



**meac**  
midwifery education  
accreditation council

## Section F: Site Visit Preparation Manual

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# The MEAC Accreditation Site Visit

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## Introduction

This site visit manual has been prepared by MEAC staff to facilitate the site visit process for both the school and the Site Visit Team. This manual guides accreditation teams conducting site visits and the institutions applying for accreditation. Accreditation is crucial for ensuring quality and accountability in higher education, and site visits play a vital role in this process.

## The Site Visit and Its Objectives

The MEAC accreditation process includes a site visit to the institution and interviews of students, graduates, faculty, administrative staff, and other relevant parties to verify that the information provided in the Self-Evaluation Report (SER) is accurate and complete and that the program or institution is in compliance with MEAC standards. Each site visit will include a standard list of audits, interviews, and other information-gathering methods, as detailed below. The site visit will also include follow-up on any particular concerns identified during MEAC's review of the SER and/or comments received from third parties. The site visit may also include gathering information on other accreditation matters such as substantive change applications, annual report follow-up, and/or complaints filed with MEAC against an accredited institution or program.

## The Site Visit Team

Site visitors are midwifery or accreditation professionals interested in the institution/program's continued improvement and success. The Site Visit Team (SVT) comprises one-two independent reviewers (Accreditation Review Committee - ARC) and MEAC's Director of Accreditation.

The site visit is conducted by members of the Accreditation Review Committee (ARC) appointed to evaluate the institution's or program's compliance with MEAC Standards, with support from MEAC staff. Site visits are typically two to three days long, depending on the size and complexity of the institution to be visited, travel considerations, and the availability of critical people. Interviews may occur before, during, and/or after the site visit.

MEAC works with the institution to establish the best time for the site visit and a tentative schedule of activities for the actual visit. During the visit, ARC members, with support from MEAC staff, will audit files, examine records, tour facilities, and conduct interviews. They will use standardized forms to organize and document their work.

At the end of the visit, the site visitors will provide a verbal summary of their findings to representatives of the institution, reporting its strengths and weaknesses regarding compliance with the standards. A written report summarizing the results of the ARC's review of the SER, site visit, and interviews will be prepared by the ARC and sent

to the school. The institution will be able to respond to the report and provide any missing or new information before the ARC's final report is sent to the MEAC Board of Directors for an accreditation decision.

## MEAC's Responsibilities

- MEAC will provide the institution with a site visit schedule and additional instructions before the site visit.
- MEAC will make all travel and lodging arrangements for the site visitors but may ask the institution to provide a list of affordable lodging options, driving instructions, and so on.

## ARC Responsibilities During Site Visits and Interviews

The tasks below will be performed during the site visit itself and in interviews that may take place before, during, or after the site visit. When the term audit is used in this context, the site visitors will randomly select 10% of the total in that category for review. If the category is small enough that selecting 10% of files would result in fewer than 3, the ARC will review a minimum of 3. They may review more than the minimum or even all of the files if their initial audit indicates a need for further verification or to follow up on concerns raised in the SER or other parts of the review.

The items listed on the following pages are a part of each site visit (unless a given benchmark is not applicable). As described above, additional audits/observations/interviews may be part of the site visit based on the ARC's review of the SER and other materials.

## **Standard I: Mission, Program Assessment, and Student Achievement**

- IC1, IC2:
  - Audit student and/or graduate files to verify data provided in the Student Completion and Retention Report.
- IC3:
  - Audit graduate files to verify data provided in the Graduate Placement Report.
- IC4:
  - Audit graduate files to verify data provided in the Graduate Placement Report. They will look for documented evidence such as copies of NARM certification, state/provincial licensure, or records of website or phone confirmation with certifying or licensing authorities. Site Visitors may also contact certifying or licensing authorities to verify the institution's reports. Site Visitors may also look for evidence (e.g., midwife's business website, brochure, or Yellow Pages listing, or confirmation from an employer or colleague) that the graduate is working as a midwife or in related fields or is continuing her education in related fields.

## **Standard II: Curricula**

- II.A3:
  - Audit curriculum files to verify information provided in the Curriculum Checklist of Essential Competencies Worksheet. (Audit a minimum of 10% of competencies—the proportion of courses selected depends on the organization of the curriculum.)
- II.A4:
  - Audit student and/or graduate files or other documentation to verify that students obtain the clinical experience required for national certification by NARM as indicated in the NARM Clinical Experiences Requirements Chart.
- II.B1:
  - Audit curriculum files to verify that syllabi specify learning objectives, learning activities, learning resources, and evaluation tools/methods. This audit includes courses offered by distance or correspondence education.
  - Interview students and faculty to verify that the course materials distributed to students contain the required information.
- II.B4:
  - Review curriculum files for the course(s) listed in the SER to verify that students are introduced to the Midwives Model of CareTM.
- II.B5:
  - Interview students to verify that students engage in learning activities designed to prepare students to provide midwifery care to all mothers, babies, and families, including individuals from populations and cultures different from theirs.
- II.C1:
  - Audit student and/or graduate files to verify documentation of competencies as indicated in the Curriculum Checklist of Essential Competencies Worksheet. (Audit a minimum of 10% of skill/ability competencies.)
- II.E1: (Institutional + degree-granting only)
  - Audit curriculum files, admissions records, transcripts, or other permanent student records or other documentation to verify that students obtain the general education components described by the institution.
- II.E2: (Institutional + degree-granting only)
  - Audit course files, student and/or graduate files, or other evidence to determine if the stated criteria were applied when assessing the level of study and quality of work required for the degree(s) offered.

- II.E3: (Institutional + master/doctoral degrees only)
  - Review recent projects, theses, or dissertations to determine if these criteria were applied when assessing student work.

### Standard III: Faculty

- III.A1:
  - Audit faculty files to verify information provided in the Faculty Table. Site visitors will look for documentation, including current relevant certification and/or licensure, and documentation of the 2-year experience requirement. If the institution/program has made any exceptions to the experience requirements, site visitors will review supporting documentation justifying the faculty member's qualification.
  - Interview faculty members to verify qualifications, including at least 2 years of experience.
- III.A2:
  - Audit faculty files to verify information provided in the Faculty Table. Site visitors will look for evidence of degrees/certificates, such as transcripts or diplomas, and documentation of meeting the 3-year experience requirement as appropriate.
  - Interview faculty members to verify qualifications.
- III.A3:
  - Audit faculty files to verify information provided in the Faculty Table.
  - Interview faculty members to verify qualifications.
- III.A4:
  - Audit faculty files to verify information provided in the Faculty Table.
  - Interview faculty members to verify qualifications.
- III.B1:
  - Interview faculty members to verify that they receive the required training and orientation.
- III.B2:
  - Interview faculty members to verify that they have the required opportunities.
- III.B3: (Distance education only)
  - Interview faculty members to verify that they receive training, assistance, and support.
- III.C1:
  - Audit faculty files to verify that performance evaluations have been completed and any weaknesses have been addressed, including those related to distance or correspondence education teaching, if applicable.
  - Interview faculty members to verify that they are regularly evaluated.
- III.C2:
  - Interview students, graduates, and faculty to verify that faculty is adequate to support student achievement of program goals, including distance or correspondence education courses, if applicable.
- III.C3:
  - Interview faculty members to verify that a midwife manages, supports, and monitors them.
- III.D1:
  - Interview faculty members to verify that they have the right to participate in the listed activities and to verify participation.

- III.D2:
  - Audit faculty files (including those of preceptors) to verify that job descriptions or other relevant documents are current and specify rights and responsibilities, including any related to distance or correspondence teaching, if applicable.
- III.D3:
  - Interview faculty members to verify that they can work cooperatively in facilitating, direct observation, and evaluating students' learning.
- III.E1: (Institutional + degree-granting only)
  - Audit course instructor files to verify information presented in the Faculty Table.
- III.E2: (Institutional + degree-granting only)
  - Examine faculty files to verify that qualified faculty supervise course instructors who do not hold the degrees described.
  - Interview faculty members to verify that those without degrees at the degree level they teach or higher are appropriately supervised.

#### **Standard IV: Facilities, Equipment, Supplies, and Other Resources**

- IV.A1, IV.A2, IV.A4:
  - Tour facilities to observe classrooms, teaching aids, equipment, and supplies as described in the SER. When all or part of the midwifery education program is delivered through distance learning methods, site visitors will observe examples of methods used for course instruction and technical support available to students and faculty.
  - Interview students and faculty to verify that facilities, teaching aids, equipment, and supplies are adequately maintained to meet students' needs and that universal precautions, hazardous waste, and hazardous materials management protocols are used as described. When all or part of the midwifery education program is delivered through distance learning methods, Site Visitors will interview students and faculty to verify that the methods, technology, and support available meet student needs.
- IV.B1, IV.B3:
  - Tour the library to verify that resources are current and adequate and references include, at a minimum, those specified in Benchmark IV.B1.
  - When students and/or faculty are not regularly on-site, verify how students can access the library. (Applies to institutions/programs with distance or correspondence education components)
  - Interview students and faculty to verify that the library resources are current and adequate to meet their needs and that the required references are available.
  - Interview students and faculty who participate in distance or correspondence education (if applicable) to verify that they have access to the library resources.
- IV.B2:
  - Interview students and faculty to verify their access to the required training and information.
- IV.B4:
  - Interview students to verify that they learn appropriate methods for online knowledge acquisition.
- IV.C1:
  - Audit clinical site files to verify the information on the clinical site table.

- Interview students, graduates, and administrative staff to verify that the institution/program follows through on the stated plan for assuring sufficient clinical sites to meet the needs of students who are ready for clinical training.
- IV.C2:
  - Interview students to verify that clinical site facilities, equipment, and supplies are sufficient.
- IV.C3:
  - Audit clinical site files (or other appropriate documents) for evidence of ongoing review.
- IV.C4:
  - Audit clinical site files to verify that agreements or other documentation used by the institution verify that clinical site facilities, equipment, and supplies meet the safety standards described in the agreements.
- IV.D1:
  - Tour administrative office facilities to ensure that facilities, equipment, technology, and supplies are as described in the SER and meet the needs of the program/institution.
  - Interview administrative staff to verify that administrative office facilities, equipment, technology, and supplies meet the program's/institution's needs.
- IV.D2:
  - Interview the technology staff to verify the information presented in SER.
- IV.D6:
  - Interview faculty, staff, and students to verify that they are supported in developing and using new technologies.
- IV.E1: (Institutional + degree-granting only)
  - Interview students, graduates, and faculty to verify that library resources are sufficient for advanced scholarship and research.

**Standard V: Governance, Financial Management, and Administrative Capacity (Institutional Version—see below for Programmatic Version)**

- V.A1: (Institutional)
  - Interview board members to verify that governance occurs as described in the SER.
- V.B1: (Institutional)
  - Examine financial records, meeting minutes, and other documentation to verify that policies and procedures are followed in each area listed.
  - Interview students, including those participating in distance or correspondence education, if applicable, to verify that students are provided with receipts and have access to their ledgers on a timely basis.
- V.C2: (Institutional)
  - Audit administrative staff files to verify that job descriptions and employment contracts are current and that staff meet the qualifications established by the institution. If applicable, verify that job descriptions and employment contracts contain references to specific responsibilities relevant to distance or correspondence education.
  - Interview administrative staff to verify that administrative functions (including, if applicable, administrative functions specific to distance or correspondence education) are performed as described in the SER.
- V.C4: (Institutional)
  - Audit administrative staff files to verify that annual evaluations are performed as described in the SER.
- V.C5: (Institutional)

- Review relevant evidence that the annual review of administrative capacity is carried out as described in the SER.
- V.C6: (Institutional)
  - Verify that records retention is carried out as described in the SER.
- V.D2: (Institutional)
  - If applicable, verify that the institution remains in good standing with any other agencies by which it is accredited.
- V.D3: (Institutional)
  - Verify that student transcripts are protected from damage or loss, securely stored, and made permanently accessible in compliance with FERPA.

## **Standard V: Governance, Financial Management, and Administrative Capacity (Programmatic Version—see above for Institutional Version)**

- V.A1: (Programmatic)
  - Interview appropriate institutional staff to verify that the program participates in governance as described in the SER.
- V.B1: (Programmatic)
  - Interview appropriate institutional staff to verify that the program has adequate institutional support as described in the SER.
- V.C2: (Programmatic)
  - Audit administrative staff files to verify that job descriptions and employment contracts are current and that staff meet the qualifications established by the institution. If applicable, verify that job descriptions and employment contracts contain references to specific responsibilities relevant to distance or correspondence education.
  - Interview administrative staff to verify that administrative functions (including, if applicable, administrative functions specific to distance or correspondence education) are performed as described in the SER.
- V.D1: (Programmatic)
  - Verify that the institution remains in good standing with its institutional accreditor.
- V.D3: (Programmatic)
  - If applicable, verify that the program remains in good standing with any other agencies by which it is accredited.
- V.D4: (Programmatic)
  - Verify that student transcripts are protected from damage or loss, securely stored, and made permanently accessible in compliance with FERPA.

## **Standard VI: Student Services**

- VI.A1:
  - Interview students to verify that the student services listed are provided as described in the SER, including to students participating in distance or correspondence education, if applicable.
- VI.B1: (Distance education only)
  - Interview students to verify that technical assistance and support are provided as described in the SER.

## **Standard VII: Student Affairs**

- VII.A1:

- Audit student files and/or admissions files to verify that policies and procedures for the selection and admission of students are followed, including for students who plan to enroll in distance or correspondence education, if applicable.
- VII.A2:
  - Audit student files to verify that individual student enrollment agreements are current and complete. This includes students enrolled in distance or correspondence education, whose enrollment agreements must reference the nature and scope of the distance or correspondence program.
  - Interview students to ensure they are aware of and understand the terms of their enrollment agreements.
- VII.A3 (Programmatic)/VII.A4 (Institutional):
  - Audit student files and/or transcripts to verify that the policies and procedures for transfer of credit, prior learning assessment, and advanced placement are followed as described in the SER.
- VII.C1:
  - Audit student files, graduate files, and/or transcripts (including those of students participating in distance and/or correspondence education, if applicable) to verify that the policies and procedures for monitoring, enforcing, and notification of satisfactory academic progress are followed.
- VII.C2:
  - Audit student files, graduate files, and/or transcripts (including those of students participating in distance and/or correspondence education, if applicable) to verify that the policies and procedures regarding academic honesty are followed.
- VII.D1: (Institutional)
  - Audit transcripts (including those of students participating in distance and/or correspondence education, if applicable) to verify that they have been prepared and maintained as described in the SER.
- VII.D2 (Institutional)/VII.D1 (Programmatic)
  - Examine survey forms, meeting minutes, and other evidence provided by the institution/program to verify that students (including, if applicable, those enrolled in distance or correspondence education) participate in curriculum evaluation, program planning and evaluation, faculty evaluation, student services evaluation, and policy-making activities.
  - Interview students (including, if applicable, those enrolled in distance or correspondence education) to verify their participation in program planning and evaluation, faculty evaluation, student services evaluation, and policy-making activities.
- VII.D3: (Institutional)
  - Audit student files (including those of students participating in distance and/or correspondence education, if applicable) to verify tuition and fees cancellation and refunds, which are handed out as indicated in the SER.

## Standard VIII: Measure of Program Length

- VIII.A1:
  - Audit graduate files and/or transcripts to verify that the graduates complete the program within the minimum and maximum timeframes stated in the SER.
- VIII.B1:
  - Audit curriculum, student files, and/or graduate files to verify that credits are awarded based on the required formula described by the institution and that credit hours awarded for preceptorships or other clinical instruction must be based on a record of a minimum number of actual clinical contact hours.

- VIII.C1: (Institutional + degree-granting only)
  - Audit curriculum files, graduate transcripts, or other permanent student records to verify that degree programs meet the minimum total semester/quarter credits.

## **Standard IX: Complaints and Grievances**

- IX.A1:
  - Interview students, faculty, and staff to verify that the complaint and/or grievance policy is available.
- IX.A2:
  - Interview students, faculty, and staff to verify that individuals are not discriminated against for making a complaint.
- IX.A3:
  - Audit complaint and grievance records to verify that policies and procedures are followed and applied fairly and consistently, and protect confidentiality (including for students enrolled in distance or correspondence education, if applicable).
- IX.B1:
  - Review complaint and grievance records to verify that these records are available for MEAC inspection and retained for at least seven years.
- IX.C1:
  - Interview students to verify that they have been informed about the grievance policies and contact information for MEAC and any relevant state regulatory bodies.

## Preparing for the Site Visit

The institution will be asked to provide several potential dates for the site visit. The primary person responsible for MEAC accreditation at the institution/program must be on-site and available throughout the site visit. Other individuals responsible for verifying the information during the site visit must also be available on-site or by phone for any questions.

## General Instructions

The host institution will undertake much preparatory work before the visit. The Self-Evaluation Report (SER) is the significant result of this effort. Other actions the host institution may include, but are not limited to:

1. All individuals involved in site visit preparation should read this manual. An evident appreciation of the Site Visit Team's objectives, procedures, and responsibilities will make the site visit smoother and more productive.
2. Enough notice should be given to everyone at the institution who will participate in the site visit to complete the site visit on schedule.
  - a. The program head/department head/director of education should provide a detailed draft schedule that includes the names of interviewees, their roles and office locations, and any other places the SVT will visit to MEAC's Director of Accreditation at least two weeks before the visit.
3. The individual(s) who will head the site visit at the host institution should brief all participating administrators, faculty, and students on what to expect during the visit.
4. Reserve a secure location (classroom, conference room, etc.) where the Site Visit Team can examine all related documents simultaneously.
5. Think of the Site Visit as a time to show off your institution/program to MEAC's SVT.
  - a. Prepare to give a tour of the facilities to the SVT.
  - b. Provide all documentation supplied as part of the SER (see 6b below).
    - i. Be prepared for the SVT to do random checks of student and faculty files.
6. Any materials used in the preparation of the SER, for example, the files (or a sample) of an entering cohort, which were included in the retention report, should be organized and available to the SVT.
  - a. See the section titled "[A Review of Program's Records](#)" to see what documents need to be included.
  - b. Documents may be shared via Dropbox or a similar cloud drive, on a flash drive, or on paper (this is the least desirable choice).
7. Before the visit, the institution will be asked to provide current contact information (phone numbers and/or email addresses) for the following:
  - a. All students and former students listed on the Student Completion and Retention Report are submitted with the SER.
  - b. Any new matriculating students enrolled since the SER was submitted.
  - c. All graduates listed on the Graduate Placement Report submitted with the SER.

- d. All faculty members, including preceptors, listed in the Faculty Table submitted with the SER
- e. New faculty who began teaching since the SER was submitted.

8. Finally, every effort should be made to ensure that the site visit is a cooperative, collegial experience and not an adversarial encounter, and that no one involved perceives it as such. The officials in charge of the program's Self-Evaluation Report, those responsible for site visit preparation, and the MEAC SVT should take every possible occasion to reinforce this understanding.

## Preparing Documentation - Specific Instructions

In addition to the above Site Visit instructions, providing access to records requires some specific instructions.

1. Create a Virtual Site Visit Dropbox, Google Drive, or any secure file storage that your institution uses.
  - a. Create a folder for each Standard and Subfolders for that Standard's Benchmarks.
  - b. Clearly label all exhibits:
    - i. Example: III.A3: Academic Faculty Resumes and Certifications
2. Provide access to a sampling of courses (you will receive a list of courses to provide ahead of time) in your Learning Management System (Canvas, Google Classroom, etc.)
  - a. You can create a dummy username and password for the site visitors and delete them after the site visit is complete.
3. Be prepared to provide a walk-through of classrooms, administrative offices, library, and resource centers.

## Setting Up Interviews

The SVT will interview the following school personnel:

1. School president/executive director
2. Academic director
3. Clinical director
4. Student service individuals who oversee:
  - a. Admissions
  - b. Orientation
  - c. Academic help (tutoring, library services, etc)
5. Financial aid officer (if the school offers financial aid)
  - a. Schools offering financial aid must have a separate individual who disperses the funds
6. Two academic faculty
7. Two clinical faculty (preceptors)

## Surveys

MEAC will provide surveys to the school to distribute to current and former students at least three weeks prior to the site visit. The goal is to get at least 10% of each group to respond.

## Record Review

It is essential to audit the records supporting the SER adequately. The institution/program should make available records relevant to specific standards identified by the SER. Some materials that should be available include, but are not limited to:

- Student handbook
- Clinic handbook
- Faculty/employee handbooks
- Catalog
- Organizational chart
- College policies and procedures
- Advertising materials
- Copies of the course syllabi
- Faculty meeting minutes
- Administration meeting minutes
- Program Advisory Board meeting minutes
- Lists of student files, current and past 3 years
- Copies of course evaluation forms and clinic evaluation forms (student and supervisor/site)
- Copies of employer, graduate, and exit surveys
- Data compiled from student assessments

## File Audits

### Student Files

#### Current Students

For programs with 20 or less students, ARC will review all students. For programs with 21-60 students, ARC will randomly select 40% of the students. For programs with 60-100 students, ARC will randomly select 20% of the students. For programs with 101-200 students, ARC will randomly select 10% of the students. For programs with more than 201 students, ARC will randomly select 5% of the students. At least one week prior to the site visit, the school will send the Director of Accreditation (DA) a list of all current students (preferably in Excel or Google Sheets). Within 48 hours of receipt, the DA will send the list of students that will be audited. The files should include the following items:

1. Enrollment and admissions documents
  - a. Application
  - b. Enrollment Agreement
  - c. Transcripts (any college transfer) or diploma (high school)
2. Academic records
  - a. Any academic interventions (for poor grades, failure to progress, etc.)
  - b. Unofficial transcripts through the semester prior to the site visit
  - c. Satisfactory academic progress
3. Clinical records

- a. Complete preceptor forms
  - b. NARM clinical experiences
  - c. Clinical day/skills day documentation (if applicable)
4. Other documentation may be requested during the site visit

## Alumni

The number of alumni to be audited will depend on how long the program has been in operation and how many graduates the program has. For example, if a program has graduated only one cohort of less than 20 students, ARC will review student files for all alumni. If the program has been accredited for a full cycle (typically six years). At least one week before the site visit, the school will provide the Director of Accreditation with a list of all graduates (preferably in Excel or Google Sheets). Within 48 hours of receipt, the DA will send the list of students that will be audited. The files should include the following items:

1. Enrollment and admissions documents
  - a. Application
  - b. Enrollment Agreement
  - c. Transcripts (any college transfer) or diploma (high school)
2. Academic records
  - a. Official transcript provided to the student at graduation
3. Clinical records
  - a. Complete preceptor forms
  - b. NARM clinical experiences
  - c. Clinical day/skills day documentation (if applicable)
4. NARM certification (if applicable)
5. Employment verification (if available)

*Note: Reviewers will sign FERPA agreement.*

## Curriculum Files

During the curriculum file review, ARC will verify the information provided on the MEAC Checklist of Essential Competencies. At least one week prior to the site visit, the school will provide a list of courses, indicating what year/semester in which each course is taught (preferably in Excel or Google Sheets). Within 48 hours of receipt, the DA will send the school a list of courses that will be audited. The school will provide the following documents for all courses:

1. Course syllabi

For the courses selected, the course files should include the following items:

1. Access to all reading materials (if possible)
2. Three examples of learning activities from each selected course
3. Three examples of assessments from each selected course (try to include a mix of assessment types; quizzes, papers, discussions)

## Faculty Files

### Academic Faculty

Provide all faculty files for academic faculty who have taught for the school during the last two years of the previous accreditation period and/or are currently teaching. The files should include the following items:

1. Credentials (if faculty do not have the required credentials, provide an explanation of their qualification)
  - a. Proof of education
  - b. CV or resume
  - c. Proof of experience
  - d. NARM certification
2. Proof of orientation/training in the following:
  - a. Mission, goals, values, and educational philosophy of the program
  - b. Principles of adult learning
  - c. Competency-based education
  - d. Fair use (copyright)
  - e. Plagiarism
  - f. HIPAA
  - g. FERPA
  - h. Sexual harassment
  - i. Informed decision-making
  - j. Online teaching
3. Proof of professional development
  - a. Training and support in developing course materials and curriculum
  - b. Training in adult learning and teaching methods in the classroom setting
  - c. Best practices in student assessment techniques in the classroom setting
  - d. Training in current classroom-educational technologies
  - e. Opportunities to keep up-to-date on current research in midwifery practice and perinatal care
4. Evidence of yearly faculty evaluation

### Clinical Faculty

The school will provide the Director of Accreditation with a list of all preceptors (preferably in Excel or Google Sheets). At least one week before the site visit, the school will provide the Director of Accreditation with a list of all preceptors (preferably in Excel or Google Sheets). Within 48 hours of receipt, the DA will send a list of preceptors that will be audited. The DA will randomly select an appropriate number of preceptors to audit. The files should include the following items:

1. Credentials
  - a. Proof of education
  - b. CV or resume
  - c. Proof of experience
  - d. NARM certification
2. Proof of orientation/training in the following:
  - a. Mission, goals, values, and educational philosophy of the program
  - b. Principles of adult learning

- c. Competency-based education
- d. Fair use (copyright)
- e. Plagiarism
- f. HIPAA
- g. FERPA
- h. Sexual harassment
- i. Informed decision-making
- j. Patient's rights
- k. Ethics of cross-cultural learning models

3. Proof of professional development
  - a. Training and support in developing course materials and curriculum
  - b. Training in adult learning and teaching methods in the classroom setting
  - c. Best practices in student assessment techniques in the classroom setting
  - d. Training in current classroom-educational technologies
  - e. Opportunities to keep up-to-date on current research in midwifery practice and perinatal care
4. Clinical site (preceptor) site selection/evaluation
5. Evidence of regular evaluation

## Administrator Files

The school should make all administrator files available. The files should include the following items:

1. Position description
2. Signed employment contract
3. Proof of education
4. CV or resume
5. Proof of relevant experience (could be a letter of reference or documentation proving prior employment)
  - a. If the individual does not have relevant work experience, provide an explanation
6. Proof of orientation/training in the following:
  - a. Mission, goals, values, and educational philosophy of the program
  - b. Principles of adult learning
  - c. Competency-based education
  - d. Fair use (copyright)
  - e. Plagiarism
  - f. HIPAA
  - g. FERPA
  - h. Sexual harassment
7. Evidence of regular evaluation

## Facilities

### Physical Spaces

Be prepared to give a tour of any physical spaces used by the school. Physical spaces may include libraries, clinical/skills rooms, classrooms, administrative offices. If the program is online, you can provide a recorded, virtual tour of any physical spaces the school uses.

### Virtual Spaces

For each of the courses selected for the curriculum audit, the school must either provide reviewers access to the virtual classroom. The school can create a reviewer account that allows the reviewer to view the course as a student. If this is not possible, an administrator can walk the reviewers through the courses via Zoom.

## Complaints

Provide documentation of any complaints that school has received since the Self-Evaluation Report submission in Weave.

## Title IV Documents

If the school is a Title IV school, provide any new documentation that the school has since the Self-Evaluation Report submission in Weave.

## Interviews

The school should have the following individuals available for interview (the school may have different titles for the individuals listed below):

1. School president, executive director, or program director
2. Board president or vice president
3. Admissions director or equivalent
4. Registrar
5. Business office manager
6. Financial aid officer (if applicable)
7. Human resources manager
8. Financial manager
9. Clinical director
10. Information technology
11. Facilities management (if applicable)
12. Two academic faculty
13. Two clinical faculty
14. Complete current student and alumni surveys
  - a. MEAC will provide survey links to share

## Ethics of Site Visiting

The following instructions are from the Site Visitors Handbook and are included here to inform institutions/programs about how site visitors are prepared for the site visit.

Ethical behavior during site visits involves clearing your mind and heart of preconceptions, prejudices, etc., and looking for and substantiating the facts asked for in the SER. You have a right to care for your personal needs, such as eating and drinking, going to the bathroom, etc. Otherwise, you are committed to concentrating wholly on your task and the school. Keep your feelings to yourself. Speak only based on the facts as you find them; ask for clarification when you're unsure. You do not decide whether the school is accredited. You are a member of a MEAC Accreditation Review Committee, qualified to evaluate midwifery educational institutions or programs, and your role is to perform a complete review. You will report your review and recommendation about the school's accreditation to the Board, which will make the final decision.

1. Conflict of interest

- a. If you have any conflict of interest with the school, e.g., you have friends who go there, relatives who have graduated from there, assisted them in their programs, utilized their services, have strong disagreements with them, etc., you must disqualify yourself as a site visitor. Contact MEAC if you are unsure whether you have a conflict of interest.

2. Confidentiality

- a. All information contained in the SER and discovered at the site visit is confidential. This information can be discussed with the school, your co-visitor(s), the MEAC Accreditation Review Committee, and the Board of Directors. The information will be used solely to evaluate the institution's or program's compliance with MEAC requirements. The information you obtain during site visits and through the SER may not be communicated, copied, utilized, or otherwise discussed. The requirements of government agencies or national accrediting agencies may supersede any restrictions on providing otherwise confidential information.

3. Accuracy

- a. Your report must be accurate and substantiated by written and physical materials and face-to-face interactions with the people and materials directly related to the site visit. Information based on personal interactions must contain the person's name and the time and place of the interaction if such documentation is used in the report.

4. Feelings

- a. Put your feelings aside, whether positive or negative, and stick to the facts. Be calm and methodical. Be an advocate for the program, search diligently for its strengths, and be factual and forthright about weaknesses and deficiencies. Be encouraging. Weaknesses and deficiencies can be corrected. Accreditation facilitates correcting weaknesses and deficiencies by identifying them and providing requirements for correction and deadlines for corrective implementation.

5. Know Your Roles and Responsibilities

- a. As a site visitor, you are charged with identifying compliance with the Standards. The school may ask you to provide information as a "consultant," that is, ask for ideas on how you would address a problem that is beyond the scope of meeting the Standards. Be clear in your role as a site visitor.

## 6. Responsibility for Expenses

- a. Except where paid for directly by MEAC, site visitors are responsible for paying for their own meals and incidental expenses, which MEAC will reimburse. MEAC will pay for all transportation and lodging out of the site visit fees.

Your ethical behavior ensures the school's fair and correct treatment by MEAC. MEAC intends to accredit schools, not prevent them from accreditation. Your advocacy and fairness are crucial to the success of MEAC's mission and the multiplicity and variety of educational opportunities for midwives.

## What to Expect Following the Site Visit

### Draft ARC Report

MEAC prepares the Draft ARC Report following the site visit. This report summarizes findings and is the first time the institution/program will see preliminary benchmark scoring for all applicable benchmarks. A copy of the Draft ARC Report will be provided to the institution/program within six weeks of the site visit, and the institution/program will be able to respond to the preliminary benchmark scoring and findings. The school's response to the Draft ARC Report is the final opportunity for due process before the Board's decision.

The Director of Accreditation will summarize the institution's/program's response and approve the ARC recommendations. The final scoring recommendations will be submitted to the Board of Directors for an accreditation decision.

### Board Report

Before making an accreditation decision, the MEAC Board of Directors will review all the materials from each step of the accreditation process, including the Final ARC Report and the Director of Accreditation's summary report. Two Board Members, with the assistance of the Director of Accreditation, will take the lead in the review and present their recommendations to the entire Board for an accreditation decision. Following discussion and a decision, the Board's overall accreditation decision will be put into a Board Report and sent to the program/institution. The Board Report will be sent to the school within 90 days following the school's response to the Draft ARC Report. The Board Report will include official benchmark scores, requirements for further reporting, and adverse action (hopefully none!) with details for appeal if warranted. If the decision consists of adverse action (denial, suspension, or withdrawal of accreditation), the institution/program will have further options for due process. For more information, see MEAC's Accreditation Handbook, Section G, Appeal and Due Process policy.