

To: ACME Midwifery Program Directors
From: Gretchen Mettler, PhD, CNM, ACME Board of Review
CC: ACME Board of Review
Date: March 12, 2020
Subject: Distance instruction and education plan during COVID-19 Pandemic

With the impact of the COVID-19 Pandemic on higher education institutions and your midwifery programs we created the following Q & A to assist in helping you navigate ACME's requirements to stay in compliance.

Q. Do I need to let ACME know in a formal way how we are considering substitute experiences if we can't bring students to campus before they are due to begin their clinical rotations?

A. Since everyone is going to be dealing with remote students and distance instruction for the time being, you do not need to notify us about your intentions.

You are required to document how you accomplished your curriculum, program goals and objectives because it may be necessary to answer an AMR question or describe an example of innovations in teaching for an SER.

If this crisis persists past the end of the June, 2020, ACME will reevaluate our position and inform you if we require any reports.

Q. Clinical Experiences and numbers. What if we have students who are not going to be able to finish their clinical rotations because of the COVID-19 Pandemic?

Remember the issue is clinical competence. Students need to demonstrate competence.

In criterion V. F. The midwifery program secures clinical sites for students that provide access to clinical experiences to ensure that each student has opportunity to attain competence in the midwifery practice areas of primary care, gynecologic, antepartum, intrapartum, postpartum, and newborn care.

F. Describe how student clinical experiences are monitored. Explain how competence is assured if student experience numbers fall below those listed in this criterion. In the SER appendix, provide a table that details the number of clinical experiences each student had in the specified clinical areas for the past two completed classes or cohorts as defined by the midwifery program (one completed class/cohort for initial accreditation. Some clinical encounters may count in more than one category. Do not disclose the identity of students or the recipients of care. While an absolute number of clinical experiences is not required for program accreditation, these recommendations guide programs in selecting clinical sites and assuring adequate experience for competence across the full scope of midwifery practice. See Appendix H: Clinical Experiences Template for Criterion V.F. in this document for a sample table.

Clinical Experiences:

Primary care 40 Includes common acute and stable chronic health conditions.

Gynecologic care 80 Includes preconception, contraception, adolescent, perimenopausal, and postmenopausal.

Antepartum care 100 Includes new and return prenatal care across gestational ages.

Intrapartum care 60* Includes labor assessment, labor management, and births. *Includes access to or opportunity to attend at least 35 births.

Postpartum care 50 Includes postpartum visits (0-7 days), up to 8 weeks postpartum, and breastfeeding support.

Newborn Care 30 Includes newborn assessment and anticipatory guidance.

Q. Our second-year students complete their integration next month- what happens if they don't meet clinical minimums? Most of our students have met the numbers in all areas except for births.

A. Would you or their preceptors consider them "competent" with the numbers that they have or will have at whatever point they can't be in clinical? If not, then the program will need to address how to ensure students can gain access to clinical experiences once the Pandemic comes to an end. It would be irresponsible to the student and of the program to graduate anyone who does not demonstrate competence and the program would grossly be out of compliance with ACME's criteria.

Q. Are there any simulation alternatives acceptable for birth?

A. Simulation is not clinical experience.

Q. Would you consider going back to the 20-birth minimum as set before?

A. ACME's criterion V. F. requires, Intrapartum care 60* Includes labor assessment, labor management, and births. *Includes access to or opportunity to attend at least 35 births.

If you feel someone is truly competent with 20 births, you can certify that. It is ACME's position that most students cannot demonstrate competence at that number.

Q. Can we consider attending cesareans as "access to" a birth?

A. No.

Q. Will my site visit happen as planned?

A. All site visits for Spring 2020 have been indefinitely postponed. The site visits for Fall 2020 are still proceeding as scheduled, but Federal government advice regarding the pandemic may affect that schedule.

For further questions about ACME, please do not hesitate to contact Gretchen Mettler, CNM, Chair Board of Review at ggm@case.edu or 216 798 1255.