



meac
midwifery education
accreditation council

Tips for Meeting Standards & Benchmarks

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Using this Manual

The author designed this manual to complement MEAC's Standards of Accreditation. While some Standards and Benchmarks are clear and easily attainable, others are more intricate and may pose challenges or confusion. I included only the Standards and Benchmarks that could use a little extra explanation. You will notice several hyperlinks throughout the manual; these are for your convenience. For the complete MEAC Standards for Accreditation document, visit MEAC's [website](#).

For each standard and benchmark, schools should submit some type of evidence along with a narrative.

Several demos (demonstrations of a benchmark) and examples are included in this document to help give you an idea of how you might answer the standard. Feel free to reach out if you need help determining appropriate evidence.

Contact Information for Help

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Abbreviations in this Manual

AI = Artificial Intelligence

DEI = Diversity, Equity, and Inclusion

FERPA = Family Educational Rights and Privacy Act

HIPAA = Health Insurance Portability and Accountability Act

IDEA = Inclusion, Diversity, Equity, and Anti-racism

LMS = Learning Management System

MEAC = Midwife Education Accreditation Council

MFA = Multi-Factor Authentication

NARM = National Association of Registered Midwives

OSHA = Occupational Safety and Health Administration

SER = Self-Evaluation Report

SIS = Student Information System

Writing Policies and Procedures

“Policies set the overarching principles and rules, while procedures detail the specific steps and actions needed to implement those policies in practice. Together, they provide a structured framework for governing an organization's behavior, operations, and decision-making.

1. Policy:
 - a. Definition: A policy is a high-level statement that outlines the organization's goals, values, principles, and rules. It provides a framework for decision-making and guides actions within the organization.
 - b. Purpose: Policies establish the overall direction and standards for the organization. They define acceptable or expected behavior and provide a basis for consistency and accountability.
 - c. Scope: Policies are broad and encompassing. They apply to the entire organization or specific departments and address overarching issues such as safety, ethics, confidentiality, and professional conduct.
 - d. Examples: A policy in a midwifery education program might address student code of conduct, confidentiality of patient information, or procedures for handling complaints.
2. Procedure:
 - a. Definition: A procedure is a detailed series of steps or actions to be followed in specific situations to achieve a particular outcome. It provides a roadmap for carrying out tasks or processes effectively and efficiently.
 - b. Purpose: Procedures translate policies into practical actions. They specify how to perform tasks, who is responsible for each step, and what resources are required.
 - c. Scope: Procedures are specific and operational. They focus on implementing policies and addressing the "how" of day-to-day activities within the organization.
 - d. Examples: In a midwifery education program, procedures might include protocols for conducting clinical assessments, guidelines for documenting patient records, or steps for resolving conflicts between students.” (AI generated).

Policies and procedures in higher education are critical for ensuring the effective and equitable functioning of institutions. Policies and procedures matter because they promote fairness and equity, support academic integrity, enhance student success, ensure compliance, promote institutional efficiency, mitigate risks, foster a positive campus culture, and provide accountability. Your school should have a policy and procedure manual. Every process should have a policy and procedure; these processes range from admissions criteria to transcript verification. If you want see an excellent example of a P&P handbook check out this one for [Tidewater Community College](#) (there are sections that will not apply but it is a good overview). Finally, the University of Wisconsin Madison has a great [style guide](#).

Consider creating and implementing policies and procedures for the following:

- Faculty
 - Faculty Qualifications and Appointments
 - Teaching and Instructional Responsibilities

- Curriculum Delivery
 - Clinical Supervision
 - Teaching Load
 - Evaluation and Feedback
 - Professional Development and Training
 - Performance Evaluation
 - Ethical and Professional Conduct
 - Grievances and Dispute Resolution
- Admissions
 - Academic Qualifications
 - Prior Coursework and Prior Experience
 - Application Procedures
 - Required documents such as transcripts, personal statements, and letters of recommendation
 - Admissions Categories
 - Transfer
 - First Year
 - Evaluation of Prospective Students
 - Holistic
 - Merit-based
 - Interviews
 - Equity and Accessibility
 - Enrollment Management
 - Waitlist
 - Admissions Deferrals
 - Financial Aid and Scholarships
 - Transfer and Credit
 - Admissions Appeals and Grievances
- Academics
 - Academic Progression
 - Minimum Grade Requirements
 - Competency Standards
 - Remediation
 - Clinical Requirements
 - Curriculum Standards
 - Assessment and Evaluation
 - Professional and Ethical Conduct
 - Code of Conduct
 - Attendance and Participation
 - Satisfactory Academic Progress
 - Graduation and Licensure

- Safety and Risk Management
- Accommodations and Equity
- **Consumer Information**
 - Drug and Alcohol Prevention
 - Clery/Campus Security

Creating policies and procedures can be cumbersome. The Department of Education has a [Guide to Creating a Policies and Procedures Manual for Title IV schools](#). I asked ChatGPT to create a [Policy and Procedure Manual Template for a Midwifery Program](#). This might be a useful place to start, but you should always double and triple-check ChatGPT.

Creating a Narrative and Providing Evidence

Every institution/program has its own story, history, and achievements. Tell your institution/program's story in narrative form within the parameters of a specific standard. Do not try to "sell" your school; instead, explain how your institution/program complies with the benchmark and provide evidence. Every benchmark should include a narrative, it does not need to be a dissertation but, instead, should explain why your institution/program is in compliance with the benchmark. Additionally, every benchmark and demo should have evidence that proves compliance. Evidence may vary from pages in the catalog to meeting minutes.

Analyze and deconstruct the standard. Demonstrate the process. What is the standard asking? What is the best way to respond? Here is an example of how to respond to a demo with evidence:

Standard II: Curricula

Benchmark II.D | Ongoing Curriculum Improvement

Benchmark II.D1: For each program that will fall within the grant of accreditation, student assessment data is collected and reviewed annually to determine whether curricular changes are needed. If students are not achieving learning objectives and/or competencies, the program provides a plan that shows how the curriculum will be reevaluated or reviewed to ensure that future students will achieve the learning objectives.

Demo II.D1.1 | Explain how student assessment data is collected and reviewed annually to determine whether curricular changes are needed.

Narrative: Student assessment data includes course assignments and grades, clinical skills checklists, student graduation, student NARM pass rates, and graduate placement. This data is collected throughout each term and as available and reviewed each term at faculty meetings and annually during curriculum meetings. Curriculum is assessed formatively and summatively, and changes are made as needed.

Demo II.D1.2 | Provide documentary evidence of each program's most recent student assessment data review. Documentation may include, but is not limited to, meeting minutes, completed review tools, correspondence, and planning documents or reports.

*Evidence:
Exhibit I: Grades from Course X
Exhibit II: Complete Clinical Skills Checklist
Exhibit III: Graduation Rates 2021-2022
Exhibit IV: NARM Pass Rates 2021-2022
Exhibit V: Graduate Placement Rates
Exhibit VI: Faculty Meeting Minutes 1-1-24
Exhibit VII: Curriculum Meeting Minutes 5-1-24
Exhibit VIII: Example of Curriculum Changes During 2023 Academic Year*

Some tips:

1. Use active voice
2. Use past and present tense (future tense indicates that the school is not currently in compliance)
3. Use simple, declarative sentences providing specific information
4. Define standard terms and use them consistently

Standard I: Mission, Program Assessment, and Student Achievement

Benchmark I.B.1: Program Goals and Assessments

There are broad goals and specific learning outcomes for each program that fall under the grant of accreditation, which reflect its mission and are commensurate to the certificate or degree awarded.

The Standards Handbook refers to goals and outcomes; program goals, program outcomes, course outcomes, and learning outcomes or objectives. Goals and outcomes are different, but what are the differences?

Component	Definition	Example
Program Mission	The overarching purpose of the program	"Prepare highly competent, compassionate midwives to provide evidence-based, person-centered maternity care."
Program Goals	Broad objectives that support the mission	"Develop clinical competence," "Enhance ethical and person-centered care," "Promote evidence-based practice"
Program Learning Outcomes (PLOs)	Measurable skills and knowledge students gain	"Perform comprehensive prenatal, intrapartum, postpartum, and newborn assessments," "Apply research in midwifery practice"

What are Program Goals?

Goals are broad statements that define the purpose of a program and describe the type of graduate it aims to produce. Ensure that your goals are **specific** and **measurable** so that you may track student progress and success. An example of a program goal is to "Provide competent, safe, and culturally sensitive care utilizing the midwifery management process to independently manage the care of women throughout the lifespan" (from Seattle University).

What are Program Learning Outcomes?

Learning outcomes describe the knowledge or skills students should have after completing a class, assignment, course, or program. Ensure that your learning outcomes align with the broader goals of the program. Each outcome should contribute to achieving one or more of the program goals. Start each learning outcome with an action verb that indicates what the participant will be able to do. Common action verbs include "understand," "demonstrate," "analyze," "synthesize," "apply," "create," etc. Make sure that your learning outcomes are specific and measurable. They should clearly define what the students will know or be able to do by the end of the program. Consider using [Bloom's Taxonomy](#) to structure your learning outcomes. Bloom's taxonomy provides a framework to categorize learning outcomes into different levels of cognitive complexity, such as remembering, understanding, applying, analyzing, evaluating, and creating.

Aspect	Program Goal	Program Outcome
Definition	The overarching purpose or objective of the program	The specific results achieved from program activities
Scope	Broad, strategic, and aspirational	Measurable, concrete, and tied to program activities
Timeframe	Long-term	Short-term, intermediate, or long-term
Measurement	General intent, not necessarily quantifiable	Evaluated through data, metrics, and impact assessments
Example	"Improve literacy rates in underserved communities."	"80% of program participants increased their reading proficiency by two grade levels within six months."

Program Goals	Program Learning Outcomes (PLOs)
Develop Clinical Competence	<ul style="list-style-type: none"> • Perform comprehensive prenatal, intrapartum, postpartum, and newborn assessments using clinical reasoning and judgment. • Demonstrate proficiency in emergency interventions such as neonatal resuscitation and postpartum hemorrhage management.
Promote Evidence-Based Practice	<ul style="list-style-type: none"> • Apply the latest research and clinical guidelines in midwifery care. • Critically evaluate and integrate scientific literature into clinical decision-making.
Enhance Ethical and Person-Centered Care	<ul style="list-style-type: none"> • Provide culturally competent and respectful maternity care that aligns with patient values and preferences. • Uphold ethical and legal standards in midwifery practice.
Improve Maternal and Neonatal Health Outcomes	<ul style="list-style-type: none"> • Identify and manage common complications in pregnancy, labor, and postpartum care. • Collaborate with healthcare teams to ensure timely referrals and continuity of care.
Strengthen Community and Public Health Engagement	<ul style="list-style-type: none"> • Advocate for maternal and neonatal health policies that promote equity and accessibility. • Engage in community-based health initiatives and education programs to support safe childbirth practices.

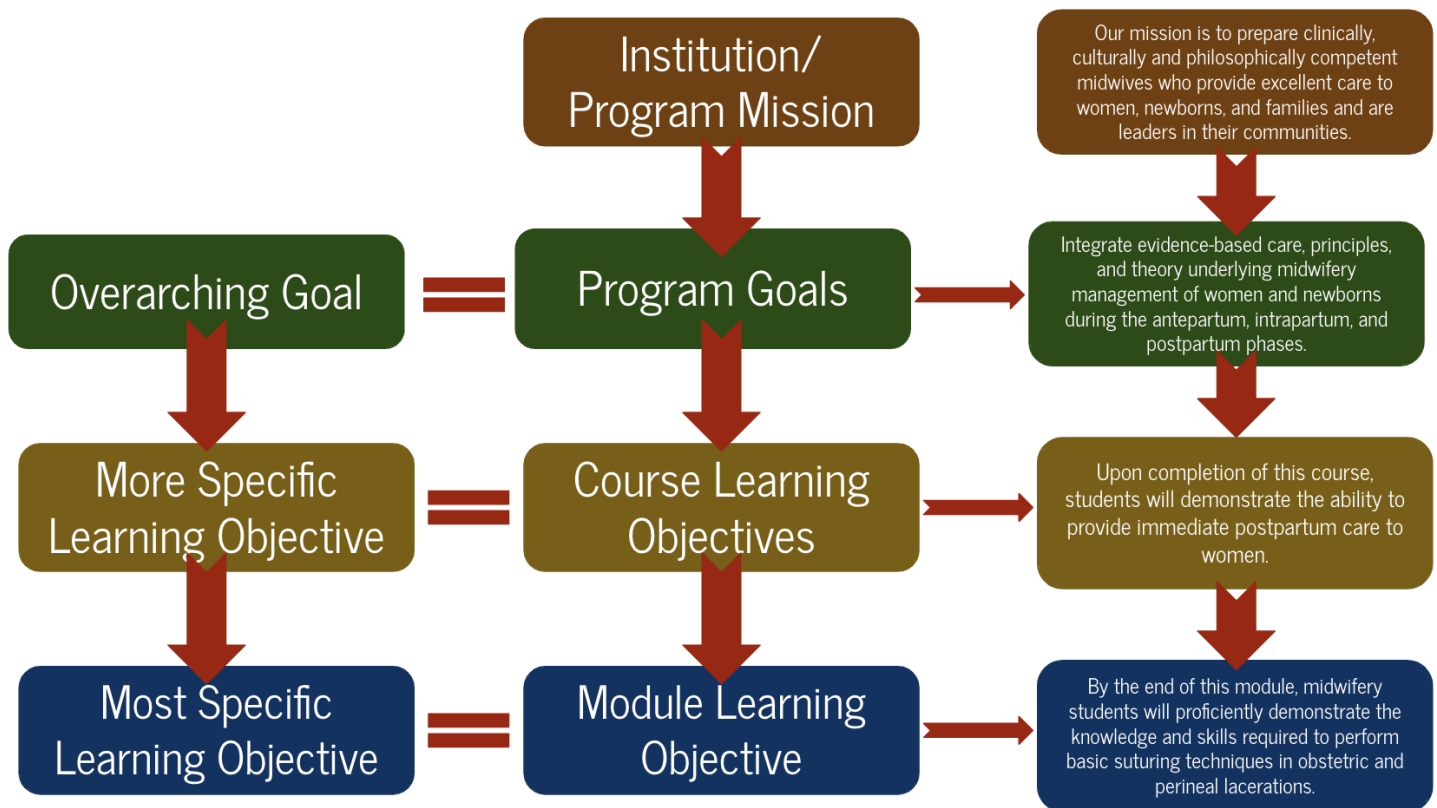
What Are The Different Types of Learning Outcomes (Objectives)?

There are program learning outcomes. An example of a program learning outcome is “Provide competent, safe, and culturally sensitive care utilizing the midwifery management process to independently manage the care of women throughout pregnancy.” (AI generated)

There are course learning outcomes (objectives). An example of a course learning objective is “Upon completion of this course, students will demonstrate the ability to provide immediate postpartum care.”

There are module (topic) learning objectives. An example of a module learning objective for a unit on suturing is “By the end of this module, midwifery students will proficiently demonstrate the knowledge and skills required to perform basic suturing techniques in obstetric and perineal lacerations” (AI generated).

Below is a simple flowchart to show the differences:



Demo I.B1.2 | Explain how these program goals reflect the institution's/program's mission.

What is the institution's mission?

- “Our mission is to prepare clinically, culturally, and philosophically competent midwives who provide excellent care to women, newborns, and families and are leaders in their communities.” (Adapted from University of Utah)

How do the program goals reflect the institution's mission?

- Program goal: “Integrate evidence-based care, principles, and theory underlying midwifery management of women and newborns during the antepartum, intrapartum, and postpartum phases.” (Adapted from University of Utah)

Narrative example (address each program goal):

- Teaching future midwives a systematic approach to healthcare that combines research, clinical expertise, and patient values helps midwives develop the ability to make informed healthcare decisions.

Benchmark I.B2: Program Goals and Assessments

The institution or program has a plan for ongoing review and assessment of the achievement of program learning outcomes for each program that falls under the grant of accreditation as a tool for quality improvement.

What is Ongoing Review and Assessment?

Ongoing review and assessment in higher education refer to continuous processes used to evaluate the effectiveness of educational programs, courses, teaching methods, and student learning outcomes. These processes are integral to quality assurance and improvement efforts within academic institutions. Here's an overview of ongoing review and assessment in higher education:

1. **Continuous Evaluation:** Ongoing review involves continuous monitoring and evaluation of various aspects of higher education, including curriculum, teaching strategies, assessment methods, and student performance. It is not limited to specific points in time but occurs throughout the academic year.
2. **Formative Assessment:** This type of assessment is conducted during the learning process to provide feedback that can be used to improve teaching and learning. It helps instructors identify areas where students may be struggling and adjust their teaching methods accordingly.
3. **Summative Assessment:** Summative assessment occurs at the end of a course or program to evaluate students' overall performance and achievement of learning objectives. It typically includes final exams, projects, or other assessments that measure the extent to which students have mastered the content.
4. **Feedback Mechanisms:** Ongoing review involves establishing feedback mechanisms through which students can provide input on their learning experiences, course materials, and teaching methods. This feedback helps instructors make informed decisions about instructional design and delivery.
5. **Data Collection and Analysis:** Institutions collect various types of data, including student grades, course evaluations, and standardized test scores, to assess the effectiveness of educational programs. Data analysis techniques such as statistical analysis and qualitative methods are used to interpret the results and identify areas for improvement.

6. Program Evaluation: Ongoing review evaluates entire academic programs to ensure they meet their goals and objectives. This may involve assessing program outcomes, student retention rates, graduation rates, and graduate placement.
7. Continuous Improvement: The ultimate goal of ongoing review and assessment is to facilitate continuous improvement in higher education. By identifying strengths and weaknesses in educational programs and practices, institutions can implement targeted interventions to enhance student learning and success.

How Do You Measure The Achievement Of Program Learning Objectives?

Measuring the achievement of program learning goals in higher education involves a systematic approach that incorporates multiple assessment methods. Here's a general framework for how this can be done:

1. Define Program Learning Goals: Clearly define the program learning goals or outcomes. These should be specific, measurable, achievable, relevant, and time-bound (SMART). Each program should have a set of overarching goals that articulate what students are expected to know, understand, and be able to do upon completion of the program.
2. Align Assessments with Learning Goals: Develop assessments (e.g., exams, projects, presentations, portfolios) that directly align with the program learning goals. Each assessment task should measure one or more of the intended learning outcomes. This alignment ensures that assessment results provide meaningful insights into student achievement of the goals.
3. Use Direct and Indirect Assessment Methods: Direct assessment methods involve measuring student performance or artifacts directly related to the learning goals (e.g., exams, rubric-based evaluations of student work). Indirect assessment methods gather information about student perceptions, attitudes, or self-reported behaviors related to the learning goals (e.g., surveys, focus groups, interviews).
4. Collect Assessment Data: Administer assessments to students at appropriate points in the program (e.g., course-level assessments, capstone projects, exit surveys). Collect both quantitative and qualitative data to gain a comprehensive understanding of student achievement.
5. Analyze Assessment Results: Analyze assessment data to determine the extent to which students have achieved the program learning goals. This may involve comparing student performance against established benchmarks, conducting statistical analyses, and examining trends over time.
6. Use Multiple Measures (Tools): Avoid relying on a single assessment method or data point to evaluate program learning goals. Instead, multiple measures should be used to triangulate findings and gain a complete picture of student achievement. Examples include course grades, retention and graduation rates, NARM pass rates, and job placement rates.
7. Provide Feedback and Close the Loop: Use assessment results to provide feedback to students, faculty, and program administrators. Identify areas of strength and areas for improvement concerning the learning goals. Implement changes to curriculum, instruction, or assessment practices as needed to address areas of weakness and enhance student learning.

Benchmarks I.C1, I.C2, I.C3, and I.C4

For reaccreditation, be sure to upload the most recent annual report. The benchmarks state “MEAC will refer to the data submitted during the most recent MEAC Annual Report...”, but the reviewers will not have access to the annual report.

Benchmark I.D: Continuous Quality Improvement

The institution or program department reviews and assesses student and graduate achievement for each program that falls under the grant of accreditation as a tool for quality improvement.

This benchmark goes hand-in-hand with Benchmarks I.B2 and I.C. Use the results reported/described in these benchmarks to help you to develop a plan for quality improvement.

Standard II: Curricula

Benchmark II.A2.5: Curriculum Mapping

For direct assessment programs, identify and describe the educational contribution the direct assessment program provides to students. Such contributions may include syllabi, modules, engagement with faculty, assignments, assessment of student learning, or other activities that advance the student's knowledge or skills above the level that the student may have already achieved before matriculation.

Identifying the Educational Contribution a Direct Assessment Program Provides to the Student

Direct and indirect assessment approaches differ in method and focus. Direct assessment measures students' actual performance or products to evaluate their knowledge, skills, and competencies related to specific learning outcomes. Direct assessment methods involve directly observing, analyzing, and evaluating students' performance. This can include exams, portfolios, performance assessments, capstone projects, and other forms of assessment where students demonstrate what they have learned. Indirect assessment measures students' perceptions, attitudes, or beliefs about their learning experiences rather than directly evaluating their performance or products. Indirect assessment methods typically involve surveys, questionnaires, interviews, focus groups, or other tools to gather data on students' opinions, satisfaction, or perceived learning gains.

Institutions/programs can measure indirect assessment by administering student satisfaction surveys, student perception of instructor surveys, and graduate employer surveys.

The effectiveness of direct assessment can be measured and reported in many ways. Course syllabi should include measurable learning outcomes tied to the various direct assessments, so if a student completes a course successfully, the assumption is that the learning objectives tied to direct assessment were met. Institutions can submit course success rates to illustrate the contribution of direct assessment to students' education. For example, if a course directly assesses suturing and 95% of the students complete the course successfully, the assumption is that most students can perform suturing. Similarly, the effectiveness of direct assessment is also measured through quantifiable learning activities or skills checks (each learning activity and skills check are tied to a specific learning objective).

Benchmark II.A3.1: Curriculum Mapping

Demo II.A3.1: Complete the Curriculum Checklist of Essential Competencies Worksheet to specify where these competencies are taught/learned and assessed in your curriculum.

Completing the Curriculum Checklist of Essential Competencies

There are a whopping 272 Essential Competencies divided into seven categories. Each category has a set of skills and a set of knowledge items that a potential midwife should possess before taking the NARM exam. The skills will likely be covered in clinical courses and documented on a skills checklist that the preceptor signs. The knowledge items may be taught in several ways and in more than one course. The best way to ensure prospective midwives are provided opportunities to learn everything required is to determine the courses in

which each skill or knowledge is taught. Include the competencies in the syllabi and connect them to course and module learning objectives. For example, Competency 0.1 is Handwashing - this skill is likely taught in the first clinical course. A course objective aligning with this competency might be “Student will demonstrate understanding and application of Universal Precautions.” It is crucial to align the Essential Competencies, Program Goals, Course Objectives, and Module Learning Objectives with learning activities and assessments. The Checklist is an excel workbook with columns for Program Learning Objectives (Outcomes), Course Learning Objectives (Outcomes), Where Taught in Curriculum, Method Used to Assess Achievement, and How Competency is Documented. The first two columns are not required, but including them will help with curriculum mapping. Below is a simple example of a course alignment table I created for one of the modules in a cultural anthropology course:

Course Learning Objectives (SLO)

1. Describe key concepts and methods of cultural anthropology.
2. Explain the concept of culture, cultural diversity, and culture change.
3. Demonstrate how anthropological concepts apply to addressing human and global challenges.

Week 1: Anthropology and Culture

Module (Chapter) Learning Objectives (MLOs)	Course Materials	Assignments
<p>1.1 Define the term anthropology (SLO1)</p> <p>1.2 Identify the methods used by anthropologists to view human cultures (SLO1)</p> <p>1.3 Define the term globalization (SLO1)</p> <p>1.4 Identify the importance of anthropology (SLO1)</p> <p>1.5 Identify how globalization is transforming anthropology (SLO3)</p> <p>2.1 Define the term culture (SLO2)</p> <p>2.2 Identify how has the culture concept has developed in anthropology (SLO2)</p> <p>2.3 Identify how culture and power are related (SLO2)</p> <p>2.4 Identify the concept of genetics vs culture argument in human development (SLO2)</p> <p>2.5 Identify how culture is created (SLO2)</p> <p>2.6 Identify how globalization is transforming culture (SLO3)</p>	<p>Reading: Guest Chapter 1: Intro to Anthropology and Chapter 2: Culture (SLOs 1, 2, & 3; MLOs 1.1-1.5 & 2.1-2.6)</p> <p>Study Tools & Resources: Chapter Notes, Practice Quizzes, Chapter Videos</p>	<p>Quiz 1: Chapters 1-2 (SLOs 1, 2, & 3; MLOs 1.1-1.5 & 2.1-2.6)</p> <p>Topic Assignment 1: Cultural Rites of Passage (SLOs 1, 2, & 3; MLOs 2.1, 2.3, 2.5, & 2.6)</p>

Benchmark II.A5: Curriculum Mapping

For each entry-level midwifery program that will fall within the grant of accreditation, the curriculum guides students through their clinical skill development and preceptorships, and those experiences prepare them to meet the current standard for midwifery practice in the U.S.

Completing the NARM Clinical Experiences Requirements Chart

This form was updated in May of 2024. You can use the NARM Chart to show when and where students acquire specific clinical skills and how the experiences are documented. This form goes hand-in-hand with the Curriculum Checklist of Essential Competencies.

Benchmark II.B1: Learning Activities, Academic

All academic courses or units of instruction have a syllabus that is distributed to students and includes: learning

objectives, a description of learning activities, learning materials and resources, and a description of student evaluation/assessment methods.

Demo II.B1.1: Provide the syllabi/handbook distributed to students for clinical courses/clinical training/practicum periods that specify the following: learning objectives, learning activities, learning materials, learning resources, and student evaluation/assessment methods.

I recommend having a syllabus template that faculty are required to use, the consistency makes it much easier for students to navigate their classes. The syllabi should include as much detail concerning the learning objectives, learning activities, learning materials, learning resources, and student evaluation/assessment methods as possible.

Benchmark II.B2: Learning Activities, Clinic

All clinical preceptorship courses, periods of clinical training, or practicum have a syllabus/handbook that is distributed to students and informs them of what to expect regarding the following: learning objectives, learning activities, learning materials, learning resources, and student evaluation/assessment methods.

Creating a Clinic Handbook for Students

In addition to course syllabi, a clinic handbook should be created and distributed to students. The handbook can be a general clinic handbook for students throughout the program, including OSHA standards and Universal Precautions. The handbook should also include the goals and objectives of the clinical courses, learning materials (list of textbooks and other reference material), checklists of skills, and general explanations of learning assessments or ways students are evaluated.

Benchmark II.B3: Learning Activities, Learning Styles

Learning activities use a variety of educational approaches necessary for delivering curriculum content to meet individual learner needs and to facilitate the achievement of learning objectives.

Aligning Learning Activities and Learning Styles

Every academic course should present learning activities in a way that will reach all learning styles. Aligning learning activities with learning styles involves designing instructional strategies and activities that cater to the preferences and strengths of different learners. "Here's how you can align learning activities with various learning styles:

1. Visual Learners:
 - Use diagrams, charts, graphs, and videos to present information.
 - Incorporate visual aids and presentations into lectures.
 - Encourage the use of mind maps or concept maps to organize information.
 - Provide visual cues and prompts during discussions and activities.
2. Auditory Learners:

- Use verbal explanations and lectures to deliver content.
 - Incorporate discussions, debates, and oral presentations.
 - Use recorded lectures, podcasts, and audiobooks as supplementary resources.
 - Encourage students to read aloud or discuss concepts with peers.
3. Kinesthetic/Tactile Learners:
- Include hands-on activities, experiments, and simulations.
 - Provide opportunities for movement and physical interaction during learning.
 - Use manipulatives, models, and real-world examples to illustrate concepts.
 - Encourage role-playing, group projects, and interactive games.
4. Reading/Writing Learners:
- Provide written materials such as textbooks, articles, and handouts.
 - Assign reading assignments, essays, and written reflections.
 - Encourage note-taking, summarizing, and outlining.
 - Use online platforms for written discussions, blogging, or collaborative writing activities.
5. Social Learners:
- Foster collaborative learning environments through group projects and discussions.
 - Use cooperative learning strategies such as peer teaching and group problem-solving.
 - Encourage networking, study groups, and community engagement.
 - Incorporate activities that promote teamwork and interpersonal skills development.
6. Solitary/Individual Learners:
- Provide opportunities for self-paced learning through online modules or independent study.
 - Offer choices and autonomy in selecting learning resources and assignments.
 - Encourage reflective practices such as journaling or self-assessment.
 - Provide quiet spaces for focused study and concentration.

When designing learning activities, it's essential to consider the diversity of learners within the classroom and incorporate various instructional methods to accommodate different learning styles. Flexibility, differentiation, and student engagement are critical principles in aligning learning activities with learning styles to create an inclusive and effective learning environment.” (AI generated).

It is impossible to present every concept for every learning style, but providing variety and balance in learning activities is essential.

Benchmark II.B4: Learning Activities, Competency-Based Education

For each program that will fall within the grant of accreditation, learning activities support a competency-based approach to education. In other words, student achievement of essential competencies for midwifery practice is the goal of the learning activities and the measure of student success.

Aligning Learning Activities, Learning Objectives, and Essential Competencies

“Aligning learning activities with learning objectives is crucial for ensuring students have meaningful opportunities to achieve the intended learning outcomes. Here's how you can align learning activities with learning objectives effectively:

1. Understand the Learning Objectives:
 - Start by clearly defining the learning objectives for the lesson or course. These objectives should articulate what students are expected to know, understand, or be able to do by the end of the learning experience.
2. Identify Appropriate Activities:
 - Select learning activities that directly support the attainment of the learning objectives. Consider the types of tasks and experiences that will help students develop the knowledge, skills, and competencies outlined in the objectives.
3. Map Activities to Objectives:
 - Align each learning activity with specific learning objectives. Clearly articulate how each activity contributes to achieving the desired learning outcomes.
4. Provide Varied Experiences:
 - Offer a variety of learning activities to address different aspects of the learning objectives and cater to diverse learning styles and preferences. Mix lectures, discussions, group work, hands-on activities, and multimedia resources as appropriate.
5. Include Formative Assessment:
 - Integrate formative assessment opportunities within learning activities to monitor student progress and provide feedback. These assessments should align with the learning objectives and help guide instruction.” (AI generated)

Refer to the alignment chart example provided on page 15 under Benchmark II.A3.1. Remember, this is about aligning the learning activities, objectives, and essential competencies.

Benchmark II.B5: Learning Activities, IDEA/DEI

Inclusion, Diversity, Equity, and Anti-Racism (IDEA)/Diversity, Equity, and Inclusion (DEI)

“In the context of midwifery, inclusion, diversity, equity, and anti-racism are essential principles and practices that aim to promote respectful, accessible, and culturally responsive care for all individuals. Here's how each of these concepts applies to midwifery:

1. Inclusion:
 - Inclusion in midwifery refers to creating environments where all individuals, regardless of their background, identity, or circumstances, feel welcomed, respected, and valued. It involves actively promoting diversity and ensuring everyone has equitable access to midwifery care and services.
2. Diversity:
 - Diversity in midwifery acknowledges and celebrates the variety of backgrounds, cultures, identities, and experiences among birthing individuals and communities. It recognizes the

importance of culturally competent care and the need to address diverse populations' unique needs and preferences.

3. Equity:

- Equity in midwifery involves ensuring fair and just access to high-quality care and services for all individuals, particularly those historically marginalized or underserved. It requires identifying and addressing systemic barriers to healthcare access and outcomes, including socioeconomic disparities, geographical barriers, and institutional biases.

4. Anti-Racism:

- Anti-racism in midwifery involves actively challenging and dismantling racism and discrimination within the profession and healthcare system. It requires acknowledging and addressing how racism, bias, and inequity impact birthing individuals' experiences, outcomes, and access to care. This includes examining and addressing racial disparities in maternal and infant health outcomes, advocating for culturally responsive care practices, and promoting diversity and representation within the midwifery workforce.” (AI generated).

How does your program promote IDEA/DEI? Where is this built into the curriculum? What activities are aligned?

Note, February 2025: DEI is under scrutiny at the moment. The federal government has enacted policies to defund DEI programs in governmental agencies including the Department of Education. The Director of Accreditation will continue to provide guidance as changes happen.

Benchmark II.B6: Learning Activities, Bias

For each program that will fall within the grant of accreditation, the curriculum includes learning activities and/or competencies designed to bring awareness of each student's biases and the structural societal injustices and inequities that impact the delivery of care to a diverse population.

Identifying Implicit Bias and Structural Societal Injustice

Helping students identify their implicit biases will allow them to acknowledge where they are in their own biases, address them, and work to overcome them. An anthropologist named Khiara Bridges published an ethnography called “Reproducing Race: an Ethnography of Pregnancy as a Site of Racialization.” In this ethnography, Bridges analyzes the intersection of race and reproduction at a large medical training facility in New York City. The overarching takeaway is that racism is taught and reinforced in medical education and that the implicit biases of medical teaching staff are passed on to medical students, perpetuating the issue. This is an excellent ethnography if your program is seeking materials to include.

If you want a free implicit bias test for your students, check out [Project Implicit](#). They have assessments for implicit bias for everything from weight preferences to bias around sexuality and race.

Note, February 2025: The administration intends to curtail DEI programs within educational institutions. This includes removing DEI requirements from accreditation standards and eliminating related initiatives on campuses. If this is signed

into policy, it will have a significant impact on MEAC Standards. The Director of Accreditation will continue to provide guidance as changes happen.

Benchmark II.C1: Assessment of Learning

For each entry-level midwifery program that will fall within the grant of accreditation, the program has developed an assessment plan by which students are regularly evaluated on their acquisition of the knowledge, skills, and abilities necessary to attain the competencies specified in the MEAC Curriculum Checklist of Essential Competencies using valid and reliable assessment methods.

This benchmark goes hand-in-hand with benchmarks I.B2, I.C, and I.D.

Assessment of Learning

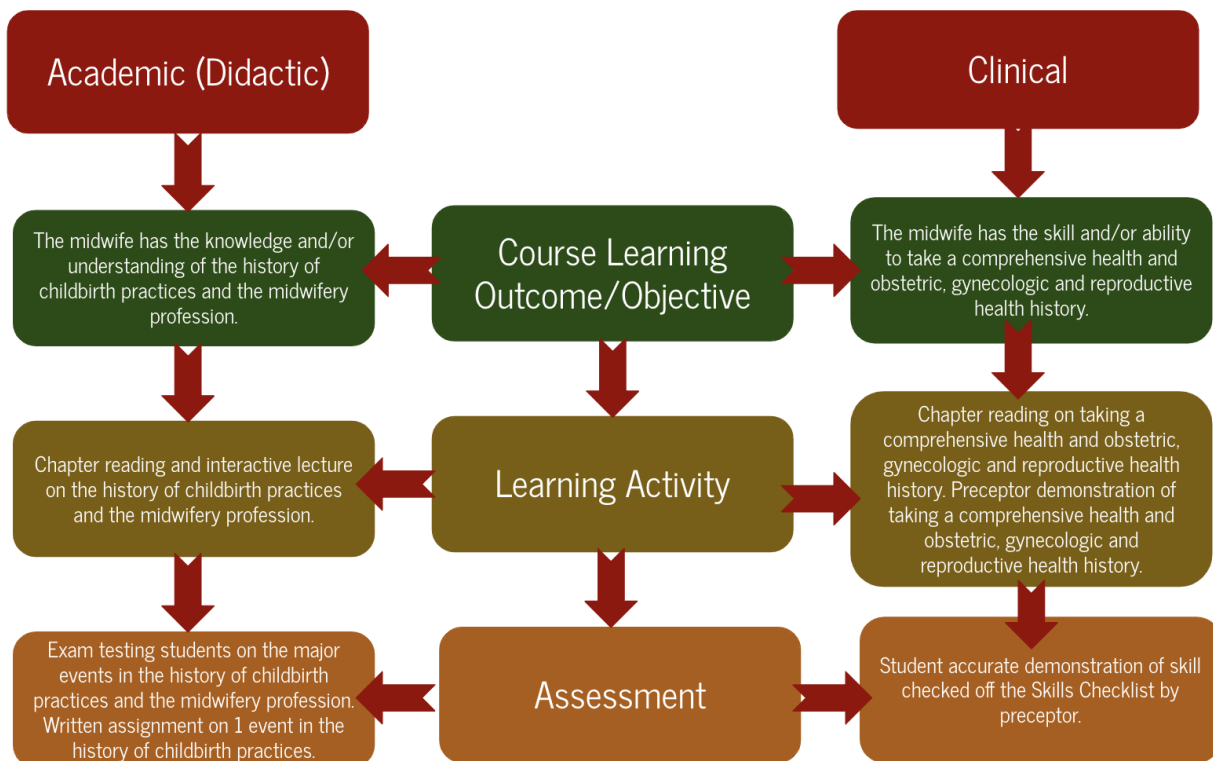
An assessment plan can be a handy tool in ensuring student success. The plan should be comprehensive and designed to evaluate midwifery students' knowledge, skills, and competencies throughout their educational journey. "Here are vital components that should be included in such a plan:

1. Learning Objectives and Outcomes:
 - Clearly defined learning outcomes outline the knowledge, skills, and attitudes students are expected to acquire by the end of the program.
 - Measurable learning outcomes that specify the observable behaviors or competencies students should demonstrate to indicate achievement of the outcomes.
2. Assessment Methods:
 - A variety of assessment methods that align with the learning outcomes and allow for a comprehensive evaluation of student learning. This may include written exams, practical assessments, clinical evaluations, simulations, case studies, presentations, and reflective assignments.
 - Formative assessments to monitor student progress and provide feedback throughout the program.
 - Summative assessments to evaluate student performance at critical milestones, such as at the end of courses or clinical rotations.
3. Rubrics and Scoring Criteria:
 - Clear and transparent rubrics or scoring criteria for each assessment method outlining the expectations and standards for student performance.
 - Consistent application of rubrics to ensure fairness and objectivity in grading.
4. Feedback and Evaluation:
 - Providing timely and constructive feedback to students on their performance, highlighting strengths and areas for improvement.
 - Encouraging self-reflection and self-assessment to promote continuous learning and professional growth.
 - Collecting feedback from students on the assessment process to identify areas for improvement and ensure the fairness and effectiveness of assessments.
5. *Diversity and Inclusion:*

- *Ensuring that assessment methods are inclusive and equitable, considering students' diverse backgrounds, experiences, and learning styles.*
 - *Avoiding bias in assessment design and evaluation and addressing systemic barriers that may impact the performance of underrepresented or marginalized groups. See notes on pages 19-20.*
6. **Validity and Reliability of Assessment Methods:**
- Ensuring that assessment methods are valid, meaning they accurately measure what they are intended to measure, and reliable, meaning they produce consistent results over time and across different evaluators.
 - Regularly review and validate assessment tools and processes to maintain effectiveness and relevance.
7. **Continuous Improvement:**
- Ongoing review and evaluation of the assessment plan to identify strengths and areas for improvement.
 - Incorporating feedback from faculty, students, and stakeholders to refine assessment methods and enhance the overall educational experience.” (AI generated).

A formative assessment occurs during learning, such as an interactive textbook chapter incorporating quiz questions. A summative assessment evaluates student learning at the end of an instructional unit by comparing it against some standard or benchmark.

Incorporate examples of assessment information in the MEAC Curriculum Checklist of Essential Competencies.



Benchmark II.D.1: Ongoing Curriculum Improvement

For each program that will fall within the grant of accreditation, student assessment data is collected and reviewed annually to determine whether curricular changes are needed. If students are not achieving learning outcomes and/or competencies, the program provides a plan that shows how the curriculum will be reevaluated or reviewed to ensure that future students will achieve the learning outcomes.

This benchmark goes hand-in-hand with benchmarks I.B2, I.C, I.D, and II.C1.

What Data Should an Institution/Program Collect?

Student assessment data may include course grades, acquisition of clinical skills, and NARM certification pass rates. All of these can be tied to specific learning outcomes and core competencies. Other essential data include student satisfaction surveys, graduate employer satisfaction surveys, faculty meeting minutes, and Program Advisory Committee meeting minutes.

Using Student Assessment Data

Institution/Programs can use data collected to make decisions regarding curriculum improvement by determining shortfalls in learning outcomes, activities, and assessments. “Using student assessment data for curriculum improvement in midwifery education is essential for ensuring that educational programs remain adequate, relevant, and aligned with the evolving needs of students and the profession. By leveraging student assessment data for curriculum improvement, midwifery education programs can enhance the quality of education, better prepare students for clinical practice, and contribute to the advancement of the midwifery profession. Here's how this process typically works:

1. **Data Collection:** Assessment data can come from various sources, including written exams, clinical evaluations, simulations, project assessments, and feedback from students and preceptors. These data points provide insights into students' knowledge, skills, competencies, and overall performance.
2. **Analysis and Evaluation:** Once the assessment data is collected, it needs to be analyzed to identify patterns, trends, strengths, and areas for improvement. This analysis may involve comparing performance across cohorts, identifying common challenges, and assessing alignment with program outcomes and accreditation standards.
3. **Identifying Gaps and Areas for Improvement:** Based on the analysis, educators and curriculum developers can identify gaps in the curriculum or areas where students are struggling. This may include content areas that need to be adequately covered, skills that require more emphasis, or teaching methods that are less effective.
4. **Curriculum Revision:** Using the insights gained from the assessment data, curriculum developers can revise the curriculum to address identified gaps and improve student learning outcomes. This may involve updating course content, adjusting teaching strategies, integrating new technologies or teaching modalities, or enhancing clinical experiences.
5. **Implementation and Monitoring:** The revised curriculum is implemented, and ongoing monitoring and evaluation are conducted to assess its effectiveness. Assessment data continues to be collected to track

student progress, identify new areas for improvement, and ensure that the curriculum changes achieve the desired outcomes.

6. **Feedback Loop:** Feedback from students, faculty, preceptors, and other stakeholders is crucial throughout this process. Regular feedback mechanisms should be established to gather input on curriculum changes' effectiveness and make further adjustments as needed.
7. **Continuous Improvement:** Curriculum improvement is an ongoing process that requires constant monitoring, evaluation, and refinement. Assessment data serves as a foundation for evidence-based decision-making and ensures that the curriculum remains dynamic and responsive to the needs of students and the profession.” (AI generated).

Benchmark II.D2: Ongoing Curriculum Improvement, Curriculum Review

For each program that will fall within the grant of accreditation, ongoing, formal review of the program’s curriculum occurs to maintain or improve education quality and student success. This review must include both didactic and clinical courses and should consist of, at a minimum, faculty and graduate feedback.

This benchmark goes hand-in-hand with benchmarks I.B2, I.C, I.D, II.C1, and II.D1.

Planning a Curriculum Review

A curriculum review is a periodic evaluation process that assesses how well a given academic program accomplishes its stated purpose. The first step to planning a curriculum review is developing policies and procedures to guide the process:

1. What is the purpose of the policy?
2. How often will the curriculum be reviewed?
3. Who is involved in the review process?
4. What is the overall goal of the review process?
5. What are the step-by-step procedures that the curriculum review will follow?

The MEAC Self-Evaluation Report (SER) can be a great starting place in the curriculum review process because the SER requires institution/programs to evaluate their program mission, program quality, and assessment standards. One of the requirements of the SER is curriculum mapping, which can provide insights into proper course sequencing, learning gaps, and alignment with the institution/program mission.

Consider the following:

1. Are the courses sequenced properly? Does coursework build upon itself as students move through the program?
 - Consider referring to Bloom’s Taxonomy when considering course sequencing and learning outcomes.
2. Are all of the program outcomes met somewhere in the curriculum? If not, these are gaps in learning.
 - Institution/Programs can identify gaps in learning by connecting program learning outcomes and core competencies to specific courses.

- Evaluating student success throughout the program (course grades, completion of skills checklists, retention, etc.) can be used to further identify gaps in learning.
- 3. Are students successfully completing the coursework, graduating from the program, passing the NARM exam, and finding work?
 - Institution/Programs can gather data on student course completion, graduation numbers, NARM pass rates, and job placement to show that the program is designed to enable successful graduates.
- 4. Are students satisfied with what they learned in the program?
 - Student satisfaction should be evaluated at specific times throughout the program (e.g., after the first term, halfway through the program, nearing the end of the program, and six months following graduation).
 - Getting students to participate in these surveys can be challenging, so it is important to stress to them from the start of the program the importance of their feedback.
- 5. Are employers satisfied with students who graduated from the program?

Benchmark II.D3: Ongoing Curriculum Improvement, New Research

For each program that will fall within the grant of accreditation, a process exists to identify new research, knowledge, and technology impacting midwifery practice. The curriculum is updated as part of this process, and faculty are made aware of these updates.

Like any science-based field, midwifery is always evolving. It is important to stay abreast of new research, knowledge, and technology. This can be a daunting task. Some strategies include:

1. Establish a Research and Knowledge Acquisition Framework
 - a. Define Key Areas of Interest
 - i. Identify core topics such as maternal-fetal medicine, obstetric emergencies, reproductive health, midwifery-led care models, and emerging healthcare technologies.
 - ii. Focus on areas with the most impact on patient outcomes and midwifery education.
 - b. Create a Monitoring Schedule
 - i. Set up a regular timeline (e.g., quarterly or biannually) for reviewing new research and technology.
2. Identify and Utilize Reliable Sources
 - a. Academic and Peer-Reviewed Journals
 - i. Regularly review journals such as Midwifery Journal, Birth, Journal of Midwifery & Women's Health, and BJOG.
 - ii. Set up alerts from databases like PubMed, CINAHL, Cochrane Library, and Google Scholar.
 - b. Professional Organizations and Conferences
 - i. Engage with organizations such as the American College of Nurse-Midwives (ACNM), International Confederation of Midwives (ICM), and Royal College of Midwives (RCM).
 - ii. Attend global and national midwifery conferences to stay updated.

- c. Government and Policy Updates
 - i. Follow updates from WHO, CDC, and other public health bodies regarding maternal and neonatal health guidelines.
- d. Technology and Innovation Platforms
 - i. Explore new healthcare technologies, wearable monitoring devices, AI-assisted birthing tools, and electronic medical records relevant to midwifery.
- 3. Data Collection and Analysis
 - a. Systemic Literature Reviews
 - i. Assign a research team or faculty members to conduct regular reviews of new literature.
 - ii. Use software like Covidence or Rayyan for literature management.
 - b. Stakeholder Surveys and Feedback
 - i. Conduct surveys among midwives, students, and faculty to identify gaps in knowledge and the need for new technology integration.
- 4. Implementation in Midwifery Education
 - a. Curriculum Integration
 - i. Develop a structured process for updating midwifery curricula based on new findings.
 - ii. Introduce simulation-based learning with new technologies.
 - b. Faculty Development
 - i. Provide training workshops for educators on incorporating the latest research into their teaching methods.
 - c. Student Engagement
 - i. Encourage students to participate in research, evidence-based practice projects, and technology exploration.
- 5. Continuous Evaluation and Adaptation
 - a. Impact Assessment
 - i. Measure the effectiveness of new knowledge and technology adoption in education and clinical practice.
 - ii. Collect feedback from students and faculty.
 - b. Policy and Practice Guidelines
 - i. Update institutional policies to reflect emerging research and best practices. AI Generated

Benchmark II.F: Additional Curriculum Requirements for Distance Education Programs

Distance education programs ensure regular and substantive engagement between students and academic faculty.

Is My Institution/Program Considered Distance Ed?

Currently, an institution is considered distance education if the institution offers at least 50 percent of a program through distance education, enrolls at least 50 percent of its students through distance education, or offers at least 50 percent of its courses through distance education (“50 percent threshold”). For purposes of these

calculations, a student is “enrolled in distance education” if the student enrolls in at least one course offered through distance education. Your institution/program falls under distance education regulations even if classes are delivered as synchronous, virtual classes via Zoom.

Defining Regular and Substantive Interaction

“Perhaps the most critical distinction between correspondence courses and distance education courses under longstanding Department regulations is that distance education courses involve “regular and substantive interaction.” That key characteristic, however, has never been specifically defined. The final regulations thus define “regular interaction” as that which, before the student completes a course or competency: (1) provides the opportunity for substantive interactions between instructors and students on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency and (2) monitors the student’s academic engagement and success and ensuring that an instructor is responsible for proactively engaging in substantive interaction with the student when needed, based on such monitoring, or upon request by the student. Further, the final regulations define “substantive interaction” as that which engages students in teaching, learning, and assessment, consistent with the content under discussion, and includes at least two of the following: providing direct instruction; assessing or providing feedback on a student’s coursework; providing information or responding to questions about the content of a course or competency; facilitating a group discussion regarding the content of a course or competency; or other instructional activities approved by the institution’s or program’s accrediting agency.” (Title 34, Subtitle B, Chapter VI, Part 600, Subpart A, 600.2).

Most Learning Management Systems can run reports on faculty and student engagement.

Institution/Programs need to require a certain amount of interaction and feedback from faculty, e.g., faculty members must provide in-line feedback to written assignments, faculty members must post in discussion forums at least three times a week, faculty members must hold X number of office hours (can be virtual) per week, etc.

Standard III: Faculty

Benchmark III.A1: Faculty Qualifications

All academic faculty who are teaching core midwifery courses and clinical faculty members who are midwives must be qualified as follows:

- a. Nationally certified midwife (CPM, CM, CNM) and/or legally recognized in a jurisdiction, province, and state; AND
- b. Have at least three years of work experience in clinical midwifery practice -OR- a minimum of 50 births as the primary attendant.

Making Exceptions

Exceptions must be made on occasion. The critical thing to remember is that the exception must be justified with documentation and explanation. If any exceptions are made to the experience requirements, the institution must provide a rationale with supporting documentation. If you have questions, contact the Director of Accreditation for guidance.

Benchmark III.A5: Faculty Recruitment

All faculty members are recruited, appointed, and promoted without discrimination, harassment, retaliation, or discipline against any individual or group on the basis of their actual, implied, or perceived: race; color; national or ethnic origin or ancestry; religion or creed; sex, gender, gender identity or expression, including transgender identity; sexual orientation; marital status; familial status; age; disability; genetic information; or any other protected category under federal, state, or local law.

Developing a Comprehensive Non-Discrimination Policy for Faculty Recruitment

Many examples exist online if your institution/program does not already have a non-discrimination policy, including provisions for all protected classes and substantive non retaliation and anti-harassment policies, which are essential. Your non-discrimination policy should be posted on the program's website, linked to any job ads, and published in the faculty handbook. Institution/Programs can implement annual training to ensure faculty are aware of the policies.

Note, February 2025: We are not sure how the federal changes affecting DEI will impact things like faculty recruitment.

Benchmark III.B: Faculty Orientation and Professional Development

Academic and Clinical faculty receive orientation and ongoing training in:

1. The mission, goals, values, and educational philosophy of the midwifery program
2. Principles of adult teaching and learning (in the classroom, virtual classroom, and the clinical setting as appropriate)
3. Competency-based education and assessment
4. Concepts of cultural humility, anti-racism, and inclusivity as they relate to midwifery education and practice

5. Informed decision-making
6. Race and other forms of privilege, inequities, and implicit bias as it relates to education and healthcare delivery
7. Training in adult learning and teaching methods in the classroom setting
8. Best practices in student assessment techniques in the classroom setting
9. Opportunities to keep up-to-date on current research in midwifery practice and perinatal care

Academic faculty are required to have additional trainings:

10. Doctrine of Fair Use (Copyright)
11. Plagiarism
12. Health Insurance Portability and Accountability Act (HIPAA)
13. Family Educational Rights and Privacy Act (FERPA)
14. Sexual harassment (Note: Title IV schools should refer to Title IX and the Clery Act for training requirements)
15. Training and support in developing course materials and curriculum
16. Training in current classroom-educational technologies

Clinical faculty are required to have additional trainings:

1. Patient's rights
2. Ethics of cross-cultural or service-learning models

Where to Find Training

Training websites are linked. There are many possibilities on the web; I just picked a few. The Department of Education has [online training modules for FERPA](#). OSHA Academy has [online training for HIPAA](#) and [many other training modules](#). HiveCE has [online training modules in cultural competency](#) and several [MEAC-approved CE](#). MEAC also has several [CE courses](#).

Implementing Faculty Training

Motivating faculty to complete training can be achieved through various strategies that emphasize the benefits of training, address potential barriers, and create a supportive environment. Getting clinical faculty to complete training can be especially difficult when they are not being paid. Illustrate the importance of the trainings your institution/program requires, demonstrating the value to the faculty, students, and the institution/program. Make the trainings accessible in terms of the amount of time and the number of trainings required. You might consider accepting proof of trainings that a preceptor completed with another institution.

Benchmark III.B6: Distance Education

In distance and education programs, academic faculty receive training and support for the successful pedagogical and technical delivery of courses.

Distance Education Training for Faculty

Teaching online is very different from teaching in a traditional classroom environment. An excellent resource for distance education training is [Quality Matters](#). Distance education requires much more than content knowledge; it requires attention to course design. Distance education programs should provide substantive training to all distance education faculty that includes best practices in course design; alignment of learning outcomes with learning materials, activities, and assessments; faculty responsibilities; technology tools and platforms; online pedagogy; universal design; time management and workload expectations; and support resources and services.

Distance Education Training for Students

Many students are new to distance education, so it is vital to introduce them correctly to the various aspects of your program's distance education components. Not providing students with orientation/training for distance education may hinder their ability to complete the program successfully. Orientation/training for students should begin before they begin the program and continue throughout the program as needed. For ideas or help developing a distance education orientation/training program, please feel free to contact MEAC.

Is My Institution/Program Considered Distance Ed?

Currently, an institution is considered distance education if the institution offers at least 50 percent of a program through distance education, enrolls at least 50 percent of its students through distance education, or offers at least 50 percent of its courses through distance education ("50 percent threshold"). For purposes of these calculations, a student is "enrolled in distance education" if the student enrolls in at least one course offered through distance education. Your institution/program falls under distance education regulations even if classes are delivered as synchronous, virtual classes via Zoom. (Yes, this paragraph is a repeat from II.F).

Benchmark III.D2: Faculty Rights and Responsibilities, Job Descriptions

All academic and clinical faculty members are provided with a job description or other documents that specify their rights and responsibilities.

I recommend creating an operations manual that has all of the job descriptions in one place. In addition to the job descriptions, you should have descriptions of duties (procedures). This is especially important for administrative jobs, having step by step explanations of what the daily, weekly, monthly, and yearly duties are can be super helpful when handing a job off to someone new.

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

Benchmark IV.B.1: Library and Learning Resources

Students and faculty have reasonable access to library and learning resources, including electronic resources, which support the program objectives.

Providing Library and Learning Resources Access

Programs that are part of a larger institution will be able to meet the library requirement of this benchmark easily, as most colleges and universities have an on-site library and will have reference materials for all programs housed on the campus. For programs that are stand-alone and/or virtual, meeting this benchmark will take a bit of research and investment. [LIRN](#) is an excellent virtual library that can be built to suit the needs of your program. Using a system like LIRN will allow programs to run reports that include the number of books, periodicals, media, names of online databases or software, and digital resources. MEAC can work with LIRN to ensure your program meets the accreditation requirements. Learning resources include library access, useful apps, textbook applications (built into LMS), anatomical models, simulations, etc. If you have questions concerning the appropriateness of resources selected for your program, please contact MEAC for assistance.

Training Faculty and Students to Use Library and Learning Resources

It is essential to properly train faculty and students in using the library and all learning resources. Training should begin at orientation and continue throughout the tenure of faculty and the enrollment of students.

Faculty should be trained to guide students through the effective use of the library and learning resources; faculty need to learn how to use these to help students.

As students progress through the program, they will need different things from the library, and the learning resources and training should reflect this. For example, at the beginning of the program, students will need to be able to access journals and other resource materials; as they near the end of the program, they will need to conduct effective research.

Benchmark IV.B.2: Library and Learning Resources

Students and faculty have reasonable access to resources that address and build competency in concepts of cultural humility, anti-racism, and inclusivity as they relate to midwifery education and practice.

Providing Faculty and Students Access to DEI Resources

[Section II.B5](#) provides an overview of DEI, and [Section II.B6](#) provides some resource ideas. Where in your program is DEI addressed? How are faculty trained? How are students trained? Provide examples of the training resources used by your program.

Note, February 2025: We are not sure how the federal changes affecting DEI will impact things like access to DEI resources.

Benchmark IV.B4: Library and Learning Resources

Students learn appropriate methods for effective online knowledge acquisition, including critical assessment of the validity and credibility of online sources.

Training Students in Appropriate Methods for Effective Online Knowledge Acquisition

As students are oriented/trained in distance education, they should learn digital literacy. Digital literacy is an individual's ability to find, evaluate, and communicate information using digital media platforms. This requires students to have both technical and cognitive skills. For more information on digital literacy, see [Digital Literacy in Higher Education: A Key Area to Close the Digital Divide](#). Check out [A Teacher's Guide to Digital Literacy & Digital Literacy Skills in the Classroom](#) for tips on teaching digital literacy.

It is helpful to assess student digital literacy during student orientation. You can require a survey or pretest that asks students to identify their computer hardware and software, answer questions concerning their comfort with technology, and find a peer-reviewed article. If you need some ideas or help, please reach out to the Director of Accreditation.

Benchmark IV.C2: Clinical Sites

The institution or program department has selection criteria and an assessment process for all clinical learning sites that ensure adequate facilities and resources and that practice model, scope, and student supervision are appropriate to create a safe and effective learning environment for students to achieve their learning goals.

How to Ensure Clinical Sites Are Meeting MEAC Standards

Pay attention to the list in Demo IV.C2.1 and demonstrate that the clinical sites meet these criteria.

Institutions/programs accomplish this in different ways, typically including a preceptor site survey and a site visit (in-person or virtual). Include a policy and procedure explaining how sites are evaluated and how often sites are reevaluated.

Benchmark IV.C3: Clinical Sites

The healthcare needs of the clients and the public health concerns of the community are considered, respected, and not compromised when placing students in clinical sites.

Protecting the Healthcare Needs of Clients and the Public

Students should only be allowed to perform skills or duties they are prepared for. There must be clear communication between the program and the clinical site (preceptor), between the clinical site (preceptor) and the patient, and between the student and all parties. Patients must know this and grant permission to allow students to participate in their care.

Preceptors must understand and acknowledge the power differential between them and the student. A great article titled "[They hold your fate in their hands': Exploring the power dynamic in the midwifery](#)"

[student-preceptor relationship](#).” I have a couple of friends who, during graduate school, were verbally abused by their major advisors and were taken advantage of in the research lab (not being included as an author in published papers, not being pushed forward to graduate, etc.). This made their time in graduate school miserable; if I had been in that position, I would have quit working with that person. Preceptors should receive training and resources to help them understand the implicit power differential.

Benchmark IV.D2: Administrative Office Facilities, Digital Technology, and Resources

The institution has a technology plan that includes electronic security measures including, but not limited to:

- a. Digital information backup systems
- b. Adherence to FERPA
- c. Password requirements for electronic accounts
- d. Firewall protection
- e. Virus protection software
- f. Validity of digital information

Electronic Security

Most institution/programs offer at least some of their coursework via distance education; this makes security a critical aspect of campus planning. “A technology plan for higher education, also known as instructional technology planning, is a document that outlines an organization's goals and objectives for its digital roadmap. It should include strategies for using technology efficiently and effectively and ways to measure progress.” (AI generated).

EdTech [published an article in 2023](#) that addresses the need for digital information backup systems in higher education. Any backup system employed must adhere to FERPA (and HIPAA).

MFA (multi-factor authentication) is useful in ensuring privacy and security; this involves using an app like Duo Mobile or Microsoft Authenticator or sending a code by email or text. Passwords should be changed at least every six months. Password requirements for electronic accounts should follow these best practices:

1. Length
 - Passwords should be at least eight characters long, but longer is better. Some recommend 12–20 characters or even 14 or more.
2. Complexity
 - Passwords should include a mix of uppercase and lowercase letters, numbers, and special characters. Avoid repeating numbers or using sequential numbers. Passwords should not include personal information like names, birthdays, or addresses. They should also not be dictionary words or the names of people, places, or things.
3. Uniqueness
 - Use a different password for each account and service. Avoid reusing passwords. When changing a password, create a new, unique password instead of just changing a few characters.
4. Memorability

- Passwords should be hard to guess but easy to remember. You can use a passphrase that memorably combines dictionary words.

Firewalls are an essential security measure that institution/programs must employ. I hate to quote anything from McAfee, but they have a great definition of firewalls, “Firewalls are software programs or hardware devices that filter and examine the information from your Internet connection. They represent a first line of defense because they can stop a malicious program or attacker from gaining access to your network and information before any potential damage is done.”

“Virus protection software, also known as antivirus software, is a security program that can prevent, detect, and remove viruses and other malware from devices, networks, and computers. It can also help prevent identity theft, fraud, and phishing by blocking and warning users about dangerous links and websites.” (AI generated). In addition to virus protection software, institution/programs should require cybersecurity training annually covering topics like phishing, ransomware attacks, and social engineering. It is so easy to inadvertently click a virus-infected link if you do not know what to look for.

There are several ways to authenticate that the student receiving credit for a course (or assignment) is the student who is enrolled. Proctored exams are one example of authentication. Online proctoring services include HonorLock, Respondus LockDown Browser, and Capterra. These programs require students to present identification before taking an exam and can even provide live video proctoring.

Benchmark IV.D3: Administrative Office Facilities, Digital Technology, and Resources

Distance education programs utilize a highly reliable, centralized online student information system (SIS) and learning management system (LMS) and have a formal plan for creating, maintaining, and expanding the online learning environment and infrastructure.

SIS and LMS

Using an SIS (student information system) allows institution/programs to protect private student information securely. It also will enable institution/programs to centralize various types of student data, including:

1. Admissions
2. Enrollment
3. Course scheduling
4. Performance tracking
5. Managing finances (financial aid)
6. Registering students in courses
7. Documenting grades and transcripts
8. Tracking student attendance
9. Generating reports (attendance, transcripts, etc.)

Another invaluable tool for institutions/programs is an LMS (learning management system). LMSs are a sort of virtual classroom, providing a centralized place for all class materials and coursework, the maintenance of grades, attendance tracking, early alert for struggling students, and a place for students to interact with other students and with faculty. The most popular LMS is probably Canvas (this can be pricey), but there are several other LMSs that are also great: Blackboard and Moodle, to name a couple. The LMS is one of the most essential tools in providing quality distance education; the key is to utilize it effectively. Quality Matters is a great resource.

Benchmark IV.D4: Administrative Office Facilities, Digital Technology, and Resources

Faculty, staff, and students are supported in using all relevant technologies the institution and/or program utilizes.

Providing Technology Training and Support for Faculty and Students

Providing orientation and ongoing training for faculty and students is a meaningful way to support the use of technology. In addition to providing training, it is essential to provide technology support (tech support). Programs that are part of a larger institution will have institutional Itech support. Stand-alone programs will need to provide tech support. It is probably not feasible for small programs to hire individuals dedicated solely to this, but there are options. Check out this article titled "[Why Education Should Outsource IT Support](#)," written with K-12 in mind, but the idea is the same). Contracts, job descriptions, etc., can be submitted as evidence.

Standard V: Governance, Financial Management, and Administrative Capacity

Benchmark V.A3: Governance

The institution has a 3-year strategic plan to ensure institutional stability.

Creating a Strategic Plan

“Creating a strategic plan for a midwifery program involves defining the program's mission, vision, goals, and objectives and outlining strategies for achieving them. Here's a step-by-step guide to developing a strategic plan for a midwifery program:

1. **Assess the Current State:** Conduct a thorough assessment of the current state of the midwifery program, including its strengths, weaknesses, opportunities, and threats (SWOT analysis). Gather data on student enrollment, faculty expertise, curriculum offerings, clinical placements, facilities, resources, accreditation status, and stakeholder feedback.
2. **Define Mission and Vision:** Clarify the program's mission, which encapsulates its purpose, values, and commitments. Develop a compelling vision articulating the program's desired future state and its aspirations for excellence in midwifery education, practice, and advocacy.
3. **Set Goals and Objectives:** Based on the program's mission and vision, establish specific, measurable, achievable, relevant, and time-bound (SMART) goals and objectives. These should encompass critical areas such as academic excellence, clinical competency, student diversity and inclusion, faculty development, research and scholarship, community engagement, and advocacy for maternal and infant health.
4. **Identify Strategies and Initiatives:** Determine the strategies and initiatives required to achieve the program's goals and objectives. These may include curriculum enhancements, faculty recruitment and retention, student support services, clinical partnership development, research collaborations, outreach efforts, fundraising activities, and policy advocacy.
5. **Allocate Resources:** Assess the resources needed to implement the strategic plan effectively, including financial, human, and technological resources. Develop a budget and resource allocation plan that aligns with the priorities and timelines outlined in the strategic plan.
6. **Engage Stakeholders:** Engage stakeholders in the strategic planning process to ensure buy-in, collaboration, and support. This may include faculty, students, alums, healthcare providers, professional organizations, community partners, policymakers, and other relevant stakeholders. Solicit their input, feedback, and perspectives on the program's priorities, challenges, and opportunities.
7. **Establish Metrics and Key Performance Indicators (KPIs):** Define metrics and KPIs to measure progress toward achieving the program's goals and objectives. These may include retention and graduation rates, student satisfaction surveys, clinical outcomes, research productivity, faculty development activities, community partnerships, and advocacy efforts.
8. **Develop an Implementation Plan:** Create a detailed implementation plan that outlines the specific actions, timelines, responsibilities, and milestones for each initiative identified in the strategic plan. Assign accountability and establish mechanisms for monitoring progress, evaluating outcomes, and making necessary adjustments.

9. **Monitor and Evaluate Progress:** Regularly monitor and evaluate progress toward achieving the goals and objectives outlined in the strategic plan. Review performance metrics, collect feedback from stakeholders, conduct periodic assessments, and identify areas of success and improvement opportunities.
10. **Review and Update the Plan:** Review and update the strategic plan to reflect changes in the external environment, emerging trends in midwifery education and practice, and evolving institutional priorities. Ensure the strategic plan remains relevant, responsive, and aligned with the program's mission, vision, and goals.

By following these steps, a midwifery program can develop a comprehensive and actionable strategic plan that guides its growth, development, and impact in advancing midwifery education, practice, and advocacy.” (AI generated).

Benchmark V.C: Administrative Staff

Additional information about most of the demos for administrative staff are covered in the faculty section; the same rules/tips will apply.

Standard VI: Student Services

Benchmark VI.A1: Student Support Services

The institution or program promotes academic success by providing access to student support services, including but not limited to:

- a. Academic advising
- b. New student orientation
- c. Financial aid advisement
- d. Clinical placement support
- e. If the institution offers distance education, it provides social support services that facilitate linking academic and social integration for students.

Why Student Support Services are So Important

“Overall, student support services are essential in midwifery education to ensure that students receive the guidance, assistance, and resources they need to succeed academically, emotionally, and professionally in their journey to becoming skilled and compassionate midwives. Student support services play a crucial role in midwife education for several reasons:

1. **Navigating Academic Challenges:** Midwifery education can be rigorous, with demanding coursework, clinical rotations, and exams. Student support services provide academic guidance, tutoring, and resources to help students navigate these challenges effectively.
2. **Emotional Support:** Midwifery education can be emotionally taxing due to the nature of the profession and the experiences encountered during clinical practice. Student support services offer counseling, mental health resources, and peer support groups to help students cope with stress, anxiety, and burnout.
3. **Clinical Placement Assistance:** Securing clinical placements is essential for midwifery students to gain hands-on experience. Student support services help students find suitable placements, coordinate schedules, and address any issues that may arise during clinical rotations.
4. **Professional Development:** Midwifery students need guidance on professional development, including resume writing, interview skills, and networking. Student support services offer workshops, seminars, and career counseling to help students prepare for their transition into the workforce.
5. **Accessibility and Inclusivity:** Student support services ensure that education is accessible to all students, including those with disabilities or specific needs. They provide accommodations, advocacy, and support to create an inclusive learning environment where every student can thrive.
6. **Retention and Success:** Student support services are vital to student retention and success. Providing comprehensive support, they help students overcome challenges, stay motivated, and achieve their academic and professional goals.” (AI generated).

Benchmark VI.A2: Student Support Services

The institution or program promotes academic success by providing access or referral to student support services, including but not limited to:

- a. Tutoring
- b. Personal counseling
- c. Career outlooks and advising, including information about NARM certification and state licensure requirements, credentials, practice, and employment opportunities

Tutoring

Several online tutoring programs are available for college contracting. Finding a midwife tutor will be the most challenging part of finding an excellent online tutoring program.

Personal Counseling

Programs do not need a full-time personal counselor; instead, programs can have materials on hand for referrals. Another option is contracting with a company like BetterHelp or TalkSpace; they often have discounted programs for institutions/programs.

Career Advising and Licensure Help

Students should prepare to sit for the licensure exam in anticipation of finding a job from the first day of the program. Providing students with study tools, practice exams, and other resources designed to help them prepare for the NARM exam will increase pass rates.

Standard VII: Student Affairs

Benchmark VII.A1 and VII.A2: Student Admission and Enrollment

Diversity in Student Admissions

In June of 2023, the Supreme Court ruled that colleges/universities could no longer explicitly consider race/ethnicity during admissions. This ruling came in response to a suit filed by [Students for Fair Admissions](#). As of June 2024, 22 states (I think, it is hard to find accurate info) have banned or rolled back DEI measures and requirements at some level. As of February 2025, 13 bills and orders have been signed into law that target DEI funding, practices, and promotion at public institutions. Thirty [bills and executive orders](#) have been introduced. Stay tuned for more on this.

How might institutions/programs handle diversity in admissions if DEI requirements are banned? This is an important question! Institutions/programs should focus on creating a diverse student body through holistic review processes that consider a broad range of factors beyond race and ethnicity, while still promoting equity and access for all students; this can include emphasizing socioeconomic background, geographic diversity, first-generation status, and unique life experiences in their admissions evaluation criteria.

Benchmark VII.B2: Disclosure to the Public, Including Prospective Students

A catalog, catalog addendum, program handbook, websites, and/or other documents are provided that clearly inform the public, including current and prospective students, about the following:

- a. The mission of the institution or program
- b. The program goals
- c. The curriculum and a description of how students progress through the curriculum
- d. A list of faculty and faculty qualifications
- e. An overview of facilities and learning resources
- f. Required technology skills and equipment
- g. Availability of student services, including disability services
- h. Admissions criteria, policies and procedures
- i. Non-discrimination policy
- j. Criteria to transfer in credit, prior experience, and/or advanced placement
- k. Transferability of credit or degree to other programs
- l. Attendance requirements
- m. Criteria for student evaluation and grading
- n. Policy on student conduct and academic honesty
- o. Satisfactory academic progress policy
- p. Academic calendar with the schedule for academic terms and school years
- q. Length of program
- r. Minimum, maximum, and normal timeframes for completing the program
- s. Requirements for initiation of clinical training
- t. Cost and possible locations of clinical training opportunities

- u. Tuition, fees, and all other related expenses
- v. The payment and refund schedule
- w. Requirements for graduation
- x. Certificate, diploma, or degrees earned at the completion of the program
- y. Requirements for NARM certification
- z. Professional opportunities for midwives upon graduation
- aa. Professional licensure disclosures
- bb. Measures of student achievement including but not limited to completion and retention rates and NARM exam pass rates
- cc. Ability to sponsor student visas, if applicable
- dd. Definition of full-time/part-time enrollment status
- ee. Information on availability and application for Federal Student Aid, if applicable
- ff. Gainful Employment disclosures for Title IV schools, if applicable

Complete the Catalog Checklist

This is a new document designed to make your life easier! It does not match a-ff identically. Because this is a new requirement, I do not expect everyone to be in 100% compliance immediately.

Standard VIII: Measures of Program Length

Contact MEAC if you have questions.

Standard IX: Complaints and Grievances

It is essential to have both a policy and procedure in place to deal with complaints and grievances. Complaints are typically informal and typically resolved between the parties involved. A grievance is a formal, written allegation of an action.

1. Complaint and Grievance Policy

- a. Example from Johns Hopkins University: “On occasion, disputes arise between students and other Hopkins Bloomberg School of Public Health community members. The School encourages individuals involved in such disputes to resolve the matter directly between them. For those disputes that cannot be resolved informally, the University provides several avenues of redress for students and postdoctoral fellows who believe they have been adversely affected in their professional or educational activities due to an arbitrary or capricious act or failure to act. A grievance covered by these procedures is a complaint by a student or group of students alleging that they have been adversely affected in their capacity as students. Students may use this process outlined in the University Academic Grievance Policy to seek a resolution to a situation violating a Johns Hopkins University or Hopkins Bloomberg School of Public Health procedure or regulation by an instructor or other member of the faculty or School of Public Health administrator or body.”
- b. Example from Virginia Western: “To maintain good relationships, grievances should be initiated and processed as rapidly as possible. Every effort will be made by all parties to expedite the process. Informal resolution of grievances should be pursued whenever possible. Retaliation against any individual who files a complaint or participates in the grievance process is prohibited.”

2. Informal Complaint (complaint) Policy

- a. Example from the University of Richmond: “Student complaints not falling under other policies should be made to the supervisor or responsible staff member of the area from which the complaint originates or relates for attempted informal resolution of the complaint. A majority of complaints can likely be resolved at this informal level.”
- b. Example from Empire State University: “The student is strongly encouraged to seek informal resolution of a grievance by bringing it to the attention of the relevant individual, administrator, or office. An attempt at informal resolution should begin no more than 20 business days after the service or decision is rendered.”
- c. Example from Virginia Western: “To initiate informal resolution, the student contacts the college faculty member or employee with whom the student has a difference or dispute. Every reasonable effort should be made by all parties to resolve the matter informally at this level, and no written records of the matter will be placed in the student’s official file.”

3. Formal Complaint (grievance) Policy

- a. Example from the University of Richmond: “If an informal resolution of the student’s complaint cannot be accomplished, or if the complaint is about the supervisor or responsible staff member for the area, the student should submit their complaint formally by completing and submitting

- the Student Complaint Form. The Student Complaint Form can be submitted anonymously without disclosing the name, identifying parties involved, or requesting any action.”
- b. Example from Virginia Western: “If the issue cannot be resolved informally as outlined in 19.1 despite every reasonable effort by all parties, the student will formalize the grievance into a written complaint by submitting the Student Grievance Form, which will require the student’s information, a summary of the grievance and a description of the action being requested to rectify the grievance.”

When crafting a procedure, provide a step-by-step outline of how one would file a complaint or grievance.

Standard X: Compliance with the Institution's Responsibilities under Title IV of the Higher Education Act

"Title IV of the Higher Education Act of 1965 (HEA) governs federal student financial aid programs in the United States. Institutions and programs that participate in Title IV funding must meet specific eligibility, administrative, and compliance requirements. Below are the key requirements:

1. Institutional Eligibility To participate in Title IV programs, an institution must:
 - a. Be accredited by an agency recognized by the U.S. Department of Education (ED).
 - b. Be legally authorized to operate in the state where it is located.
 - c. Offer eligible programs that lead to a degree or prepare students for gainful employment in a recognized occupation.
 - d. Be classified as one of the following:
 - i. Public or private nonprofit institutions
 - ii. Proprietary (for-profit) institutions
 - iii. Postsecondary vocational institutions
2. Program Eligibility For a program to qualify for Title IV aid, it must:
 - a. Lead to an associate, bachelor's, graduate, or professional degree, OR
 - b. Provide training for gainful employment in a recognized occupation.
 - c. Meet minimum clock-hour or credit-hour requirements:
 - i. At least 600 clock hours, 16 semester hours, or 24 quarter hours over at least 15 weeks for non-degree programs.
 - ii. Shorter programs (300–599 clock hours) can qualify under specific conditions.
 - d. Be approved by the institution's accreditor and recognized by the Department of Education.
3. Financial Responsibility & Administrative Capability Institutions must demonstrate financial and administrative capability to manage Title IV funds, including:
 - a. Submitting audited financial statements that meet ED's financial responsibility standards.
 - b. Having a cohort default rate (CDR) below ED's threshold to maintain student loan eligibility.
 - c. Implementing policies for return of Title IV funds (R2T4) when students withdraw.
 - d. Accurately disbursing and tracking federal aid, maintaining detailed records.
4. Consumer Information & Compliance Requirements Institutions must provide transparency to students, including:
 - a. Net price calculators to estimate education costs.
 - b. Graduation, retention, and job placement rates.
 - c. Clery Act compliance (campus security and crime reporting).
 - d. Student Right-to-Know disclosures about financial aid, academic programs, and student outcomes.
 - e. FERPA (Family Educational Rights and Privacy Act) compliance to protect student records.
5. Accreditation & State Authorization
 - a. Institutions must maintain accreditation from a recognized accrediting agency.
 - b. If offering distance education, the institution must comply with state authorization reciprocity agreements (SARA).

- c. Gainful Employment (For Career-Based Programs)
 - d. Non-degree programs must meet gainful employment standards, ensuring students can find jobs with sufficient earnings relative to debt levels.
6. Annual Compliance & Audits
- a. Institutions must submit an annual Title IV compliance audit and Financial Responsibility Composite Score to the Department of Education.
 - b. Must comply with program participation agreements (PPAs), ensuring all Title IV requirements are met.” (AI Generated).