

# ACME | ACCREDITATION COMMISSION for MIDWIFERY EDUCATION

To: ACME Midwifery Program Directors  
From: Gretchen Mettler, PhD, CNM, ACME Board of Review  
CC: ACME Board of Review, ACME Board of Commissioners  
Date: March 19, 2020  
Subject: Distance instruction and education plan during COVID-19 Pandemic (Update #2)

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With the impact of the COVID-19 Pandemic on higher education institutions and your midwifery programs, ACME created the following Q & A to assist in helping you navigate ACME's requirements to stay in compliance with ACME criteria. All spring 2020 Site Visits have been postponed. At this time, we are monitoring the situation concerning fall 2020 site visits.

**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, at this time there is no substantive change requirement and you do not need to notify us about your intentions formally.

You are required to document how you accomplished your curriculum, program goals and objectives. We will be including additional questions in the AMR for reporting period January 1-December 31, 2020. Please be prepared to elaborate in detail what actions you took. This will afford you an opportunity to highlight your innovations.

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 and, students must 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. How strict is ACME on the 35 births? We have a student who has met all the criteria except she was at 18 births when we stopped clinicals. Do I need to petition ACME or AMCB?**

A. ACME has never counted hours. We have always counted competency. The "numbers" the criteria supply, are [access to experiences](https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000007786/ACMECriteriaforProgrammaticAccreditationFinalCopyrightMay2019(RevisedMarch2020).pdf) the program provides. The current Criteria for Programmatic Accreditation ([https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000007786/ACMECriteriaforProgrammaticAccreditationFinalCopyrightMay2019\(RevisedMarch2020\).pdf](https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000007786/ACMECriteriaforProgrammaticAccreditationFinalCopyrightMay2019(RevisedMarch2020).pdf)), uses Criterion V.F. to list the clinical experiences the program needs to provide to students to ensure that each student has those opportunities to attain competence.

Once the program has defined its concept of competence, and if the program has determined students have demonstrated they have attained competence, the program can permit them to graduate. If this student appears in the program's "table of numbers of experiences" in the SER, then the program will need to explain in great detail in the SER why you judge this student with low numbers is competent. I don't know how any student can have enough inductions, post-partum hemorrhages, questionable tracings, stalled labors, labor support opportunities or shoulder dystocia's to be competent at 18 births unless every single birth he/she attended had problems that she/he managed to completion. In these trying times I suspect we're all going to be pushed to verify that students are ready to graduate.

**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. No. The criteria were adopted in May 2019; programs have been given a year to come into compliance.

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 as the program director feel someone is truly competent with 20 births, you will need to explain how you determined they are competent as well as certify that they are competent. It is ACME's position that only very rare students can demonstrate competence with 20 births.

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

A. No.

**Q. What if graduation is delayed? How will that affect, if at all, my program's accreditation status?**

These are emergency times; if graduation must be delayed it is probably because the whole situation for the student/s is out of the program's hands. For example, sites won't let students practice there, virus hits huge numbers of people locally and everyone is sheltering in place, etc. It is critical and important to have well drafted documentation detailing what is happening within your program and why graduation needed to be delayed.

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