



## ACCREDITATION COMMISSION FOR MIDWIFERY EDUCATION

### **CRITERIA FOR INSTITUTIONAL ACCREDITATION**

For Freestanding Institutions of Higher Education

with Nurse-Midwifery/Midwifery Education and Related Health Education Programs

with Guidelines for Elaboration and Documentation

**January 2004**  
**Revised November 2005**  
**Revised November 2006**  
**Revised April 2007**



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## PREAMBLE

The ACNM Accreditation Commission for Midwifery Education (ACME), formerly Division of Accreditation (DOA), wishes to underscore its commitment to having midwifery education programs located within or affiliated with institutions of higher education.

Therefore the ACNM ACME has developed a set of criteria for institutional accreditation designed to assure that institutions where midwifery education programs are located have governance and administrative structures appropriate to higher education. These institutions should have financial, human and physical resources that are adequate to support their mission. It is essential that the institution's resources are sufficient to provide academic excellence, stability and a level of assurance for success in their programs.

This commitment is consistent with the history of accreditation in nurse-midwifery/midwifery, and the philosophy of affording graduates upward mobility through the attainment of academic degrees.

American College Of Nurse-Midwives  
**Accreditation Commission for Midwifery Education**  
(formerly Division of Accreditation)

## **CRITERIA FOR INSTITUTIONAL ACCREDITATION**

For Freestanding Institutions of Higher Education

with Nurse-Midwifery/Midwifery Education and Related Health Education Programs

with Guidelines for Elaboration and Documentation

The Accreditation Commission for Midwifery Education (ACME) of the American College of Nurse-Midwives (ACNM) establishes the *Criteria for Programmatic Accreditation of Education Programs in Nurse-Midwifery and Midwifery*, and the *Criteria for Institutional Accreditation* for the institutions in which they exist. The purposes of the criteria are:

- A. To assist the institution by serving as a guide to Boards of Directors, administrators and faculty in developing and improving their institution and as a framework for self-evaluation.
- B. To assist the midwifery and related health program faculty in developing and improving their program and as a framework for evaluation.
- C. To assist the ACME in the appraisal of institutions of higher education with nurse-midwifery/midwifery education and related health programs in regards to the philosophy, purposes, outcomes/objectives, and other characteristics of the program.

For Board of Review (BOR) action on each programmatic/institutional accreditation report, all programmatic/institutional accreditation criteria are considered and must be met.

Actions that may be taken by the BOR are listed in the section titled "Board of Review" in the *Policies and Procedures Manual for the Division of Accreditation*.

There are six (6) types of programs that prepare individuals to take the national examination of the American Midwifery Certification Board (AMCB). The institutions that the ACME accredits contain a midwifery program.

For Registered Nurses:

1. Post-Baccalaureate Certificate (including post-master's) - A post-baccalaureate program that:

- a) provides all the essential components of the nurse-midwifery curriculum as defined by the *ACNM Core Competencies for Basic Midwifery Practice* and has the essential elements for program implementation as defined in the *Criteria for Accreditation* documents.
  - b) is incorporated into a program of professional studies that requires a baccalaureate degree upon entrance.
2. Graduate - A post-baccalaureate program that:
- a) provides all the essential components of the nurse-midwifery curriculum as defined by the *ACNM Core Competencies for Basic Midwifery Practice*, and has the essential elements for program implementation as defined in the *Criteria for Accreditation* documents.
  - b) is incorporated into a program of professional studies that grants an academic degree at a master's or doctoral level.
3. Pre-Certification - A post-baccalaureate program for Registered Nurses who are professional midwives, that:
- a) provides selected components of the nurse-midwifery curriculum as defined by the *ACNM Core Competencies for Basic Midwifery Practice* to meet the assessed needs of students, and has the essential elements for program implementation as defined in the *Criteria for Accreditation* documents.
  - b) is a program of professional studies that requires a baccalaureate degree upon entrance.

For the Non-Nurse:

4. Post-Baccalaureate Certificate (including post-master's) - A post-baccalaureate program that:
- a) provides all the essential components of the midwifery curriculum as defined by the two documents: *The Knowledge, Skills, and Behaviors Prerequisite to Midwifery Clinical Coursework* and the *ACNM Core Competencies for Basic Midwifery Practice*, and has the essential elements for program implementation as defined in the *Criteria for Accreditation* documents.
  - b) is incorporated into a program of professional studies that requires a baccalaureate degree upon entrance.

5. Graduate - A post-baccalaureate program that:
  - a) provides all the essential components of the midwifery curriculum as defined by two documents: *The Knowledge, Skills, and Behaviors Prerequisite to Midwifery Clinical Coursework* and the *ACNM Core Competencies for Basic Midwifery Practice*, and has the essential elements for program implementation as defined in the *Criteria for Accreditation* documents.
  - b) is incorporated into a program of professional studies that grants an academic degree at a master's or doctoral level.
  
6. Pre-Certification - A post-baccalaureate program for professional midwives, that:
  - a) provides all the essential components of the midwifery curriculum as defined by two documents: *The Knowledge, Skills, and Behaviors Prerequisite to Midwifery Clinical Coursework* and the *ACNM Core Competencies for Basic Midwifery Practice*, and has the essential elements for program implementation as defined in the *Criteria for Accreditation* documents.
  - b) is a program of professional studies that requires a baccalaureate degree upon entrance.

*NOTE: Nurse-Midwifery and Midwifery as in the title and introduction of this document will hereafter be referred to as midwifery, as defined by the ACNM. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or American Midwifery Certification Board (AMCB)*

**GLOSSARY OF TERMS**

As used throughout this document, the following terms are defined as:

Academic Unit:	May include College/School, Institute, or Department within or affiliated with a University (e.g. Nursing, Public Health, College of Health Related Professions).
Accreditation:	(as defined by the U.S. Department of Education): the status of public recognition that an accrediting agency grants to an educational institution or program that meets the agency's standards and requirements.
Accrediting Agency or Agency:	(as defined by the U.S. Department of Education): a legal entity, or that part of a legal entity, that conducts accrediting activities through voluntary, non-Federal peer review and makes decisions concerning the accreditation or preaccreditation status of institutions, programs or both.
Administrative Unit:	The person(s) responsible for the budget.
Core Faculty:	Individuals, as defined by the program, directly responsible for curriculum design, implementation, and evaluation of each program.
Direct-Entry Program:	An ACNM ACME accredited education program that prepares persons to meet ACNM <i>Core Competencies for Basic Midwifery Practice</i> without the prerequisite of nursing.
Institutional Accrediting Agency:	(as defined by the U.S. Department of Education): an agency that accredits institutions of higher education.
Institution of Higher Education:	An educational institution that qualifies, or may qualify, as an eligible institution under 34 CFR part 600.
Midwifery:	Nurse-Midwifery and Midwifery as in the title and introduction of this document will hereafter be referred to as midwifery, as defined by the ACNM. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or American Midwifery Certification Board (AMCB).

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Curriculum:	Midwifery Core Those courses that contain content that fulfill the ACNM <i>Core Competencies for Basic Midwifery Practice</i> .
Midwifery Faculty:	All CNM/CM individuals working within the midwifery program.
Midwifery Program:	The administrative/academic unit that grants recognition of completion of midwifery core.
Midwifery Program Director:	Certified nurse-midwife or certified midwife on faculty clearly identified by title and position to direct the nurse-midwifery and/or midwifery education program.
Other Program Faculty:	All qualified faculty working within each program other than midwifery.
Program:	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.
Programmatic Accrediting Agency:	(as defined by the U.S. Department of Education): an agency that accredits specific educational programs that prepare students for entry into a profession, occupation or vocation.

**CRITERION I. INTRODUCTION**

- A. This Self-Evaluation Report (SER) will begin with a brief overview describing the institution and each of the programs offered by that institution.

- B. This SER is a document written by appropriate administrators and program faculty, and reviewed by the administration and students of the program/institution.

**ELABORATION AND DOCUMENTATION**

Criterion I should be preceded by a title page as described in ACNM Accreditation Commission for Midwifery Education *Policies and Procedures Manual*.

- A. Provide an overview describing the institution and its programs. Briefly (this is an overview) describe the administrative structure, the Governing Board, programs offered, location, facilities, history, etc. For each program's overview, include a brief history in narrative form (when the program began and any significant changes or milestones.) In the SER, provide a table that includes:
- type of program
  - length of program
  - credential awarded
  - major teaching methods used (e.g. distance education)

Define the SER time frame, i.e., the one-year period represented in this self-study, including type of year (e.g. academic, calendar).

Add definitions used for titles of faculty and any other definitions and abbreviations/acronyms essential for reading the SER.

N.B. The SER needs to be concise and directed only toward that particular criterion. A page limit of approximately 80 pages without the appendices is recommended.

- B. In the SER, describe who wrote and reviewed the SER. The intent is to assure that 1) midwifery and other program faculty have input into the SER 2) the CEO will have responsibility for the SER 3) all stakeholders are in

- C. The midwifery program provides opportunity for third party comment in the accreditation process.
- agreement on the content of the SER.
- C. The program should identify its relevant constituencies, e.g. alumni, community members, etc. and publish notice prior to the date of the site visit of the opportunity for third party written comments. Suggested venues for public notice could include alumni newsletters and local newspapers. (Contact ACME staff at the national office for suggested text for the notice.)

**CRITERION II. ORGANIZATION AND ADMINISTRATION**

- A. The institution of higher education has degree granting authority from the state or jurisdiction in which it resides.
- B. The institution has a Governing Board of at least five members that is the legal body with specific authority over the institution. The Board is an active policy-making body for the institution and is ultimately responsible for ensuring that the financial resources of the institution are adequate to provide a sound educational program. The duties and responsibilities of this policy-making body must be clearly defined.
- C. The institution must have a CEO whose primary responsibility is the administration of the institution and who is not the presiding officer of the Board.
- D. The institution has a clearly defined administrative structure that delineates responsibility for the administration of policies. The duties and responsibilities of each senior administrator (those who report directly to the CEO) are clearly defined, including reporting relationships.
- E. The institution has a clearly defined and published mission statement specific to the institution and appropriate to an institution of higher education, addressing teaching and learning and, where applicable,

**ELABORATION AND DOCUMENTATION**

- A. In the Exhibits, provide evidence of the institution's current recognition by the state or jurisdiction.
- B. Describe the Governing Board and its responsibilities. Describe any contractual employment, or personal or familial financial interests in the institution that involves Governing Board members. Document a procedure to avoid conflict of interest for Governing Board members. In the SER, provide a list of Board members and officers with addresses and occupation for each. In the Exhibits, provide Board minutes for two prior years. In the Exhibits, provide a copy of the Bylaws or other documents defining the rules and regulations of the institution such as articles of incorporation or operational manuals.
- C. In the Exhibits, provide a job description for the CEO. Provide the CV of the current CEO.
- D. Define the responsibilities and the reporting relationships of all senior administrators. Provide an organizational chart of the institution's administration. Provide a roster of administrative and academic officers and staff and their qualifications. A summary can be provided in table form in the SER.
- E. Provide a copy of the mission statement. Give a brief explanation of how the mission statement was developed and approved and how it is reviewed. Briefly describe how the mission statement is implemented in the

research and public service.

F. The institution engages in ongoing integrated, and institution-wide planning and evaluation processes that incorporate systematic review of programs and services that (a) results in continuing improvement and (b) demonstrates that the institution is effectively accomplishing its mission.

G. The institution offers degree programs that are compatible with its stated mission or purpose, and has students enrolled in those programs.

1. Each program has a clearly defined organizational relationship with the institution within which it resides.
2. There is evidence of commitment to each program from key administrators of the institution and academic unit (if different) within which the program resides.
3. Each program is in an environment that promotes and facilitates scholarly and professional productivity.

programs and activities of the institution.

F. Provide a copy of the strategic or master plan. Give a description of the planning and assessment process with a time line showing how and when it functions, including a description of how programs and services are regularly reviewed as part of the process. Describe how the process informs budgeting decisions. Describe how the process has resulted in improvement of services and programs at the institution, giving specific examples and providing documentation in the Exhibits, e.g. meeting minutes, evaluation reports.

G. Provide the school catalog and list of degree programs (in the Exhibits or provide the URL if entirely online). Give a rationale for the appropriateness of the programs offered with the stated mission or purpose. Provide enrollment data for each program. If a program is new and has not yet enrolled students, give the projected enrollment. Provide the projected enrollment for the next 2 years for all programs.

1. In the appendices of the SER, provide an organizational chart that delineates the organization of each program.
2. In the SER, describe the support of these key administrators with concrete examples for both the institution and the academic unit (if different).
3. In the SER, describe the academic institution's policies and resources for promotion of scholarly and professional productivity. In the exhibits, provide a copy of the academic institution's criteria for

- appointment and promotion.
- H. Each program is a definable entity distinguishable from other education programs and services within the academic institution.
- 1.a Midwifery programs only:  
The midwifery program is directed by a midwife who is clearly identified by title and position.
- 1.b This applies to all other programs:  
Each program director has the skills and expertise relative to the specialty program that they direct.
2. Each program is accurately described in the institution's representations to the public about its education offerings. The following aspects of each program are described and each component
- H. In the exhibits, identify references to each program in catalogs, brochures, titles and organizational charts (the organizational chart should be in the appendices of the SER). If such documents are online, provide URLs/web addresses.
- 1.a Midwifery programs only:  
Administrative title should be reflected in the organizational structure of the academic unit. In the SER, document the responsibility for program direction. In the exhibits, provide evidence such as letter of appointment, job description, or organizational chart (the organizational chart should be in the appendices of the SER).
- 1.b This applies to all other programs:  
Administrative title should be reflected in the organizational structure of the academic unit. In the SER, document the responsibility for program direction. In the exhibits, provide evidence such as letter of appointment, job description, or organizational chart (the organizational chart should be in the appendices of the SER). The intent of this criterion is to ensure that the program director is qualified and directs the education of each programs' students. Provide the CVs of all program directors in the Exhibits.
2. No narrative is required for this stem because each item in II.B.2.a.-d. needs to be addressed separately.
- In the SER, for each item in II.B.2.a.-d., identify specifically where the

is accurate:

evidence may be found. This evidence may be found in catalogs, bulletins, etc.

In the exhibits, have identified documents available. When materials exist in online sources, specific pages must be available in hard copy in the exhibits. (N.B. Each of these does not have to be found in the same source).

a. Current institutional and programmatic accreditation status with the address and telephone number of the accrediting agency.

a. Whenever the accreditation status of the institution or any program within the institution is identified, the current address and telephone number of the accrediting agency must be included for public verification. In the SER, note where this information may be found. Provide evidence of same in the Exhibits. If applicable, provide evidence in the Exhibits of any specialty accreditation in addition to midwifery. N.B. The intent is that complete information accompanies all references to the accreditation status; however, it does not require that the accreditation status be included in every document.

b. Admission requirements.

b. See 2. above.

c. Duration of each program of study, costs and possible patterns of progression.

c. See 2. above.

d. Credential, e.g. certificate or degree that may be earned.

d. In the SER, state exact wording of the credential as it appears on the degree, diploma/certificate. In programs where more than one credential is awarded, all must be addressed. In the exhibits, provide evidence of the credential.

I. Contractual agreements for student

I. In the SER, briefly describe 1) the

clinical experiences exist for all current clinical sites and are developed in accord with institutional criteria and periodically reviewed.

criteria that govern selection of a clinical site, 2) the process by which contractual agreements are developed and evaluated, and 3) the process by which the agreements are periodically reviewed. In the Exhibits, provide evidence of a current written agreement for each clinical site used during the *current* calendar or academic year (as identified by the program).

- a. In the SER, provide a table that includes the following categories of information:
  1. Facility/Agency
  2. Date Contract Signed
  3. Expiration or review date as applicable

J. The majority of credits toward a graduate or a post-baccalaureate professional degree are earned through the institution awarding the degree. In the case of graduate and post-baccalaureate professional degree programs offered through joint cooperative or consortial arrangements, the student earns a majority of credits from the participating institutions.

J. Provide in the exhibits, catalogs and other documents describing policies on transfer credit, residency requirements consortial or cooperative arrangements.

K. The institution has written policies to respond to scientific and ethical misconduct by faculty, students and all employees, and these policies are enforced.

K. Provide copies of policies on scientific and ethical misconduct. Discuss how those are made known to faculty, students and other employees. Describe examples of how these policies are enforced. Describe the composition of the institutional review board (IRB) and the processes it uses to assure scientific integrity in research.

L. The institution protects the confidentiality of student records and maintains appropriate security to protect the data.

L. Provide documentation of compliance with Federal confidentiality regulations for student records or describe how the institution protects student records.

M. The institution has developed and published policies regarding appointment and employment of faculty and staff.

M. Provide documentation of Human Resources policies such as an Employee Handbook. Describe how faculty and staff are oriented to these policies.

### CRITERION III. FACULTY AND FACULTY ORGANIZATION

- A. All faculty are recruited, appointed and promoted according to the institution's non-discrimination policy.
- B. The institution has policies and procedures to ensure academic freedom and responsibility.
- C. The institution has policies regarding the responsibility and authority of faculty in academic and governance matters.
- D. 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.

All faculty are qualified in that:

- 1a. Midwifery programs only:  
Midwifery faculty are certified by ACNM or American Midwifery Certification Board (AMCB).

### ELABORATION AND DOCUMENTATION

- A. In the SER, identify the non-discrimination policy in the institution's documents. Briefly describe how this policy is implemented. The document(s) should be available for review in the Exhibits.
- B. Provide in the Exhibits faculty manuals or other documents that contain policies regarding academic freedom and responsibility.
- C. Provide in the Exhibits faculty manuals or other documents that contain these policies.
- D. No narrative is required for this stem.

Refer to the definitions of core, midwifery and other program faculty in the glossary.

1.a Midwifery programs only:  
In the SER, provide a table containing the following data:

- Name of core or midwifery faculty
- ACNM or AMCB certification number for midwifery faculty
- Specialty certification or specific expertise of other core faculty
- Highest earned degree
- Teacher preparation: indicate yes or no.
- At least one year in clinical practice prior to faculty appointment: indicate yes or no.

In narrative form, explain any areas not fully met or that require clarification.

N.B. Suggest that the table for each program begins with the core faculty

followed by those individuals who only provide clinical teaching and evaluation. Do not duplicate individuals' information in the table.

In the exhibits, copies of **one** of the following should be available:

*For midwifery faculty:*

- ACNM or AMCB certification
- ACNM membership card
- ACNM CCA Participant Report or CCA enrollment card or documentation of CMP participation
- State license if ACNM or AMCB certification is the only route for licensure in that state.

Hard copy of web site verification of certification is acceptable and may be obtained from licensing boards and/or the AMCB website.

*For other faculty, credentials as appropriate:*

- State license if certification is the only route for licensure in that state.

1b. *This applies to all other programs:*

Faculty of all other programs are certified by other credentialing bodies when applicable.

1.b *This applies to all other programs:*

In the SER, provide a table containing the following data:

- Name of faculty
- Specialty certification or specific expertise
- Highest earned degree
- Teacher preparation: indicate yes or no.
- Years of clinical experience

In narrative form, explain any areas not fully met or that require clarification.

N.B. Suggest that the table for each program begins with the core faculty followed by those individuals who only provide clinical teaching and evaluation.

Do not duplicate individuals' information in the table.

In the exhibits, copies of **one** of the following should be available:

*For faculty of other programs:*

- Certification
- Participation in recertification/certificate maintenance programs
- professional organization membership card
- Evidence of continuing education
- State license if certification is the only route for licensure in that state.

Hard copy of web site verification of certification is acceptable and may be obtained from licensing boards.

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| <p>2. Have a minimum of a master's degree, meet the academic institution's requirements for faculty, and have academic preparation and experience appropriate to their teaching responsibilities.</p> <p>2a. If a preceptor faculty possesses less than these qualifications, that individual must be responsible to a qualified faculty member.</p> <p>3. Have preparation for teaching.</p> | <p>2. In the exhibits, verify degrees of faculty including preceptors/clinical faculty by copies of diplomas or official transcripts on file. Evidence of credentialing/licensure/privileges that require verification of the degree may be used as a satisfactory form of documentation.</p> <p>2a. In the SER, elaborate on the level and mechanism of supervision afforded to faculty if they have less than a master's degree.</p> <p>3. In the SER, describe each program's criteria and process for determining that faculty have appropriate preparation for didactic and/or clinical teaching. The program's criteria may include the following: concepts of adult learning, use of a variety of teaching methods, ability to work with a variety of learner styles and appropriate use of resources, e.g. audiovisuals.</p> |
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- In the SER, elaborate on the preparation and supervision afforded to faculty who do not meet all of each program's requirements for teacher preparation.
4. For clinicians, have at least one year of experience as a clinician prior to teaching.
  4. Document that each member of the faculty who teaches clinically, has at least one year in clinical practice prior to teaching in each program. Documentation in table III.B.
- D. Faculty participating in each program will have the following responsibilities that will provide students with a level of instruction, supervision and evaluation compatible with safe practice and student learning needs.
1. Midwifery programs only: Instruction, supervision and evaluation of students in didactic courses containing ACNM Core Competencies content shall be the responsibility primarily of midwifery faculty.
  1. Midwifery programs only: In the SER, provide a table that lists the course names/numbers that include ACNM Core Competencies content and who taught them during the SER time frame. For those courses not taught by a midwife, describe the process for assuring that the ACNM Core Competencies are being met.
  2. Midwifery programs only: Instruction, supervision, and evaluation of students in clinical learning shall be the responsibility primarily of midwifery faculty.
  2. Midwifery programs only: In the SER, describe the clinical teaching responsibilities for each midwifery faculty during the SER time frame. In the SER, provide a table that includes the following categories of information related to the clinical portion of the program (may be combined with table in III.C.1.).
    - Name and credential (e.g. CNM, CM, NP, MD)
    - Clinical site
    - Clinical area (e.g. AP)

In the table, include non-midwifery

3. Core faculty participate in the following responsibilities:
- a. Development and/or, implementation, and evaluation of the curriculum.
  - b. Selection, evaluation, advancement, and advisement of students.
  - c. Recruitment, selection and promotion of faculty.
  - d. Orientation of faculty to curriculum documents and expectations.
  - e. Development and/or implementation of a mechanism for student evaluation of teachers, courses and program effectiveness.
  - f. Ongoing development and annual evaluation of each program's resources, facilities, and services.
- faculty who provide clinical supervision.
3. No narrative is required for this stem.  
In the SER, for each program for III.C.3.a.-f., describe the faculty's involvement in each of the responsibilities. Cite the specific source/location of documentation. In the exhibits, committee minutes or other documentation are to be available.
- a. Refer to III.C.3. above.
  - b. Refer to III.C.3. above.
  - c. In the SER, describe faculty involvement.
  - d. In the SER, describe the process for orientation to the curriculum documents and expectations and how clinical teachers are prepared for teaching and evaluating students in the program.
  - e. Refer to III.C.3. above.
  - f. In the SER, describe the program director's input into the budget. Describe and document (through minutes or other written evidence), the faculty's involvement in evaluating program facilities, resources and

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| <p>g. Meet the academic unit's expectations to:</p> <ol style="list-style-type: none"> <li>1) Participate or have input into councils and committees of the academic unit.</li> <li>2) Continue professional advancement within the academic unit.</li> <li>3) Maintain clinical expertise.</li> <li>4) Participate in scholarly activities.</li> <li>5) Participate in community service.</li> </ol> <p>4. Faculty carry out their responsibilities with respect for individual variations.</p> <p>F. All faculty are evaluated annually according to published criteria and the outcomes are used to improve faculty performance. The following are evaluated:</p> <ol style="list-style-type: none"> <li>1. Didactic teacher effectiveness as appropriate.</li> <li>2. Clinical teacher effectiveness as appropriate.</li> </ol> | <p>services.</p> <p>g. No narrative is required for this stem. In the SER, describe the academic unit's expectations for faculty activities for the following, including any pertinent definitions and demonstrating how faculty comply. Address each item III.C.3.g.1)-5) separately.</p> <ol style="list-style-type: none"> <li>1) Refers to academic unit's criteria.</li> <li>2) Refers to academic unit's criteria.</li> <li>3) Refers to academic unit's criteria.</li> <li>4) Refers to academic unit's criteria.</li> <li>5) Refers to academic unit's criteria.</li> </ol> <p>4. In the SER, identify specific activities that develop the faculty's ability to work with diverse populations.</p> <p>F. In the SER, describe the process of evaluation and how the results are used. In the exhibits, include related policies and tools. Provide examples of annual evaluation outcomes and how they have been used to improve faculty performance. The evaluation must, at minimum, address the four criteria listed below.</p> <ol style="list-style-type: none"> <li>1. Examples may include self, peer and student evaluations.</li> <li>2. Examples may include self, peer and student evaluations.</li> </ol> |
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| <p>3. Clinical competence in area(s) of practice related to program responsibilities.</p> <p>4. Non-discriminatory, respectful approach to students, colleagues, and patients in keeping with basic ethical principles e.g. <i>ACNM Code of Ethics</i>.</p>   | <p>3. Examples may include participation in Continuous Quality Improvement (CQI), discussion with service directors, maintenance of clinical privileges, or peer review.</p> <p>4. Use a current ethical framework, e.g. <i>ACNM Code of Ethics</i> for meeting this criterion. Examples of documentation should include any grievances and their resolution.</p>   |
| <p>G. Core faculty are afforded the rights and responsibilities consistent with the policy of the academic institution. These include the following:</p>  | <p>G. No narrative is required for this stem. The intent of this criterion is to assure that the core faculty who teach the basic academic courses are an integral part of the institutional community.</p> <p>In the SER, for III.E.1.–5., describe the location of the faculty rights and responsibilities. Sources may include faculty handbook, meeting minutes, committee membership, etc.</p> <p>In the exhibits, the sources should be available.</p> <p>Address each item III.E.1.-5. separately.</p> |
| <p>1. Freedom of discussion, inquiry and expression.</p> <p>2. Criteria used for evaluation of faculty performance.</p> <p>3. Policies and procedures for promotion, tenure, merit recognition and termination, including the use of faculty evaluations for decision-making.</p> <p>4. Channels for receipt and consideration of faculty views and grievances.</p> | <p>1. Refer to III.E. above.</p> <p>2. Refer to III.E. above.</p> <p>3. Refer to III.E. above.</p> <p>4. Refer to III.E. above.</p>   |

5. Personnel policies that are comparable to those in effect throughout the institution.

5. Refer to III.E. above.

**CRITERION IV. STUDENTS****ELABORATION AND DOCUMENTATION**

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| <p>A. Qualified applicants are admitted according to non-discrimination policies of the institution.</p> <p>B. Selection and admission of students is based on:</p> <ol style="list-style-type: none"> <li>1. Established criteria and policies of the academic institution; academic unit; program.</li> <li>2. Additional criteria established by each program.</li> </ol> <p>C. Student policies related to evaluation, progression, retention, dismissal, and graduation are written and made available to students upon admission.</p> <p>D. Mechanisms are in place to assess students with special needs and provide services to meet those needs in order to promote their retention and</p> | <p>A. In the SER, identify non-discrimination policies in academic institution documents. Provide these documents in the exhibits.</p> <p>B. No narrative is required for this stem.</p> <p style="padding-left: 20px;">In the exhibits, include program publications that list admission requirements.</p> <ol style="list-style-type: none"> <li>1. In the SER, describe the admissions process in detail. Document whether each program varies from other programs in its admissions procedure or requirements that are published in catalogs describing the program. Provide these catalogs and documents in the exhibits.</li> <li>2. Describe any additional criteria (e.g. RN licensure, clinical experience) required by the program.</li> </ol> <p>C. In the SER, document location of all student policies in all pertinent student handbooks, or other materials. Provide web address(es) for online documents.</p> <p style="padding-left: 20px;">In the exhibits, materials must be available, including but not limited to the printed/hard copy forms.</p> <p style="padding-left: 20px;">In the SER, document review of policies and complete information with the students upon entry to the program.</p> <p>D. In the SER, identify specific mechanisms/processes that are used to assess special needs of students (e.g. learning differences,</p> |
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progression through the program.

test/performance anxiety, language/writing problems, economic/family circumstances) in order to promote student retention in and progression through the program. Provide examples of services available to students with special needs. If appropriate, provide specific examples of students with special needs and how they were met.

E. Evaluation is an ongoing process that assesses the student's movement toward an ultimate achievement of program outcomes/objectives:

1. Students are formally informed of course outcomes/objectives and methods of evaluation at the beginning of each course.

2. Students are apprised of their progress on an ongoing basis.

E. Provide an overview of the student evaluation process that facilitates student success in meeting program outcomes/objectives.

1. In the SER, document location of outcomes/objectives and methods of evaluation in policy manuals and individual course or module materials and when these are reviewed with students.

In the exhibits, provide the documents.

2. In the SER, provide written evidence that students have been apprised of their progress on an on-going basis.

In the exhibits, provide completed evaluation forms from the current and most recent graduating classes.

F. Student rights and responsibilities consistent with academic institution policy are available in written form. This includes:

1. Opportunities for student involvement in development and implementation of program policies.

F. No narrative is required for this stem.

1. In the SER, provide evidence of student participation in developing or implementing program policies.

2. Opportunity to participate or have input into the representation on councils or committees of the academic institution or academic unit.
  3. Clearly defined mechanisms for consideration of grievances/complaints.
  4. Mechanism to review personal records.
  5. Mechanism for equitable tuition refund.
  6. Access to resources and opportunities is equivalent regardless of student location and teaching methodologies.
2. In the SER, document opportunity for participation or input and any student involvement.
  3. In the SER, state the location and describe the grievance/complaint mechanism. Verify student access to the grievance/complaint mechanism and provide examples of use during the past three years if available.
  4. In the SER, state the location of the record review policy and verify availability to students.
  5. In the SER, state the location of the tuition refund policy and verify availability to students.
  6. In the SER, describe how resources and opportunities are maintained in light of variations in student location (e.g. on campus, at a distance) and variations in teaching methodology (e.g. on-line, web cast, traditional lectures).

**CRITERION V. CURRICULUM**

A. The institution seeking initial and continuing accreditation by the ACME has clearly defined statements of philosophy, purpose/mission, and outcomes/objectives. Each program within the institution has clearly defined statements of philosophy, purpose/mission, and outcomes/objectives. The philosophy, purpose/mission, and outcomes/objectives provide the basis for the development and evaluation of the curriculum.

1. Each program's philosophy is consistent with:

a. Midwifery programs only:  
The philosophy of the ACNM.

b. The philosophy of the academic institution within which each program resides.

c. The philosophy of the academic unit within which each program resides if applicable.

2. Each program's purpose, mission and outcomes/objectives are clearly stated and are consistent with the program's philosophy.

**ELABORATION AND DOCUMENTATION**

A. In the SER or in the appendices to the SER, include statements of the institution and each program philosophy, purpose/mission, and outcomes/objectives. Identify the key concepts of each philosophy.

1. No narrative is required for this stem.

In the SER, items V.A.1.a.-c. may be presented in a table. Any inconsistencies between the program's philosophy and the philosophy of the ACNM, academic institution or unit should be addressed in the narrative.

a. Midwifery programs only:  
Describe how the key concepts of the program philosophy fit with the philosophy of the ACNM.

b. Describe how the key concepts of the program philosophy fit with the academic institution.

c. Describe how the key concepts of the program philosophy fit with the academic unit.

2. In the SER, provide a table that shows the relationship between key concepts in the philosophy and the statement of purpose/mission and outcomes/objectives.

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| <p>3. The curriculum, based on the philosophy, purpose/mission, is designed to achieve the stated outcomes/objectives of each program.</p>  | <p>3. In the SER, provide a table that shows where each program's outcomes/objectives are addressed within the curriculum.</p>   |
| <p>B. Curriculum development is a continuing process that is the responsibility of the core faculty of each program.</p>  | <p>B. In the SER, document in faculty or curriculum committee minutes or other appropriate communications that the core faculty carry out regular review, revision, and updating of the curriculum. Define the time frame. In the exhibits, provide copies of the aforementioned minutes or other documents, including online communication.</p> |
| <p>1. There is a mechanism for curriculum evaluation and approval by the institution.</p>   | <p>1. Evidence of formal review and approval of the content and organization of the curriculum including accuracy and relevance of the content.</p>  |
| <p>2. The institution has reviewed and accepted each programs' courses with assigned credit hours or equivalent credit.</p>   | <p>2. Evidence of approval of the curriculum and credit allocation in faculty minutes or institutional catalogue.</p>  |
| <p>C. The curriculum has a logical sequence that provides for the theoretical and clinical experiences needed to achieve program outcomes/objectives.</p>   | <p>C. In the SER, describe the curriculum sequence and provide the rationale for the sequence.</p>   |
| <p>D. The components of the curriculum demonstrate that:</p>  | <p>D. No narrative is required for this stem.</p>  |
| <p>1. <u>Direct entry midwifery programs only:</u><br/>The curriculum is consistent with the current document, <i>The Knowledge, Skills, and Behaviors Prerequisite to Midwifery Clinical Coursework</i>.</p> | <p>1. <u>Direct entry midwifery programs only:</u><br/>In the SER, describe how the curriculum ensures that direct entry students either a) have acquired <i>The Knowledge, Skills, and Behaviors Prerequisite to Midwifery Clinical Coursework</i> prior to entering the program or b) acquire <i>The Knowledge, Skills, and</i></p>            |

*Behaviors Prerequisite to Midwifery Clinical Coursework* in courses taken within each curriculum.

Describe transcript evaluation procedures or course challenge mechanisms for the courses that are prerequisite to the program.

2. *Midwifery programs only:*  
The curriculum is consistent with the current ACNM *Core Competencies for Basic Midwifery Practice*.
2. *Midwifery programs only:*  
Construct a table that shows the location of the *Core Competencies for Basic Midwifery Practice* in the curriculum. This table should appear in the exhibits with the referenced curriculum:
  - For each "Hallmark of Midwifery", give examples (outcomes/objectives, seminars, classes, learning activities) that demonstrate how each is integrated throughout the curriculum.
  - For each competency listed under the four sections of "Components of Midwifery Care", give examples of location in the curriculum with course number, specific outcome(s)/objectives(s), and page number or other device for locating, where each competency can be found.
3. The curricular content and instructional materials of each program are current and in keeping with standards/practice documents of the program specialty (e.g. *ACNM Standards for the Practice of Midwifery* for the midwifery program).
3. In the exhibits, provide samples of course materials/modules for the past two years that reflect current content and references.
4. The instructional methods:
  - a. Vary as appropriate to
4. No narrative is required for this stem.
  - a. In the SER, describe and

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| <p>outcomes/objectives and content of the curriculum.</p> <p>b. Reinforce principles of adult learning.</p> <p>5. Students have the necessary clinical experiences to achieve the outcomes/objectives of the program.</p> | <p>provide examples.</p> <p>b. In the SER, describe and provide examples.</p> <p>5. In the SER, for each program provide a table that details student experiences for the past two completed classes or cohorts (one completed class/cohort for initial accreditation). Student confidentiality must be preserved.</p> |
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For midwifery programs, in the table, detail the number of experiences each student had in each of the following clinical areas.

- a. Preconception care visits
- b. New antepartum visits
- c. Return antepartum visits
- d. Labor management experiences
- e. Births
- f. Newborn assessments
- g. Breastfeeding support visits
- h. Postpartum visits (0-7 days)
- i. Postpartum visits (1-8 weeks)
- j. Primary care visits:
  - 1) common health problems
  - 2) family planning visits
  - 3) gynecologic visits including perimenopausal and postmenopausal visits.

Explain any exceptionally low numbers.

N.B. Some patient encounters may count in more than one category.

For all other programs in the institution, identify major areas of practice within each specialty. In a table, provide the number of experiences and/or clinical hours for

- each student in each of the identified areas of practice.
- E. There is a program evaluation plan for continuous improvement that includes:
1. Data from faculty and student evaluations.
  2. Program attrition rate and the percent of students to complete the program within the expected time.
  3. First time and overall certification pass rates (if appropriate) for all graduates for the last five years. E.g. For midwifery, the AMCB exam.
  4. Graduates' evaluation of the program.
  5. Graduates' employment in the specialty.
  6. Employer satisfaction if applicable.
- E. In the SER, describe the plan for evaluation of each program. Include timelines.
1. In the SER, describe how the data obtained from faculty and student evaluations are used in continuous improvement of the program.
  2. In the SER, provide a table that shows the number of students who enrolled in each program but neither completed the program nor are currently enrolled, for the last five years. Note how many, if any, of the students are on leaves of absence. Describe how this information is used in each program evaluation.
  3. In the SER, provide a table that provides first time and overall certification pass rates for the last five years. Discuss any failure rate greater than 15% and describe how this information is used in program evaluation and improvement.
  4. In the SER, provide a summary of results for the last class surveyed. Describe how this information is used in program evaluation and improvement.
  5. In the SER, provide a summary of results for the last graduate survey. Describe how this information is used in program evaluation and improvement.
  6. In the SER, provide a summary of results for the last employer

survey. Describe how this information is used in program evaluation and improvement.

- F. Allocation of academic credit for clinical hours is consistent with institutional policy and enables students to advance academically.
- F. In the SER, explain institutional policy regarding allocation of academic credit for clinical hours and any discrepancy.
- G. Communication between/among faculty and students occurs on a regular basis.
- G. In the SER, describe methods and systems for regular communication between/among faculty and students.

## CRITERION VI. RESOURCES, FACILITIES AND SERVICES

- A. The institution demonstrates responsibility for providing a safe and secure environment for all members of the institution.
- B. The facilities and staff of the institution are adequate to meet each program's needs. They include:
1. Appropriate physical facilities for faculty, staff, and students.
  2. Learning environment.
  3. Staff support.
  4. Technical and computer support.
- C. The learning resources provide the audiovisual, computer, and library materials needed by faculty and students, including classic and current reference material.

## ELABORATION AND DOCUMENTATION

- A. Provide the comprehensive safety plan and describe how it is developed, implemented and regularly evaluated. The plan should include but not be limited to safe use of laboratory equipment, disaster preparedness and the process of familiarizing all building occupants with emergency evacuation procedures.
- B. No narrative is required for this stem.
- If faculty determines any item in VI.B.1.-4. is inadequate, describe plans to address this problem.
1. In the SER, describe the facilities master plan addressing adequate space, safety and security.
  2. In the SER, describe availability and adequacy of the learning environments in relationship to need, including but not limited to classrooms, conference rooms and laboratories.
  3. In the SER, describe how staff services are allocated if they are adequate.
  4. In the SER, describe accessibility and availability of technical and computer support for teaching/learning activities including distance education.
- C. In the SER, describe learning resources available and accessible through the institution, including those used by faculty and students.

D. Clinical facilities are sufficient, available, and appropriate for student educational experiences. This includes:

1. Space for instructional and non-instructional needs of faculty and students.
2. The clinical resources are sufficient to assure that the program outcomes/objectives are achievable.

D. No narrative is required for this stem.

1. In the SER, describe space for patient care, student conferences, and place for sleeping, if applicable. Describe how faculty and students overcome the problem when private space is not available.
2. In the SER, provide a table that documents availability of sufficient clinical experience for the number students in the program. Include only volume available to students during their time at the site. Only include clinical experiences where the student can be actively involved in delivery of care.

*For midwifery programs only:*

A guideline for determining sufficiency is the following minimum numbers per midwifery student.

- a. 10 Preconception care visits
- b. 15 New antepartum visits
- c. 70 Return antepartum visits
- d. 20 Labor management experiences
- e. 20 Births
- f. 20 Newborn assessments
- g. 10 Breastfeeding support visits
- h. 20 Postpartum visits (0-7 days)
- i. 15 Postpartum visits (1-8 weeks)
- j. Primary care visits:
  - 1) 40 common health problems
  - 2) 20 family planning visits
  - 3) 40 gynecologic visits including perimenopausal

and postmenopausal visits.

N.B. Individual midwifery students within each cohort will need different amounts and types of experiences to achieve competency. Therefore, these numbers are guidelines for overall needed program resources: This criterion addresses program resources as a whole, and does not establish numbers of experiences needed for an individual student to achieve competency.

For VI.D.2.a.–j., "visits" do not mean unduplicated patient care activities. For example, preconceptional care and counseling may be included as part of the annual gynecologic, family planning or primary care visits and may be tallied in more than one category. Postpartum visits may include family planning and preconceptional content. Common health problems may include primary care management of common health problems during preconception, antepartum, postpartum, family planning, and gynecological visits.

For all other programs, provide a definition of "sufficient clinical experiences" by major areas of practice within each specialty as identified in V.D.5. and document where sufficient experiences are available (numbers or hours).

3. Direct entry midwifery programs only:  
Patient population is large and diverse enough in both in-hospital

3. Direct entry midwifery programs only:  
Identify the diverse in-hospital and out-of-hospital clinical settings that

and out-of-hospital settings so students can acquire the elements contained within *The Knowledge, Skills, and Behaviors Prerequisite to Midwifery Clinical Coursework* document (if not acquired prior to entry into the program).

4. Current written policies and practice guidelines for practice that are consistent with the specialty when available (e.g. *ACNM Standards for the Practice of Midwifery*.)

5. Initial and periodic evaluation site visits to clinical facilities are conducted.

allow for the acquisition of these skills and competencies.

4. While a detailed comparison is not required among policies and practice guidelines, students should be sent only to practice sites whose policies and practice guidelines are consistent with current standards. E.g. All midwifery practice guidelines should be consistent with the *ACNM Standards for the Practice of Midwifery*.

In the exhibits: documentation may include 1) written evidence of peer review of the practice, or 2) faculty review of policies and practice guidelines during site visits or 3) clinical practice guidelines. Faculty review of clinical sites may be shared among ACME accredited education programs.

5. In the SER, document adequacy of clinical sites to facilitate student attainment of program outcomes/objectives. Evaluation of the quality of the environment, availability of the preceptors and other educational experiences available must be included in this evaluation. Faculty review of clinical sites may be shared among ACME accredited education programs.

## CRITERION VII. FINANCIAL RESOURCES

- A. The institution and each program within the institution have financial resources that enable it to meet program outcomes/objectives.
- B. The financial functions must be under the direction of a qualified financial officer.
- C. The institution must have an appropriately detailed annual budget that indicates adequate support for all of its programs and services.
- D. There is a mechanism within the institution for development, approval and implementation of the budget and that provides budgetary oversight.
- E. The institution must maintain accounting records that are based on generally accepted accounting principles.
  - 1. The financial officer must prepare periodic written financial reports for the Governing Board.
- F. The institution has a program to evaluate the risk of liability and has adequate insurance to cover such risks.
  - 1. The insurance program will provide replacement protection for all

## ELABORATION AND DOCUMENTATION

- A. Describe the means by which the Governing Board ensures that financial resources are adequate to provide a sound educational program. In the SER, describe financial resources, how they enable each program to meet its outcomes/objectives and plans for continuing each program if current funding (internal or external) were discontinued.
- B. Provide the name and credentials of the financial officer and provide CV of this individual in the Exhibits.
- C. Provide in exhibits, the last two annual budgets for review.
- D. Describe the mechanism for budget review and oversight including frequency of audits. In the Exhibits, provide the institutional audits for the 2 preceding fiscal years.
- E. Describe the accounting system utilized by the institution. This system is consistent with the institution's business designation, e.g. proprietary-not for profit, 501(c)3.
  - 1. Provide copies of the written financial reports to the institution's designated officials.
- F. Describe the risk management program and provide documentation of coverage.
  - 1. Provide copies of the insurance policy where these elements are

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| <p>physical facilities.</p> <p>2. Provide insurance coverage as required by the state or legal jurisdiction in which they operate, including participation in the workman's compensation program.</p> <p>3. The insurance program will have liability coverage for faculty.</p> <p>4. The institution ensures that there is liability insurance available for students.</p>  | <p>documented.</p> <p>2. Provide documentation of this insurance coverage.</p> <p>3. Provide copies of the insurance policy where these elements are documented.</p> <p>4. Provide evidence that students are covered by liability insurance for activities related to their program of study.</p>  |
| <p>G. The institution is in compliance with its program responsibilities under Title IV of the 1998 Higher Education Amendments.</p> <p>1. Any institution that participates in the Title IV financial aid process must maintain a record of compliance with the program responsibilities under Title IV of the 1998 Higher Education Act or risk loss of federal aid.</p> <p>1. a The institution must submit for ACNM review any information submitted by the institution to or provided by the U.S. Department of Education related to continued compliance with Title IV provisions.</p> | <p>G. Submit results of the annual independent institutional audit including the operation of the Federal Student Aid programs for the past three years.</p> <p>In the SER, include the following:</p> <p>a. Copies of all recent, relevant correspondence from the U.S. Department of Education including annual report of loan default rate and evidence of periodic re-certification from the USDE.</p> <p>b. Copies of any institutional responses to the U.S. Department of Education correspondence.</p> <p>c. Copies of any reports on compliance from the U.S. Department of Education.</p> |
| <p>H. If the institution has an advancement program, it must be directly related to the mission of the institution.</p>  | <p>H. Describe the advancement program and dispersion of funds.</p>   |

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