet current acceptable performance standards.

II.B.2. Medical Director Qualifications

The medical director must be a board certified ophthalmologist.

II.C. Faculty and/or Instructional Staff

II.C.1. Faculty and/or Instructional Staff Responsibilities

In each location where a student is assigned for didactic or supervised practical instruction, there must be a qualified individual designated to provide that supervision and related frequent assessments of the student's progress in achieving acceptable program requirements.

II.C.2. Faculty and/or Instructional Staff Qualifications

The instructors must be knowledgeable in course content and effective in teaching their assigned subjects.

- II.C.3. Number of Faculty and/or Instructional Staff**
There must be sufficient faculty to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competencies needed for entry to the profession.
- II.D. Clerical and Support Staff**
Adequate clerical and other support must be available.
- II.E. Professional Development**
Programs must demonstrate encouragement of continuing professional growth to assure that program faculty and officials can fulfill their professional responsibilities.
- Guideline* *Programs should have a written policy that ensures the opportunity for professional growth in maintaining and upgrading their professional and instructional abilities.*
- II.F. Financial Resources**
Financial resources to operate an educational program must be ensured to fulfill obligations to current and enrolled students.
- Guideline* *The sponsor should provide reasonable assurance that financial resources will meet the program's commitment to students. Annual documentation of the program's financial resources should be maintained. Maintenance of complete records of the program's budget allocations and expenditures is encouraged.*
- II.G. Physical Resources**
- II.G.1. Facilities**
Adequate classrooms, laboratories, clinical and other facilities, and administrative offices must be provided for students, program staff, and faculty.
- II.G.2. Equipment and Supplies**
Appropriate and sufficient equipment, supplies, and storage space must be provided for student use and for teaching the didactic and supervised clinical practice components of the curriculum. Instructional aids, such as clinical specimens, documents and related materials, reference materials, equipment, and demonstration aids, must be provided when required by the types of learning experiences delineated for either the didactic or supervised clinical education components of the curriculum.
- II.H. Learning Resources**
- II.H.1. Library**
Students must have ready access in time and location to an adequate supply of current books, journals, periodicals, and other reference materials related to the curriculum.
- II.H.2. Instructional Aids**
Clinical subjects, specimens, records and related reference materials, computer hardware and software, and audio and visual resources must be available in sufficient number and quality to enhance student learning.
- II.I. Affiliation Agreements**
In programs in which academic and clinical didactic and supervised practice are provided by two or more institutions, responsibilities for program administration, instruction,

supervision, and other functions of the sponsoring institution and each affiliate must be clearly documented as a formal affiliation agreement or memorandum of understanding.

Guideline *Affiliation agreements between sponsoring institutions and its affiliates should be reviewed periodically to evaluate its viability of the student's education.*

Standard III. Students

III.A. Admission Policies and Procedures

Admission of students, including advanced placement, must be made in accordance with clearly defined and published practices of the institution. Any specific academic and technical standards required for admission to the program must also be clearly defined, published, and readily accessible to prospective students and the public.

If the program admits students on the basis of ability to benefit, then it must employ appropriate methods, such as a preadmission test or evaluation, for determining that such students are in fact capable of benefiting from the training or education offered. Policies regarding advanced placement, transfer of credit, and credit for experiential learning must be readily accessible to prospective students. Requirements for previous education or work experience must also be provided and readily accessible.

Guideline *Selection of students for the ophthalmic assistant, technician, or medical technologist program should be made by an admissions committee including the program and medical directors. Candidates for admission at the technician level should have as minimum requirements a high school diploma or should have passed a standard equivalency test or college entrance exam. Candidates seeking admission at the technologist level should have at least 90 college quarter credits or 60 college semester credits or its equivalent.*

III.B. Evaluation of Students

Criteria for successful completion of each segment of the curriculum and for graduation must be given in advance to each student. Evaluation methods must include content related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education components. They must be employed frequently enough to provide students and program officials with timely indications of the students' progress and academic standing and to serve as a reliable indicator of the effectiveness of course design and instruction.

III.C. Health

The program officials must establish a procedure for determining that the applicants' or students' health will permit them to meet the written technical standards of the program. Students must be informed and have access to the health care services provided by the institution.

III.D. Guidance

Guidance must be available to assist students in understanding course content and in observing program policies and practices, and to provide counseling or referral for problems that may interfere with the students' progress through the program.

Standard IV. Operational Policies

IV.A. Fair Practices

IV.A.1. Program Advertising

Announcements and advertising must accurately reflect the program.

Guideline Catalogs and brochures describing the program should adequately reflect the prerequisite, corequisites, and curriculum. Care should be taken not to mislead the student concerning the educational program, job placement, or income expectations.

IV.A.2. Statement of Nondiscrimination

Student and faculty recruitment and student admission and faculty employment practices must be nondiscriminatory with respect to race, color, creed, sex, age, disabling conditions (handicaps), and national origin.

IV.A.3. Academic Credit and Costs

Academic credit and costs to the student must be accurately stated, published, and made known to all applicants.

IV.A.4. Student and Faculty Grievance

The program or sponsoring institution shall have a defined and published policy and procedure for processing student and faculty grievances.

IV.A.5. Student Withdrawal

Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.

IV.A.6. Student Employment

Institutional policies and process by which students may perform service work while enrolled in the program must be published and made known to all concerned in order to avoid practices in which students are substituted for regular staff. Students may not take the responsibility, or the place, of qualified staff. However, after demonstrating proficiency, if institutional policy permits, students may be allowed to undertake certain defined activities with appropriate supervision and direction. Students may be employed in the field of study outside regular educational hours, provided the work does not interfere with regular academic responsibilities, does not cause a perceived or real conflict of interest, and does not take advantage of, or abuse, the student. The work must be non-compulsory, paid, and subject to standard employee policies.

IV.A.7. Health and Safety

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded.

IV.B. Student Records

Satisfactory records must be maintained for student admission, attendance, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsoring institution in a safe and accessible location.

Standard V. Program Evaluation

V.A. Program Evaluation

The program must have a continuing system for reviewing the effectiveness of the educational program, especially as measured by student achievement, and must prepare timely self-study reports to aid the staff, the sponsoring institution, and the accrediting agency in assessing program qualities and needs.

V.B. Outcomes

Programs must routinely secure sufficient qualitative and quantitative information regarding the program graduates to demonstrate an ongoing evaluation of outcomes consistent with the graduate competencies specified by the educational program.

Guideline Program evaluation methods should emphasize gathering and analyzing data on the effectiveness of the program. This may be accomplished through a variety of methods: surveys of current and former students, student competence in externship, follow-up studies of graduate employment, and credentialing examination performance. In addition, opinions from graduates and employers about the adequacy of the program in preparing them for employment should be sought. Program personnel should gather information from as many sources as possible, because a single source of data cannot be expected to provide conclusive findings.

V.C. Results of Ongoing Program Evaluation

The results of ongoing program evaluation must be appropriately reflected in the curriculum and other dimensions of the program. In particular, the program must systematically use the information obtained in its evaluation to foster student achievement with respect to the certificate or degree offered.

Standard VI. Curriculum

VI.A. Description of the Program

Faculty and students must be provided with a clearly written description of the program and its content including learning goals, course objectives, supervised clinical practice assignments, and competencies required for graduation.

Guidelines These courses should be designed to enable the graduate to assist the ophthalmologist in the provision of health care to eye patients by performing the functions and duties and tasks stated in the “Description of the Profession.”

The curriculum should provide opportunities for students to apply theory to practice through correlated and supervised instruction in clinical practice areas. The content of clinical instruction should give evidence that the basic scientific principles and concepts selected for learning experiences have been identified and incorporated into the curriculum. Activities should include field assignments, case studies, and similar educational designs to enhance the application of previous and ongoing learning.

VI.B. Common Curriculum for Ophthalmic Assistant, Ophthalmic Technician, and

Ophthalmic Medical Technologist Programs

The curriculum must include, or have as prerequisites, appropriate background course material. This requirement includes, but is not related to, the following subject areas for the ophthalmic assistant, the ophthalmic technician, and the ophthalmic medical technologist (that do not necessarily imply individual courses):

VI.B.1. Medical Terminology

Instruction must include fundamental knowledge of the basic structure of medical words.

Guideline *The student should be able to:*

- *Use medical terminology accurately*
- *Build a professional vocabulary based on prefixes, suffixes, word roots, and combining forms*
- *Use a medical dictionary*
- *Spell, define, and pronounce medical terms*

VI.B.2. Medical Law and Ethics and Medical Economics

Instruction must include fundamental knowledge of the legal relationship of the physician and patient; e.g. the creation and termination of a contract, including breach of contract; implied and informed consent and professional liability; invasion of privacy including confidentiality; tort liability; the Medical Practice acts; and reports required by law.

Instruction must include ethics relating to the practice of ophthalmic medical assisting, including maintenance of professional skills and the importance of professional organizations.

Guideline *Emphasis should be on the various principles of medical law and ethics, including current issues, as they relate to the practice of medicine; types of medical practices (e.g. individual private practice, partnerships, group practices, health maintenance organizations, and government programs); specialties, and a brief introduction to the history and development of medicine.*

The student should be able to:

- *Document incidents and reports required by law*
- *Maintain confidentiality*
- *Maintain applicable ethical and legal standards*
- *Perform competently within the scope of training and education*
- *Accept responsibility for professional actions*
- *Identify pertinent professional organizations*
- *Adhere to current government regulations*

VI.B.3. Introduction to Diseases of the Eye

Instruction must include basic characteristics of common external, internal, and systemic disease of the eye and ocular emergencies.

Guideline *The student should be able to:*

- *Describe common diseases and their effect on the visual system*
- *Identify possible ocular emergencies and take appropriate action at the direction of the physician*

VI.C. Curriculum Specific to the Ophthalmic Assistant Program

The ophthalmic assistant curricula must include all subjects listed in VI.B. and VI.C.

VI.C.1. Ophthalmic Assistant Course Duration

The basic course of instruction must be based on a minimum of eighty (80) hours to provide for combined didactic and practical instruction in the required curriculum areas. It must be completed in no less than four (4) weeks, but no more than twelve (12) months.

VI.C.2. Basic Skills

Instruction must include principles of ophthalmic services and basic optics.

Guideline The student should be able to:

- *Measure and record distance and near vision*
- *Describe basic interactions of light and lenses*
- *Measure interpupillary distance for far and near*
- *Describe basic optical properties of the human eye*
- *Make adjustments and simple repairs of spectacles*
- *Care for and maintain contact lenses and ocular prosthetics*
- *Utilize basic color vision charts*
- *Perform lensometry*
- *Perform A-Scan ultrasonography*

VI.C.3. General and Ocular Anatomy and Physiology

Instruction must include fundamentals of various body systems and principles of human physiology with emphasis on ocular anatomy and ocular physiology.

Guideline The student should be able to:

- *Identify and describe tissues and cellular structure of the eye*
- *Describe the basic functioning process of each body system*
- *Apply the correct medical terminology to basic body structures and functions*

VI.C.4. Basic Ophthalmic Pharmacology

Instruction must include methods of drug delivery including advantages of drops, ointments, sustained release systems, and systemic use of medications. Installation of topical eye drops.

Guideline The student should be able to:

- *Administer and record specified topical and oral medications at the direction of the physician.*

VI.C.5. Principles of Tonometry

Instruction must include basics of indentation and applanation tonometry and sources of errors.

Guideline The student should be able to describe the principles of:

- *Cleaning and sterilization of tonometers*
- *Ocular rigidity*
- *Pitfalls of technique*

VI.C.6. Maintenance of Ophthalmic Instruments

Instruction must include fundamentals of maintenance of instruments as described by the manufacturers of ophthalmic instruments (e.g. visual acuity projectors, muscle lights, direct and indirect ophthalmoscopes, retinoscopes, lensometers, tangent screens, perimeters, slit-lamps, and keratometers). Instruction must also include sterilization of surgical instruments and safety procedures in clinical housekeeping.

Guideline *The student should be able to:*

- *Change bulbs and batteries for ophthalmic instruments*
- *Clean and sterilize surgical instruments*
- *Maintain and calibrate ophthalmic clinical equipment*
- *Apply safety/security procedures*
- *Store ophthalmic instruments safely*
- *Cover ophthalmic equipment*
- *Provide attractive, clean, orderly, and comfortable surroundings*

VI.C.7. General Medical Knowledge, Infection Control, and Emergencies

Instruction must include pertinent systemic diseases, recognition of medical emergencies, principles of first-aid treatment for fainting, acute drug reactions, and cardiac/respiratory arrest. Instruction must also include fundamentals of microbial control, including the procedures for sanitations, disinfection, and sterilization. Emphasis must be on the control of infection and prevention of contamination in the medical facility; compliance with Occupational Safety and Health Act (OSHA) regulations, safe handling of contaminated equipment and supplies; hand washing techniques; and correct disposal of contaminated materials.

Guideline *The student should be able to:*

- *Explain the influence of systemic diseases on the eye*
- *Describe what constitutes emergency situations*
- *Maintain emergency equipment and supplies*
- *Operate emergency equipment*
- *Implement emergency procedures and administer first aid*
- *Maintain control of emergency situations*
- *Provide reassurance and support*

VI.D. Curriculum Specific to the Clinical Ophthalmic Assistant Program

This is only applicable if a clinical ophthalmic medical assistant program is chosen. Supervised clinical experience must be an integral part of Clinical Ophthalmic Medical Assistant Programs. In addition to the 80-hour minimum of course work described above in VI.B. and VI.C., the program must include a minimum of three months, or 480 hours, of full-time, supervised clinical experience.

Guideline *The student should have a full spectrum of practical experiences in hospitals, clinics, or offices of licensed ophthalmologists as approved by the program director. Clinical instruction should be based on a structured curriculum which clearly delineates the competencies to be developed and the method of teaching by which they are to be achieved. There should be ongoing evaluation of the student's performance. Records of such evaluations should be part of the student's academic file.*

In each clinical practice area, faculty members of the program should be responsible for the supervision of student learning experiences. These experiences should be selected by faculty, under the general guidance of the medical director and the program director, and

in cooperation with the appropriate personnel in the clinical institutions.

In selecting learning experiences in the clinical setting, the focus should be on the student needs. These needs should be explained to the personnel of the cooperating clinical facility. Students should be made aware of the requirements of the clinical practice areas.

The student should be able to skillfully and accurately perform the following clinical tests and patient services:

- *Relate tactfully and sympathetically to patients*
- *Consistently demonstrate reliability, self-discipline, cooperation, and professional deportment and demeanor in clinical activities*
- *Demonstrate proficiency in both written and spoken communication*
- *Utilize appropriate medical terminology*
- *Maintain confidentiality and ethical and legal standards, and perform within the scope of education and training and education*
- *Perform CPR and implement emergency procedures*
- *Identify possible ocular emergencies and take appropriate action at the direction of the physician*
- *Measure and record distance and near vision*
- *Perform Amsler grid testing*
- *Check and test pupils*
- *Measure interpupillary distance at far and near*
- *Perform basic color vision testing*
- *Make adjustments and simple repairs of spectacles*
- *Care for contact lenses and ocular prosthetics*
- *Administer and record specified topical and oral medications at the direction of the physician*
- *Apply and remove dressings and shields*
- *Clean and sterilize tonometers*
- *Perform applanation tonometry*
- *Maintain and calibrate ophthalmic clinical equipment*
- *Change bulbs and batteries of ophthalmic clinical equipment*
- *Clean and sterilize surgical instruments*
- *Apply safety/security procedures*
- *Cover and store ophthalmic equipment*
- *Maintain clean and orderly examination rooms*
- *Maintain and operate emergency equipment*

VI.E. Curriculum Specific to the Ophthalmic Technician and Ophthalmic Medical Technologist Programs

The curriculum must include, or have as prerequisites, appropriate background course material. This requirement includes, but is not related to, the following subject areas for the ophthalmic technician and the ophthalmic medical technologist (that do not necessarily imply individual courses) listed in sections VI.B. and VI.E.

VI.E.1. General Psychology

Instruction must include fundamental aspects of general psychology.

Guideline *Emphasis should be on the basic psychological principles of self-understanding and social adaptability for constructive interpersonal communications and actions on the job and to*

meet the special needs of the patient. Basic interpersonal communications should include techniques for interviewing, questioning, and educating patients.

The student should be able to:

- *Listen and observe, respond to verbal and non-verbal communication, demonstrate courtesy and tact*
- *Effectively interact with others*
- *Project and promote a positive image of the profession*
- *Keep personal biases from interfering with performance of duties*

VI.E.2. General and Ocular Anatomy and Physiology

Instruction must include fundamentals of various body systems and principles of human physiology with emphasis on ocular anatomy and ocular physiology.

Guideline The student should be able to:

- *Identify and describe tissues and cellular structure of they eye*
- *Describe the basic functioning process of each body system*
- *Apply the correct medical terminology to basic body structures and functions*
- *Identify cause and effect of the most common pathological conditions for each body system.*

VI.E.3. Ophthalmic Optics

Instruction must include principles of basic and ophthalmic optics.

Guideline The student should be able to:

- *Describe interaction of light, lenses; law of optics*
- *Describe optical properties of the human eye*
- *Measure subjectively and objectively the refractive state of the eye*

VI.E.4. Ophthalmic Pharmacology

Instruction must include identification of commonly administered drugs, their uses, and their effects on the body; correct abbreviations and terminology relating to pharmaceuticals; the various methods and routes of drug administration; and the legal records and ethical standards necessary for the administration and dispensing of drugs by the physician.

Guideline The student should be able to administer and record specified topical and oral medications at the direction of the physician.

VI.E.5. Ocular Motility

Instruction must include fundamentals of extraocular muscle balance and binocular vision.

Guideline The student should be able to:

- *Test ductions and versions*
- *Perform cover tests*
- *Perform basic tests and evaluate binocular vision*

VI.E.6. Special Diagnostic Techniques

Instruction must include fundamentals of diagnostic tests and procedures (e.g. visual fields, tonometry, and obtaining laboratory specimens) and the principles in performing them.

Guideline The student should be able to:

- Describe the appropriate application of various tests and procedures
- Standardize equipment
- Recognize any deviation from normal test results
- Describe procedures for collecting, labeling, preserving, staining, and culturing of specimens from patients with ocular problems
- Assist with obtaining specimens for culture and staining from patients with ocular problems
- Give appropriate instructions to patients

VI.E.7. Contact Lenses

Instruction must include principles and utilization of hard, soft, and gas permeable contact lenses.

Guideline The student should be able to:

- Assist in the fitting and evaluation of contact lenses
- Instruct patients in the insertion, removal, and care of contact lenses

VI.E.8. Ophthalmic Surgical Assisting and Infection Control

Instruction must include fundamentals of microbial control, including the procedures for sanitation, disinfection, and sterilization. Emphasis must be on the control of infection and prevention of contamination in the medical facility; safe handling of contaminated equipment and supplies; hand washing techniques; creating and maintaining sterile fields for dressings and minor surgery; and cleaning, sterilizing, and preparing instruments.

Guideline The student should be able to:

- Maintain and use aseptic technique
- Assist with surgical procedures
- Prepare the examination and treatment area
- Assist the physician with examinations and treatments

VI.E.9. Maintenance of Ophthalmic Instruments and Supplies

Instruction must include fundamentals of maintenance, inventory control, and the ordering of ophthalmic supplies and equipment.

Guidelines Also included should be the disposition of medications and clinical supplies in reference to shelf-life expectancies and/or expiration dates; the security procedures of medications as regulated by law; and the safety procedures in clinical housekeeping.

The student should be able to:

- Maintain a clinic inventory
- Operate and maintain clinical equipment
- Maintain inventory of supplies and medications
- Apply safety/security procedures
- Provide attractive, clean, orderly, and comfortable surroundings

VI.E.10. Supervised Clinical Experience

Supervised clinical experience must be an integral part of the curriculum to be accomplished prior to graduation.

Guidelines The following Guideline includes information for a technician program. The Guideline

following Standard VI.F.8. includes content specific to the medical technologist.

The student should have a full spectrum of practical experiences in offices, hospitals, or clinics of qualified ophthalmologists as approved by the director of the curriculum. Clinical instruction should be based on a structured curriculum that clearly delineates the competencies to be developed and the methods of teaching by which they are to be achieved. There should be ongoing evaluation of the student's performance. Records of such evaluations should be part of the student's academic file.

In each clinical practice area, faculty members of the program should be responsible for the supervision of student learning experiences. These experiences should be selected by faculty, under the general guidance of the medical director and the program director and in cooperation with appropriate personnel in the clinical institutions.

In selecting learning experiences in clinical settings, the focus should be on student needs. Student needs should be explained to the personnel of the cooperating facility. Students should be made aware of the requirements of the clinical practice areas.

A minimum of six months, or its equivalent, of full-time clinical experience is recommended for technician programs.

The student should be able to:

- *Skillfully and accurately perform the clinical diagnostic tests and patient services in conformation with the didactic curriculum*
- *Relate tactfully and sympathetically to patients*
- *Consistently demonstrate reliability, self-discipline, cooperativeness, and professional deportment and demeanor in clinical activities*
- *Demonstrate proficiency in both written and spoken communication*

VI.E.11. General Medical Knowledge and Cardiopulmonary Resuscitation

Instruction must include pertinent systemic disease and fundamentals of what constitutes a medical emergency, how to manage emergency situations either by telephone or in the medical facility.

Guideline The student should be able to:

- *Explain the influence of systemic diseases of the eye*
- *Describe what constitutes emergency situations*
- *Maintain emergency equipment and supplies*
- *Operate emergency equipment*
- *Implement emergency procedures and administer first aid, including cardiopulmonary resuscitation*
- *Maintain control of emergency situations*
- *Provide reassurance and support*

VI.F. Curriculum Specific to the Ophthalmic Medical Technologist Program

The ophthalmic medical technologist curricula must cover all subjects listed in VI.B., VI.C., VI.D., and VI.E., but in greater depth. In addition, the following areas in VI.E. must also be covered.

VI.F.1. Physiological Optics

Instruction must include theories of binocular vision and advanced color vision.

Guideline *The student should be able to explain the principles of binocular vision and perform advanced color vision tests.*

VI.F.2. Abnormalities of Binocular Vision

Instruction must include diagnostic measurements used in the evaluation of binocular vision and muscle balance.

Guideline *The student should be able to:*

- *Perform advanced ocular motility tests*
- *Test for abnormal binocular vision*
- *Analyze test results*

VI.F.3. Microbiology

Instruction must include fundamentals of microbiology as they relate to infectious diseases of the eye and aseptic techniques. Also included must be types of infectious agents and methods and procedures for identification of organisms.

Guideline *The student should be able to:*

- *Describe inflammatory response and the difference between infection and inflammation*
- *Describe categories of infectious/noninfectious causes of inflammation*
- *Describe categories of infectious organisms*
- *Describe methods to culture and stain for organisms*

VI.F.4. Ophthalmic Photography and Angiography

Instruction must include fundamentals of general photography, anterior segment, and fundus photography.

Guideline *The student should be able to:*

- *Demonstrate proper use of photographic equipment*
- *Prepare patient and equipment for photographic procedures*
- *Perform external and internal ocular photography*
- *Perform fundus photography*
- *Perform fluorescence angiography (excluding infection)*

VI.F.5. Electrophysiology

Instruction must include principles of electrophysiology (e.g. electroretinogram, electrooculogram, visually evoked potential) and their application in ophthalmology.

Guideline *The student should be able to:*

- *Explain the principles of electrophysiologic tests*
- *Prepare patient and equipment for electrophysiologic tests*
- *Perform electrophysiologic tests and analyze results*

VI.F.6. Low Vision Aids

Instruction must include basic and technologically advanced visual aids and their application to patients with various forms of low vision.

- Guideline* *The student should be able to:*
- *Demonstrate the use of devices designed to assist patients with low vision*
 - *Instruct patients in their proper use*

VI.F.7. Supervision of Ophthalmic Allied Health Personnel

Instruction must include fundamentals of supervision of ophthalmic allied personnel and teaching.

- Guideline* *The student should be able to:*
- *Describe principles of supervision*
 - *Demonstrate basic teaching skills*

VI.F.8. Supervised Clinical Experience

Supervised clinical experience must be an integral part of the curriculum to be accomplished prior to graduation.

Guidelines *The student should have a full spectrum of practical experiences in offices, hospitals, or clinics of qualified ophthalmologists as approved by the director of the curriculum. Clinical instruction should be based on a structured curriculum that clearly delineates the competencies to be developed and the methods of teaching by which they are to be achieved. There should be ongoing evaluation of the student's performance. Records of such evaluations should be part of the student's academic file.*

In each clinical practice area, faculty members of the program should be responsible for the supervision of student learning experiences. These experiences should be selected by faculty, under the general guidance of the medical director and the program director and in cooperation with appropriate personnel in the clinical institutions.

In selecting learning experiences in clinical settings, the focus should be on student needs. Student needs should be explained to the personnel of the cooperating facility. Students should be made aware of the requirements of the clinical practice areas.

A minimum of 12 months, or its equivalent, of full-time clinical experience is recommended for programs.

The student should be able to:

- *Skillfully and accurately perform the clinical diagnostic tests and patient services in conformation with the didactic curriculum*
- *Relate tactfully and sympathetically to patients*
- *Consistently demonstrate reliability, self-discipline, cooperativeness, and professional deportment and demeanor in clinical activities*
- *Demonstrate proficiency in both written and spoken communication*

VI.G. Instruction must follow a plan which documents:

VI.G.1. Curriculum Sequencing

Appropriate learning experiences and curriculum sequencing to develop the competencies necessary for graduation, including appropriate instruction materials, classroom presentations, discussions, demonstrations, and supervised practice.

VI.G.2. Course Syllabi

Clearly written course syllabi that describe learning objectives and competencies to be achieved for both didactic and supervised clinical education components.

VI.G.3. Documented Evaluation

Frequent, documented evaluation of student to assess their acquisition of knowledge, problem-solving skills, psychomotor, behavioral, and clinical competencies.

Guideline *Guidelines might include a statement that the sponsoring institution may present learning experiences through time frames and methods appropriate to its mission and objectives; a desirable approximate length for the program, avoiding rigid time frames; informing the sponsoring institution that the credential it chooses to award should be consistent with awards given for similar programs; guidance regarding the retention of records of curricula, course syllabi, evaluation procedures, clinical education content and schedules.*

Standard VII. Applying for, Maintaining and Administering Accreditation

VII.A. Applying for Accreditation – Established Programs

The following steps must be completed, in sequence, to obtain initial accreditation:

1. Obtain Application Form, and other pertinent materials, from CoA-OMP Web site, www.jcahpo.org/COAOMP.html
2. Submit the CoA-OMP self-study to the CoA-OMP office
3. Respond to any requests for further information from the CoA-OMP office in a timely manner
4. Submit three sets of site visits dates in the timeframe specified, if applicable
5. Complete the site visit, if applicable
6. Respond to the site visit report, if applicable

A program or sponsoring institution may withdraw its request for initial or continuing accreditation at any time prior to the final accreditation action.

VII.B. Applying for Initial Approval – New Programs

Institutions sponsoring a new program may request Initial Approval (formerly “Letter of Review”) to demonstrate that they have satisfied an administrative review by CoA-OMP.

1. Initial Approval does not ensure eventual accreditation and this must be so stated in each letter.
2. Initial Approval may not serve as a pre-accreditation mechanism.
3. Initial Approval may be requested by programs planning to meet the criteria for the certification of students in their first graduating class.
4. Application Form, and other pertinent materials may be obtained from the CoA-OMP Web site, www.jcahpo.org/COAOMP.html
5. Submit the CoA-OMP self-study to the CoA-OMP office
6. Respond to any requests for further information from the CoA-OMP office in a timely manner
7. Submit three sets of site visits dates in the timeframe specified, if applicable
8. Complete the site visit, if applicable
9. Respond to the letter of findings

VII.C. Administrative Requirements for Maintaining Accreditation

Accredited programs are required to comply with administrative requirements for maintaining accreditation, which include:

- Submitting the self-study report or other required documents within a reasonable period of time as determined by CoA-OMP
- Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded (if applicable)
- Paying CoA-OMP within a reasonable period of time as determined by CoA-OMP

VII.D. Substantive Change

The sponsor must report substantive change(s) to CoA-OMP in a timely manner.

Substantive changes include, but are not limited to the following:

- Changes in the positions of the program director or medical director
 - If either position remains vacant for 30 days, the program must send CoA-OMP a description of the actions taken to maintain the continuity and effectiveness of the program.
- Accreditation status of the sponsor
- Institution's mission or objectives if these will affect the program
- Change in sponsorship
- Addition of courses that represent a significant departure in content or in method of delivery
- Degree or credential level
- Substantial increase in clock or credit hours for successful completion of the program or in the length of the program

VII.E. Administering the Accreditation Process

The accreditation review process includes a site visit. If the performance of a site visit team is unacceptable, the institution may request a second site visit.

Before CoA-OMP awards accreditation, the program under review is given an opportunity to review the findings and conclusions of the site visit team and to comment on the accuracy.

VII.F. Administrative Probation

If a program fails to meet the administrative requirements for maintaining accreditation it may be placed on Administrative Probation and accreditation may be withdrawn.

VII.G. Probationary Accreditation

Prior to assigning Probationary Accreditation, CoA-OMP provides the sponsoring institution with an opportunity to respond and correct the cited deficiencies.

CoA-OMP assignments of Probationary Accreditation are final and not eligible for further appeal. The maximum period for probation is up to two years. If cited deficiencies are not corrected within two years, accreditation is withdrawn.

VII.H. Withholding or Withdrawing Accreditation

Prior to withholding or withdrawing accreditation, CoA-OMP provides the sponsoring institution with an opportunity to request reconsideration. CoA-OMP decisions to withhold or withdraw accreditation are final. A copy of the CoA-OMP Appeals Procedures for Accreditation Withheld or Withdrawn is included with the letter notifying the program of one of these actions.

When accreditation is withdrawn, the sponsoring institution is provided with a clear statement of each deficiency. Withdrawn or Withheld programs may begin the new accreditation process with a new application and self-study.

VII.I. Inactive Programs

The sponsoring institution may request inactive status for a program that does not enroll students for a maximum of two-years. Inactive programs must pay annual fees to CoA-OMP. After being inactive for two years, the program will be considered discontinued and accreditation will be withdrawn.

Note: These *Standards* were accurate at the time of publication. The *Standards* are frequently reviewed and revised; for the most recent version contact CoA-OMP.