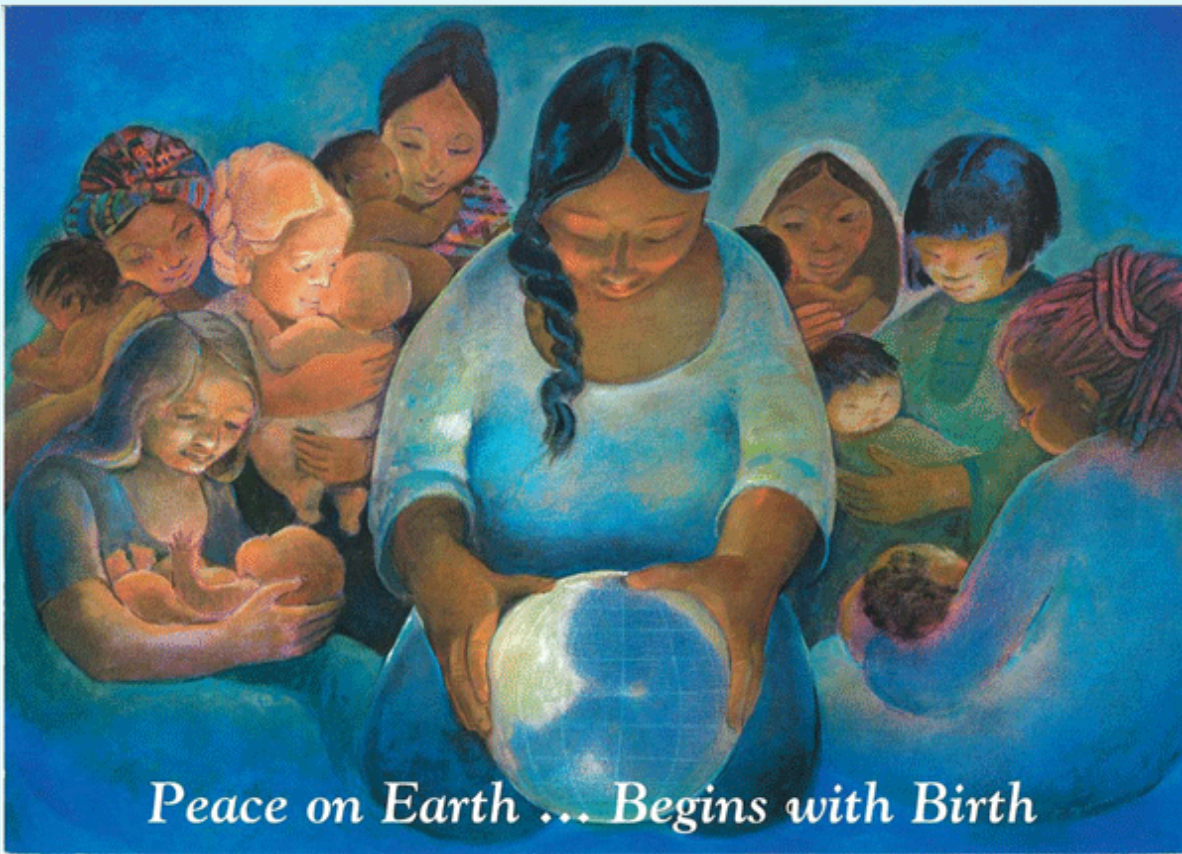


ACME WORKSHOP

LONG BEACH, CA

JUNE 5, 2012

One world, one wish, one hope... for peace



Peace on Earth ... Begins with Birth



Accreditation Commission for Midwifery Education

(formerly the Division of Accreditation)

THREE COMPONENTS

- **Board of Commissioners—ACME Chair, Sue Stone**
- **Board of Review—Interim Chair, Diane Boyer**
- **Site Visitor Panel—Coordinator, Sally Tom**

SUBSTANTIVE CHANGE

- Changes in accredited programs that would change the response to any accreditation criterion must be reported as a substantive change.
- The policies require that substantive changes be approved by ACME *before* the change is implemented.
- Requirements for ACME-accredited programs regarding substantive changes are found in the *Policies and Procedures Manual*, pp. 71-75.
- If there is any question whether a change is a substantive change, consult ACME.

SUBSTANTIVE CHANGE: THE DNP OR OTHER PRACTICE DOCTORATE

Several scenarios:

- Currently accredited as a master's program, changing to DNP with no master's stop-out option
 - **This is a major substantive change; requires ACME approval *before* admitting students.**
- Currently accredited as a master's program, will add BS→DNP but continue BS→MS (indefinitely or phase out by a designated date)
 - **Also major substantive change.**
- Continuing the current accredited master's program, but will add a post-master's DNP option
 - **If you do not want ACME to accredit the post-master's DNP option, this would not be regarded as a substantive change. The DNP option would not be listed in ACME's list of accredited programs.**

SUBSTANTIVE CHANGE: THE DNP OR OTHER PRACTICE DOCTORATE

PROCESS:

- Contact ACME.
- Submit answers to questions in Sue Stone's letter of Feb. 28, 2012, that was sent to all PDs.
- ACME will respond with what additional information will be required.
- A good model for the substantive change report is to go through all the accreditation criteria and address those that will be met differently in the new/revised program.
- The Univ. of Minnesota report is an excellent example, and is available to other PDs upon request **to ACME.**

SUBSTANTIVE CHANGE: THE DNP OR OTHER PRACTICE DOCTORATE

TIMING:

- In order to be reviewed at a regular BOR meeting (June & January), all materials must be submitted at least 10 weeks in advance.
- The Substantive Change Review fee is \$750.
- Special meetings for an expedited review can be arranged for an additional fee of \$500.

WRITING THE SER/PAR

HOW TO INTERPRET CRITERIA AND INSTRUCTIONS: COMMON PROBLEMS

Accreditation Commission for Midwifery Education

**CRITERIA FOR PROGRAMMATIC
ACCREDITATION OF MIDWIFERY
EDUCATION PROGRAMS WITH
INSTRUCTIONS FOR ELABORATION AND
DOCUMENTATION**

December 2009, Revised June 2010, November 2010



INSTRUCTIONS

- Essential instructions are found in the *Policies and Procedures Manual* as well as in the *Criteria for Programmatic Accreditation of Midwifery Education Programs with Instructions for Elaboration and Documentation*.
- Always check the ACME link on the ACNM website for the latest update on these documents.

INSTRUCTIONS

- **Instructions for preparing for the site visit, including the Exhibits, as well as preparation of the SER are found in these documents and their Appendices.**
- **Important to read the definitions listed in the front of the Criteria document, and use those definitions in writing the report, especially those for types of faculty, e.g.:**
- *“Core Faculty: Faculty, including midwives and others, as defined by the program who are directly responsible for curriculum design, implementation, and evaluation of the midwifery program.”*



SAMPLE FORMATS

- **Sample formats are found in the *Criteria* document and/or the *Policies and Procedures Manual* for:**
 - **Title page**
 - **Table “Program or Programs” that details information about current students. Include at the beginning with the overview.**
 - **Faculty table—Core and Midwifery**
 - **Faculty table—All who provide clinical supervision**
 - **Student clinical experiences**
 - **Core Competency table**



PAGE LIMITS

- Note that the 2010 revised *Policies and Procedures Manual* limits the narrative, not including Appendices, to 80 pages. Those exceeding 80 pages may be sent back for editing.



PROBLEM: Dead Links in SERs

- **Links must be live and functioning so that SVs and BOR reviewers can verify information.**
- **A common error is copying the URL of a page in a handbook. The URL is correct, but clicking on the link brings an error message.**
- **Also, links to PDFs often result in a page of incomprehensible symbols.**
- **Suggestion:**
 - **Test the links from the electronic file of the SER from an off-campus computer.**



Problem: Losing sight of the stem of long, multi-section criteria

Criterion II: Faculty and Faculty Organization

C.3. Core faculty participate in the following responsibilities:

(examples for discussion)

C.3.a. Development and/or implementation, and evaluation of the curriculum.

C.3.c. Recruitment, selection and promotion of faculty.

C.3.e. Development and/or implementation of a mechanism for student evaluation of teachers courses and midwifery program effectiveness.



Problem: Losing sight of the stem of long, multi-section criteria

EXAMPLE:

C.3.e. Development and/or implementation of a mechanism for student evaluation of teachers, courses and midwifery program effectiveness.

Some SERs at this point give a good description of how students evaluate teachers, courses and midwifery program effectiveness, but forget that the stem says:

C.3. Core faculty participate in the following responsibilities:

- **What is lacking is a description of how faculty have been involved.**

Problem: Not providing narrative for a stem when required

Example where narrative not required:

Criterion II: Faculty and Faculty Organization

C.3. Core faculty participate in the following responsibilities:

Instructions say:

3. No narrative is required for C. 3

Problem: Not providing narrative for a stem when required

Example where stem does require narrative:

Criterion VI: Assessment and Outcomes

A.1. The program assessment process includes ongoing data collection and analysis to achieve program improvement. These data include, but are not limited to:

Instructions:

1. Describe the process for using evaluative and outcomes data for ongoing improvement. Give examples of actions taken as a result of the assessment.

OVERVIEW

“This Self-Evaluation Report (SER) will begin with a one-page overview describing the midwifery program.”

- This should be brief, one-two pages, three maximum.
- Instructions say “narrative form,” but much of the information could be in table or bulleted format.

OVERVIEW

From Policies and Procedures Manual, Appendix F: The Overview

- *Explains when the institution and each program began and any significant changes or milestones*
- **A couple of paragraphs could give this information.**

The following could be in a table or bulleted format:

- *Presents the institution's corporate or organizational structure (e.g., part of a state system or for-profit corporation corporate structure)*
- *Describes the primary modalities for the delivery of education (e.g., face to face, combination or all distance education)*
- *Describes the basis for credit (e.g., semester hours or quarter credit hours)*
- *Lists URL or website address for the institution*
- *Defines the PAR/SER time frame, the one-year period represented in this self-study, including type of year (academic or calendar year)*
- ***(Defines)**The two most recent completed class cohorts for student clinical experience*

NOTE: One-year time frame

Instructions say:

Defines the PAR/SER time frame, the one-year period represented in this self-study, including type of year (academic or calendar year)

Documentation needs to be provided only for the designated self-study year for such things as faculty, preceptors, clinical sites and clinical contracts.

If more than one year is required, e.g. pass rates on the certification exam, the instructions will say so.

The program may give information for more than the designated SER year if it strengthens the documentation, e.g. no grievances filed by students in the past 10 years.

OVERVIEW

- *Provides a list of any abbreviations and acronyms essential for reading the PAR/SER* **Give the list.**

The following should be in the “Program or Programs” table format provided with the *Criteria* document:

- *Lists the type/s of program/s offered*
- *Lists credential/s and degree level/s awarded*

(Note this table also requires information about entry options and student enrollment.)

- *N.B. If there is more than one clearly distinguishable midwifery program in the institution and if the way each meets a criterion is different, clearly explain both of those in the PAR/SER. Incorporate the responses into one PAR/SER, not separate PAR/SERs for each program. Examples: a school that has a basic master’s program and a basic DNP program or a school that has a basic nurse-midwifery and basic midwifery program.*



THIRD-PARTY COMMENT

Criterion I: Organization and Administration

B. The midwifery program provides opportunity to its relevant constituents for third party comment in relation to the accreditation criteria at least two months prior to the scheduled site visit.

Instructions for the SER:

B. List the constituencies the program plans to notify regarding opportunity for third party comments on the accreditation criteria. Third party comments should be sent directly to ACME.

Instructions for the Exhibits:

B. Provide evidence of notification of constituencies

THIRD-PARTY COMMENT

From the Policies and Procedures Manual, p. 21:

H. Opportunities for Public Comments

2. Applicants for Pre/Accreditation

Two months before the scheduled site visit, ACME provides notice of the opportunity for third party written comment on programs and institutions through its web pages.

In addition, the program under review will identify its relevant constituencies, such as alumni, community members, and the like, and publish information regarding the opportunity for third party written comment before the date of the site visit.



THIRD-PARTY COMMENT

- Some SERs do not do a good job of describing the program's relevant constituencies.
- Notification of community members and how they can provide comment is often neglected.



Criterion II. Faculty and Faculty Organization

B. All faculty are qualified to provide students with a level of instruction, supervision and evaluation that is compatible with safe practice and student learning needs.

DOCUMENTATION OF FACULTY CREDENTIALS

- **Certification**
- **Education**
- **Preparation for teaching**
- **Competence commensurate with the teaching assignment**



DOCUMENTATION OF FACULTY CREDENTIALS

- **Site visitors should be able to view evidence in the Exhibits for each faculty member. This includes preceptors.**
- **Multiple ways are possible to document certification and education. Examples:**
 - **If state licensure requires AMCB/ACNM certification and/or master's degree, provide copy of the relevant regulation and a copy of the faculty member's state license.**
 - **If employer requires AMCB/ACNM certification and/or master's degree, provide the relevant credentialing policy and evidence that the faculty member works for the employer.**



DOCUMENTATION OF FACULTY CREDENTIALS

Instructions for the SER state:

- II.B.2. Describe the **academic institution's requirements** for faculty.
- II.B.3. Describe the **midwifery program's criteria and process** for determining that faculty have appropriate preparation.
- II.B.4. Describe the **midwifery program's criteria and process** for determining that faculty have competence commensurate with the teaching assignment.



DOCUMENTATION OF FACULTY CREDENTIALS

- Note that the focus in these instructions is on the program describing what are their criteria for these various faculty credentials.
- The other part of demonstrating that these criteria have been met is then documenting that the program has applied their criteria when evaluating whether faculty have the necessary credentials.



Criterion II.C.3. Core faculty participate in the following responsibilities:.....

- **If responsibilities of faculty vary among different categories of faculty, e.g. those tenured/on tenure track, those on clinical lines, adjuncts, etc., it is helpful if the SER discusses those differences.**

off the mark

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STUDENT DATA

- **Don't forget to de-identify student data in the SER and in Exhibits.**



STUDENT CLINICAL EXPERIENCES TABLE

- **If the table contains zeros or low numbers for any student, the SER narrative must explain those low numbers.**
- **For example, if Student #1 is an experienced FNP, the narrative might explain that she tested out of Primary Care clinical.**



Criterion IV.A. *The curriculum is based on three distinct statements which provide the foundation for the development, implementation and evaluation of the curriculum. They are 1) a statement of philosophy, 2) a statement of purpose/mission, and 3) a statement of objectives/ outcomes.*

Instructions for this criterion say:

- “A. In the SER or in the appendices to the SER, include the statements of midwifery program philosophy, purpose/mission, and outcomes/objectives. In the SER, **identify the key concepts** of the program philosophy.”
- **This means that the complete text of these statements should be provided before the tables that demonstrate congruence with ACNM, institutional, etc. philosophies. Key concepts of the program’s philosophy should be identified with key concepts of the other philosophies.**

CONGRUENCE OF PHILOSOPHIES TABLE

| Program Philosophy | ACNM Philosophy | Philosophy of the Institution | Philosophy of the Academic Unit |
|--------------------|-----------------|-------------------------------|---------------------------------|
| | | | |

- Because the criterion asks for a comparison of the program philosophy with the others, it makes sense to put it first in the table.
- It is very helpful to SVs and BOR reviewers if key concepts across philosophies can be highlighted in the same color in the different columns.



Criteria IV.C.1 & 2

Can be confusing!

- *C. The midwifery program has standards for student preparation for or exemption from clinical course work and clinical experience. (No narrative for this stem.)*
- *C.1 The midwifery program has established criteria which students must meet prior to (prerequisite) or concomitantly with (corequisite) enrolling in, receiving transfer credit for, or being exempted from, midwifery clinical coursework and clinical experience.*
- *C. 2. The midwifery program ensures that students meet the program's established prerequisite or corequisite criteria prior to or concomitantly with enrolling in, or being exempted from, midwifery clinical coursework and clinical experience.*



Criteria IV.C.1.&2.

What do these mean?

- *C. The midwifery program has standards for student preparation for or exemption from clinical course work and clinical experience. (No narrative for this stem.)*
- **This stem is pretty clear.**
 - **1. Before students get to clinical, what prerequisites must they have?**
 - **2. If a student can be exempted from some clinical, what are the standards or requirements for this?**

This one's not as clear!

- *C.1 The midwifery program has established criteria which students must meet prior to (prerequisite) or concomitantly with (corequisite) enrolling in, receiving transfer credit for, or being exempted from, midwifery clinical coursework and clinical experience.*
- **The focus is on the program having criteria for:**
 - Prerequisites for enrolling in clinical courses and/or
 - Corequisites for enrolling in clinical courses
 - Also, criteria for a student receiving transfer credit for clinical.
 - Also, criteria for a student being exempt from clinical.

Also not so clear:

- *C. 2. The midwifery program ensures that students meet the program's established prerequisite or corequisite criteria prior to or concomitantly with enrolling in, or being exempted from, midwifery clinical coursework and clinical experience.*
- **In this criterion, the focus is on the program enforcing its standards or criteria for:**
 - Prerequisites or corequisites for enrolling in clinical
 - Exemption from clinical

Criterion IV.F.

- *F. The curriculum conforms to state or nationally recognized guidelines for the program/s educational level/s: certificate, master's degree, and/or doctoral degree.*
- **The intent of this criterion is that, in developing its curriculum, a program uses recognized guidelines for the type of credential they offer.**
- **For example, a DNP or DMP program might use the ACNM Practice Doctorate Competencies or the AACN Essentials of Doctoral Education for Advanced Nursing Practice.**

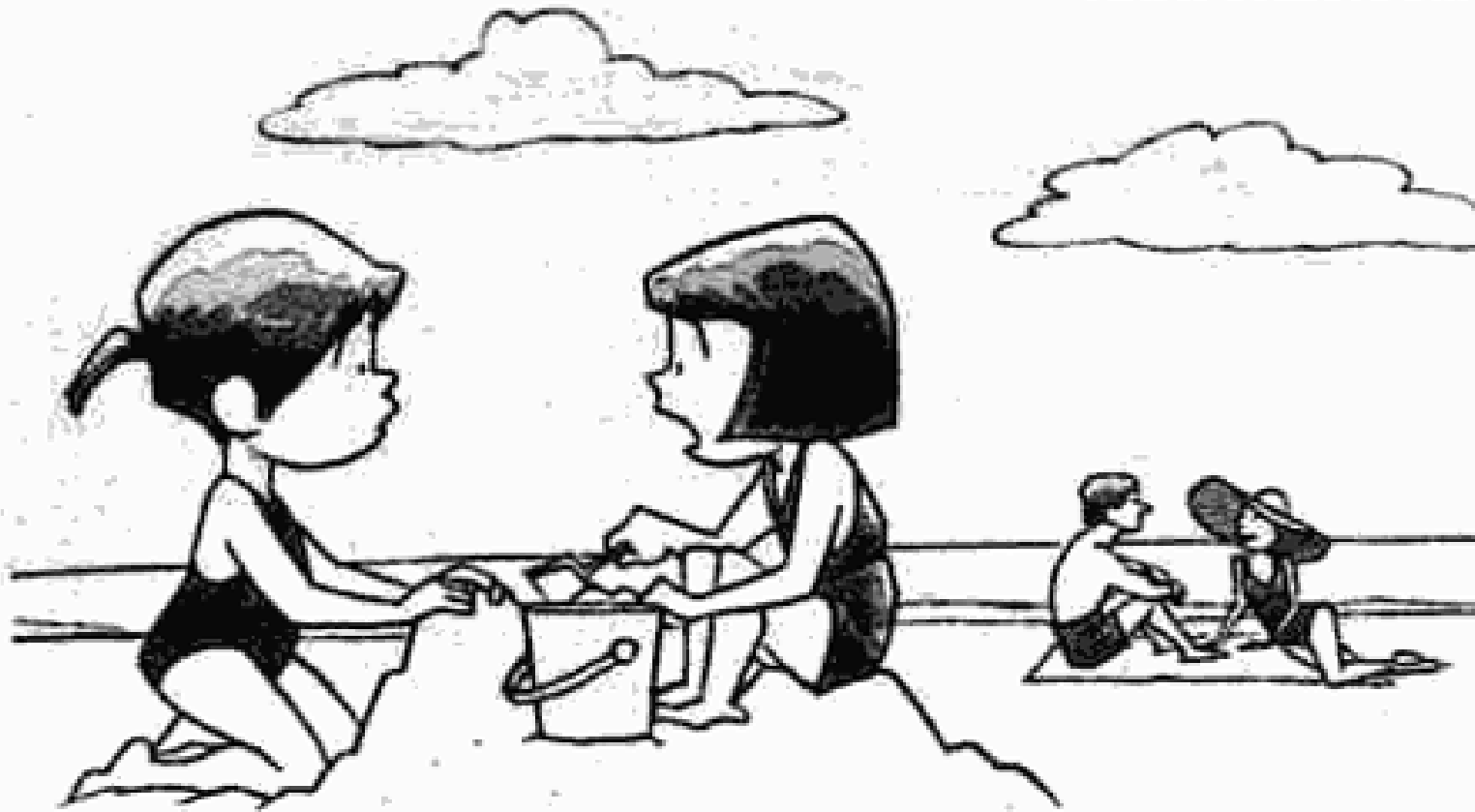


Criterion V.A.

- *A. Faculty and staff for the midwifery program are sufficient in number to meet midwifery program objectives/outcomes.*
- *They include:*
- *A.1. Adequate number of qualified faculty.*
- *A.2. Adequate number of staff for secretarial, technical and student support.*
- **Instructions say:**
- **1. Describe how the program determines adequacy of faculty and staff numbers. If the program determines that the number of faculty or staff is inadequate, describe plans to address this problem.**

Criterion V.B.

- *B. Physical facilities are adequate to meet program objectives/outcomes.*
- **The same is true for this criterion: describe how the program determines adequacy, and if the facilities are inadequate, describe the plan to address the problem**



**“I’m never having kids. I hear they take
nine months to download.”**

CORE COMPETENCY TABLE

Be sure to provide a key.

| Core Competency | Course #1 | Course #2 | Course #3 | Course #4 | Course #5 |
|-----------------|-----------|-----------|-----------|-----------|-----------|
| CC A.1 | 5,6 | 1,4 | X | 3.6, 4.0 | X |
| CC A.2 | 1,3,7 | X | | 1.0 | |
| | | | | | |
| | | | | | |

- Are the numbers course objectives?
- What does X mean?
- Do blank cells mean that the course doesn't contain any content pertinent to that particular Core Competency?

CRITERION IV.D.4.b.

- D.4.b. *The program provides that each student has access to at least this minimum number of experiences:*

(Lists number of experiences in each practice area)

- **The former criteria required that a program calculate, for each practice site, the numbers of experiences that were potentially available to students in that site, and a total average per student in each practice area in all sites.**
- **The new criteria focus on the *outcomes*, how many experiences each student actually got.**
- **Note that ACME is not requiring that each student get this minimum number. We still support competency-based education.**

CRITERIA VI.B.1.-3.

- *B. The program maintains and publicizes current data on student outcomes.*
- *Data to be measured and publicized will include:*
- *B.1. Graduation data, for both fulltime and part-time students.*
- *B.2. Certification pass rates.*
- *B.3. Program-specific data related to program, philosophy, mission/purpose and objectives/outcomes for marketing or public disclosure purposes.*

The US Dept. of Education is interpreting this to mean publicly available such as on a website or in printed materials. Saying the data are available “on request” is not sufficient.