ACME Orientation: Promoting Excellence in Midwifery Education



Susan Stone, DNSc, CNM Diane Boyer, PhD, CNM Melissa Avery, PhD, CNM

Objectives/Topics

- Introduction and overview of the workshop
- Update on ACME's review by the USDE
- Recent changes in ACME policies and procedures
- Recent changes in accreditation criteria
- Implications of recent changes for writing a selfevaluation report and preparing for a site visit
- Meeting new criteria: when and how to report compliance
- Expectations for the Annual Monitoring Reports
- How to develop a program evaluation plan

National Context of Accreditation

- Increased pressure from the federal gov't to operate in a more stringent manner
- President Obama calling on Congress to "consider value, affordability and student outcomes in determining access to financial aid"
- "Incorporating measures of value and affordability into existing accreditation system...or establishing a new, alternative system of accreditation"

National Context of the work of ACME cont.

- Interpretation:
- Accreditors must be operating effectively to assess value, affordability and student outcomes or the federal gov't will set up alternatives.
- Sue Stone's interpretation: "Either do it well or we (Fed Gov't) will do it ourselves."
- Congress reauthorizes the Higher Education
 Opportunity Act (HEOA) every 5 years. HEOA sets
 accreditation standards that the DOE turns into rules
 and regulations.

INTERPRETING AND RESPONDING TO ACCREDITATION CRITERIA

New Criteria and Implications for Writing the SER and Preparing for a Site Visit

Criteria for Programmatic Accreditation of Midwifery Education Programs Revised January 2013

GLOSSARY

Several new definitions have been added. It is important to read all definitions before writing the Self-Evaluation Report.

NEW DEFINITIONS

- Academic Institution
- Board of Commissioners
- Board of Directors
- Certificate
- Correspondence Education (modified)
- National Office
- Probation

NEW DEFINITIONS

- Professional Midwife
- Program
- Site Visitor Panel
- Teach-out Agreement
- Warning
- Withdrawal of Pre/Accreditation

NEW DEFINITION: "PROGRAM"

As defined by the US Department of Education, "a postsecondary educational program offered by an institution of higher education that leads to an academic or professional degree, certificate, or other recognized educational credential." [34 CFR §602.3 Definitions]

Another definition that may be confusing:

"Certified Midwife" as used throughout the Criteria document refers to **both** CNMs and CMs.

DEFINITIONS ESPECIALLY IMPORTANT FOR WRITING THE SER

- All Faculty
- Core Faculty
- Midwifery Program Faculty

MIDWIFERY PROGRAM FACULTY

"All certified midwives and faculty of other disciplines who teach and evaluate midwifery students. This includes faculty members with primarily or exclusively clinical teaching responsibilities."

This includes:

- Core Faculty
- Clinical Preceptors
- Faculty who are not midwives who may teach a course such as Pathophysiology or Research.

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."

The program identifies who is "Core" using the above definition. It usually is *not* everyone who teaches any course midwifery students take, but those faculty responsible for overall program design and evaluation.

ALL FACULTY

"Faculty who teach midwifery students in any setting."

This would include Midwifery Program Faculty and all guest or occasional faculty members who may give a lecture or conduct a seminar. It is not necessary to include information about these guest faculty members in the faculty tables in the SER.

Three faculty tables are required in the SER. Table formats are included in the Appendices of the *Criteria*.

- ➤ Table II.B. All Midwifery Program Faculty
- ➤ Table II.C.1. Courses with Core Competency Content which includes faculty who taught them in the designated SER year
- ➤ Table II.C.2. All Faculty who Provide Clinical Supervision

Although the instructions say these three tables may be combined, it is easier and clearer for the reader if three separate tables are submitted.

TABLE II B FACULTY AS DETAILED IN CRITERION II B

Faculty Name	Category	Type of	Highest	Faculty
Surname,	Core or	Specialty	Earned	Appointment
First Name	Midwifery	Certification	Degree	(e.g.
	Faculty	or Specific		Associate
		Expertise if		Professor)
		Core Faculty		

This table should include all faculty who meet the definition of Midwifery Program Faculty. The instructions say the table should begin with Core Faculty (midwives and others) followed by clinical faculty (midwives and others).

TABLE II C 2 ALL FACULTY WHO PROVIDE CLINICAL SUPERVISION AS DETAILED IN CRITERION II C 2

Faculty by Name and Credential (Surname first)

Clinical Site in Which Faculty Teach

Type of Clinical Area (e.g. AP)

Basic information (certification, degree, etc.) about all of the faculty listed in this table should be listed in Table II.B. This table asks for different information than Table II.B.

TABLE II C 2 ALL FACULTY WHO PROVIDE CLINICAL SUPERVISION AS DETAILED IN CRITERION II C 2

Instructions for this table say:

"In the table, include all faculty who provide clinical supervision. For clinical courses/content taught by midwifery program faculty, describe the process for assuring the training of safe, competent midwives."

The last part of this instruction is often overlooked. Provide a brief description of how clinical faculty are chosen, how they're prepared for and supported in their teaching, and the extent to which they participate in assessing whether the student has reached competency.

Table II.C.1 Courses with Core Competency Content

Course Number	Course Name	Date/Semester	Faculty by
		Taught	Name

Instructions for Title Page and Program Overview

Note that the form given in Appendix A for the Title Page and Program Overview has two sides:

- ➤ The front side says "Title Page."
- ➤ The back side has a table titled "Program or Programs."

 This table is sometimes overlooked, but contains important information to give the program overview.

TITLE PAGE

Name of Institution	
Specific Title or Name of Program/Programs	
Names, Credentials, Titles of Institutional Officers, and email Officer1	ils
Officer 2	
Officer 3	
-	one/Email
Program Director	
	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA

Program or Programs

Туре	Yes/ No	If yes, type of degree or certificate	Current Student Enrollment per Class	Total Student Enrollment
Midwifery education program that leads to a master's degree in midwifery, nursing, public health or an allied health field				
Associate degree in nursing entry Bachelor of Science in nursing entry Non-nursing baccalaureate degree entry				
Other, please describe Midwifery education program that leads to a doctoral degree in midwifery, nursing, public health or an allied health field				
Associate degree in nursing entry Bachelor of Science in nursing entry Non-nursing baccalaureate degree entry				
Other, please describe Post baccalaureate certificate Post graduate certificate OVERALL TOTAL				

Contact Person for Notification	
Address	
Phone and Email	

New Criterion III.B.

III.B. Recruitment materials and processes accurately represent the program practices and policies.

In the SER describe recruitment materials and processes and how they accurately represent the program.

In the Exhibits provide samples of recruitment materials and documentation of recruitment processes.

Criterion III.C. New section

C. The institution has student policies that are <u>publicly</u> <u>available</u> and identified to students upon admission related to: student evaluation, progression, retention, dismissal, and graduation; review of personal records and equitable tuition refund; evaluation of their education; access to university/college catalogs; and access to academic calendars.

New Criterion IV. D.

- D. The midwifery program has standards for student preparation for or exemption from didactic course work.
- D.1. Asks for a description of the criteria used to exempt students from **didactic** coursework.
- D.2. Asks for documentation of how the program requires students to meet the criteria described in D.1.
- Criterion IV.C., which was in the last edition of the *Criteria* as well as this one, asks for the same information about **clinical** coursework.
- C. The midwifery program has standards for student preparation for or exemption from clinical course work and clinical experience.

New Criterion VI.A.2

• A.2. The passing rate for first takers of the national certification examination is **at least** 85%. Programs develop effective plans to bring the pass rate to 85% if it drops below that point.

This information has been required on the Annual Monitoring Reports, but the USDE wants accrediting agencies to establish benchmarks for the programs it accredits, so now it is included in the criteria.

Instructions for New Criterion VI.A.2

- 2. Provide the most recent three years of data available from the AMCB. Include all candidates, 1st time pass rate, and repeat pass rate.
- If a different pass rate is used for informing the public, explain how that pass rate is calculated.
- Describe actions taken, and their results, or actions planned for the immediate future, to address pass rates of less than 85% that have occurred any time in the past three years.

A Concern about Program Objectives/Outcomes

IV.A.2. The midwifery program's purpose/mission and objectives/outcomes are clearly stated and are consistent with the midwifery program philosophy.

AND

- A.1. The midwifery program philosophy is consistent with:
- A.1.a. The philosophy of the ACNM.
- ACME does not specify for programs what their program objectives/outcomes must be. However, to be consistent with A.1.a., they should be specific to midwifery and not so generic that they could apply to any nurse practitioner program.

Also about Program Objectives/Outcomes

- If you have more than one program for midwives leading to different credentials, then you should have separate Objectives/Outcomes for each.
- There may be considerable overlap between Objectives/Outcomes for different programs, e.g. master's and doctorate, but there should be some differences.
- The same is true for the purpose/mission of the different programs.

Clarification of Criterion IV.G.

G. 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 instructions say:

G. Identify the guidelines used and provide the URL if available. Explain how the curriculum conforms to guidelines for the program/s educational level/s. If the program culminates in a practice doctorate such as, but not limited to, a DNP or DMP degree, describe how the program conforms to the competencies identified in the ACNM document, *The Practice Doctorate in Midwifery*.

Clarification of Criterion IV.G.

- Programs have been interpreting this criterion in different ways.
- The focus should be on what, beyond the basic midwifery competencies, makes your program a master's, doctoral, basic certificate or post-graduate certificate program.
- There are professional guidelines for various types of programs, e.g. those developed by ACNM or AACN. Some states and universities have standards for various types of educational programs.

Clarification of Criterion IV.G.

- Tell us what guidelines you use and how your program conforms to those guidelines. This can be done in narrative or table format, and does not need to be as detailed as the Core Competencies table, but should give sufficient examples to provide adequate documentation that you are implementing the guidelines in your program.
- If you have more than one program, e.g. a master's program, a doctoral program and a post-graduate certificate, you must provide the guidelines for each of them.

Also available on the ACME website:

Slides from the 2012 ACME Workshop

Preparing for (Re)Accreditation

- Review P&P manual carefully—see Appendix G for deadlines
- Initiate the process and request a site visit
- Plan a timeline for SER and site visit with plenty of time for input from all parties faculty, administrators, students

Preparing for (Re)Accreditation

- Writing the SER
 - See Appendix F: Instructions for Preparation of Reports
 - Carefully read and **follow** all instructions in the *Criteria* for *Programmatic Accreditation*
 - If there are any questions about what is wanted, consult the BOR Chair.

Preparing for (Re)Accreditation

Preparing for the site visit

- See V.E.: Site Visits in the *Policies and Procedures Manual*
- Follow all instructions for the organization of the Exhibits in V.E.9 and for the content of the Exhibits in the *Criteria for Programmatic Accreditation*.
- It is helpful to have sections of the Exhibits organized in portable boxes for the convenience of site visitors.

Preparing for (Re)Accreditation

 Additional information about preparing for accreditation is available in:

PREPARING TO WRITE A SELF-EVALUATION REPORT AND PLANNING FOR A SITE VISIT:

Essential Information from the ACME

Policies and Procedures Manual and the Criteria

Documents

This is available on the ACME website.

WHEN AND HOW TO REPORT COMPLIANCE WITH NEW CRITERIA

- Report with the next Annual Monitoring Report.
- The AMRs have incorporated the new criteria.
- Not necessary to submit a detailed narrative of how the new criteria have been met.
- Answering "Yes" confirms necessary changes have been made.

ANNUAL MONITORING REPORTS



















TO ALL PROGRAM DIRECTORS FOR THEIR TIMELY SUBMISSION OF THE 2012 AMRs!!

AMR Expectations

- Plan for timely submission.
- Carefully collect data throughout each year.
- The section on student numbers and other student information was changed to get more detailed information as required by the USDE.
- Review criteria regularly to assure always up to date.
- We are constantly trying to improve and welcome your input about the AMR format.

ANNUAL MONITORING REPORTS

 The Qualtrics methodology had some problems, but that is being corrected.

 Following are some examples of data analysis facilitated by using Qualtrics.

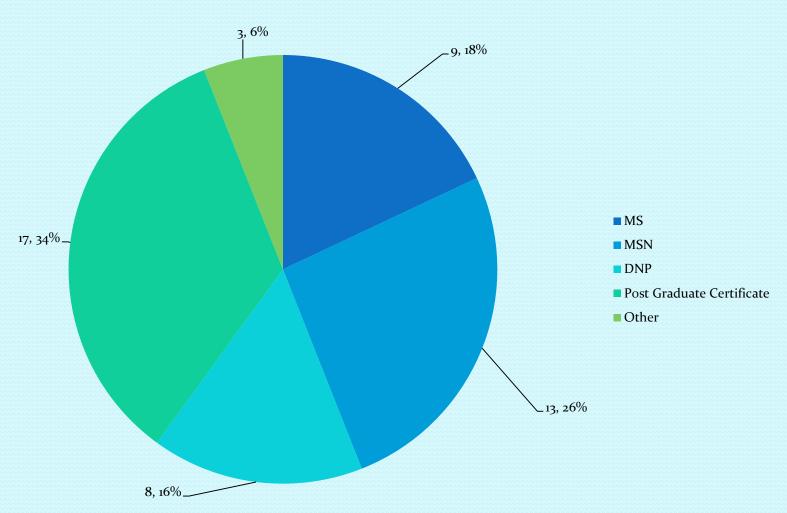
ACME Annual Monitoring Reports 2012 Data

Preliminary Analysis

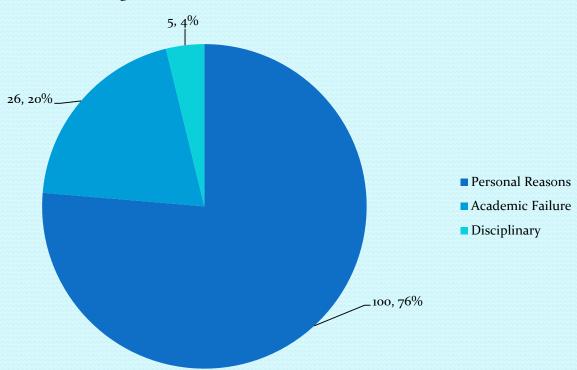
n = 28

EXAMPLES OF DATA TO BE OBTAINED FROM COMPLETED AMRs

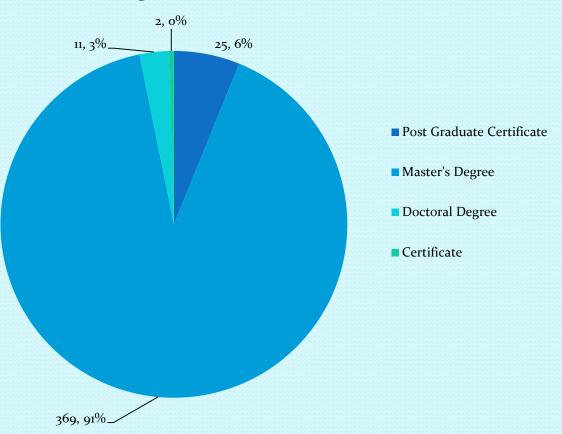
Program Types 2012 28 institutions



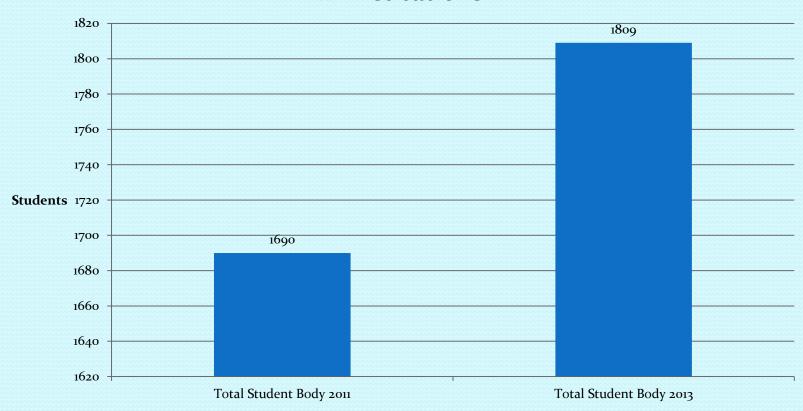
Student Withdrawal Reasons 2012 131 students - 28 institutions



Graduates 2012 407 graduates - 28 institutions



Total Student Bodies 2011 and 2012 28 institutions



Purpose of ACME criteria

- structure for peer evaluation of the quality of midwifery programs preparing midwives and nurse-midwives.
- assure midwifery programs lead to desired outcomes and prepare competent midwives.
- guide to faculty in improving program and framework for self-evaluation.

Criteria framework

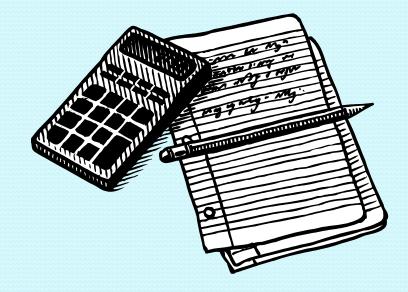
- Organizational framework
- Qualified faculty
- Resources
- Student support
- Curriculum
 - Philosophy purpose outcomes/objectives
 - Core Competencies
 - Clinical experiences



Six "areas for reflection"

- Context
- Theory (logic)
- Stakeholders
- Purpose
- Questions/criteria
- Collect/Analyze data
- Report findings

Grayson, TE. 2011 In Handbook on Measurement, Assessment, and Evaluation in Higher Education. C. Selcosky, Ed.



Practical application

- What is your mission, philosophy, purpose
- What are your objectives
- Match within your broader identified context
- Are your resources sufficient
- How well have you met your objectives
- What are your measureable outcomes
- What is your longer term impact
- Regular ongoing evaluation

Simple web resources for evaluation

- http://region1154.lacoe.edu/attachments/article/34/(7) %209%20Step%20Evaluation%20Model%20Paper.pdf
- http://www.uwex.edu/ces/pdande/evaluation/evallogi cmodel.html
- http://www.sagepub.com/upmdata/5068 Preskill Chapter 5.pdf
- http://www.aacu.org/meetings/engaging_depts/docu ments/ProgramEvaluationChapterFinalDraftSubmitte d5-15-2011.pdf

Resources at ACME

http://www.midwife.org/accreditation
Josie Burke, jburke@acnm.org

Susan E. Stone, CNM, DNSc, FAAN, FACNM ACME Chair, susan.stone@frontier.edu

Diane Boyer, CNM, PhD, FACNM Chair, ACME Board of Review dboyer@luc.edu

Criterion VI: Assessment and Outcomes

A. Each program has a comprehensive plan for ongoing assessment of the program philosophy, mission/purpose, and objectives/outcomes to achieve continuous quality improvement.

- A.1. The program assessment process includes ongoing data collection and analysis to achieve program improvement. These data include, but are not limited to:
- A. 1.a. Evaluations of the program by students and by graduates.
- A.1.b. Evaluations from external constituents such as employers of graduates and public comment as available.
- A.i.c. Enrollment, graduation, attrition, and other data relevant to the program for the past 3 years (or the SER year for programs seeking initial accreditation).

• A.i.d. Certification pass rates, as available, for the SER year for programs seeking initial accreditation, and for the past three years for programs seeking reaccreditation.

• A.2. The passing rate for first takers of the national certification examination is **at least** 85%. Programs develop effective plans to bring the pass rate to 85% if it drops below that point.

- A.3. The assessment plan reflects state or national standards in its review and updating of the program philosophy, purpose/mission, objectives/outcomes.
- Standards will include at a minimum:

- A.3.a. Current ACNM philosophy and standards
- A.3.b. Significant changes in higher education that are relevant to the program.

- A.4. The assessment process includes periodic evaluation of clinical education.
- Clinical evaluation will include:
- A.4.a. Initial and periodic evaluation of the ability and effectiveness of clinical sites to meet student learning needs.
- A.4.b. Evaluation of the clinical experiences in relation to enabling students to achieve clinical competence.
- A.4.c. Current contract for each clinical site.

- A.5. The assessment process includes a plan for evaluation of faculty teaching in the program.
- All faculty are evaluated annually on the following basis:
- A.5.a. Didactic teacher competence as applicable.
- A.5.b. Clinical teacher competence as applicable.
- A.5.c. Currency of knowledge and clinical competence in area(s) of practice related to midwifery program responsibilities.
- A.5.d. Non-discriminatory, respectful approach to students, colleagues, and patients in keeping with the basic principles of the ACNM Code of Ethics.

QUESTIONS

